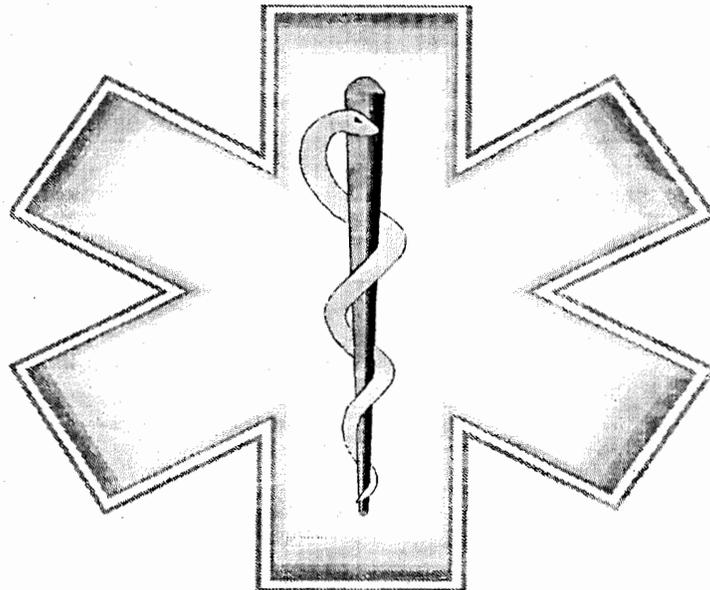


**Emergency Medical Services System
Five Year Plan
June, 1999
(2007 Update)**



**North Coast Emergency Medical Services Region
Del Norte, Humboldt, Lake and
Southern Trinity Counties**

Submitted by:
North Coast Emergency Medical Services
3340 Glenwood
Eureka, CA 95501



3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

July 26, 2007

Cesar A. Aristeiguieta, M.D., Director
EMS Authority
1930 9th Street
Sacramento, CA 95811-7043

Re: North Coast EMS Plan Revision

Dear Dr. ^{LOSAN} Aristeiguieta:

The North Coast EMS Regional EMS Plan 2007 Revision, less the completed inventory section which is being finalized at this time, is enclosed.

We greatly appreciate your willingness, and that of your staff, to develop the new EMS Plan Revision methodology and for selecting North Coast EMS as the pilot site for the State. We also extend our thanks to Nancy LaPolla and personnel at Santa Barbara EMS for suggesting a streamlined revision methodology.

Without question, the new revision process is vastly improved! Rather than taking several weeks to update a +200 page document, we were able to complete the five (5) page revision using the new Excel Spread Sheet in several hours. As you are aware, the spread sheet lists only the unmet or substantially changed standards, reports progress since 2005 and identifies short or long term objectives. The new update is not only much easier to complete but it is far easier to use as a tool to measure progress. The only relatively minor concern is the redundancy that is still required, which we resolved by noting the number of the similar standards addressed by targeting the same objective.

Importantly, we remain very hopeful that the new *EMS System Standards and Guideline* will minimize or reduce such unnecessary repetition, and with the consolidation of the EMS Plan Update and regional quarterly and final reports, will allow staff focus to more critical EMS system needs.

Please note that the revised EMS Plan has not yet been reviewed by region EMS constituents. It will soon be distributed for 45- day comment and submitted to our Joint Powers Governing Board for adoption at the meeting of **October 25, 2007**. If any changes are forthcoming at that time, we will submit a revised version to your office.

On behalf of the other LEMSAs scheduled to update the EMS Plan in the near future, we strongly recommend that the EMSA adopt and distribute the Excel template to all Local EMS Agencies as soon as possible. We will be happy to assist with this effort if that would be helpful.

Again, I cannot emphasize enough how beneficial and constructive the new update method is and thank you and your staff for your efforts to streamline the EMS Plan revision process.

We look forward to your positive review of this document and thank you and your staff again for your ongoing support.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Karsteadt". The signature is fluid and cursive, with a large initial "L" and "K".

Larry Karsteadt, Executive Director
North Coast EMS

Cc: Bonnie Sinz, EMSA
Sandy Salabar, EMSA
Carol McRae, EMSA
Bruce Lee, EMSAAC President
Nancy LaPolla, Santa Barbara EMS
JPA Governing Board Members
Public Health Officers
Del Norte, Humboldt and Lake County Council
EMCC Chairs, Informational Mail Recipients and North Coast EMS Web Site

Guidelines

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X		X	New Medical Director, Administrative Assistant, & JPA Board Members	State GF Augmentation
1.02	LEMSA Mission	X	X		Implemented QIP Plans & Reports, New EMT-I Regulations & Web-based EPCIS PCR Program	Send QIP Plan to EMSA More Funding to Conduct Site Visits
1.04 <i>1.25</i>	Medical Director	X		X	New Medical Director Selected	More Funding to Increase Hours
1.12	Review & Monitoring	X	X		See 1.02, Trauma Registry Installed at Trauma Center	Review Trauma Registry Data, More Funding to Monitor Providers, Review Ambulance Ordinance Changes
1.16	Funding Mechanism	X			Increased Local Revenue, Adopted New Pediatric Maddy Fund	State GF Augmentation, Evaluate Fire EMT-I Fee Reinstatement
1.17	Medical Direction	X	X		Redbud Standby Status Delayed; Implemented & Evaluated Modified Base Hospital Program	Modified Base Contract Execution with Sutter-Coast Hospital
1.18	QA/QI	X	X		See 1.02 & 1.12	See 1.02 & 1.12
1.20	DNR Policy	X	X			Update DNR Policy
1.23	Interfacility Transfer	X			Implemented Trauma Transfer	
1.25	On-line Medical Control	X			See 1.17	See 1.17
1.26	Trauma System Plan	X			See Revised Trauma Plan	See Revised Trauma System Plan
1.27	Pediatric System Plan	X	X		Only Two EDAPs Remain Designated	More Funding to Conduct Site Visits and Expand EDAP Designations

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01	Assessment of Needs	X	X		Rural Outreach Program Dropped Due to No Special Project Revenue	Use Contractor Funds to Conduct First Responder Training
2.02	Approval of Training	X	X		Paramedic Program Accredited, Implemented EMT-Regulations	Submit Progress Report to National, More funding to Conduct Site Visits
2.04	Dispatch Training	X	X		Only One EMD Provider Remains Active	Review EMD Policies, Matrix & Card Set; Coordinate Training
2.05 & 2.06	First Responder Training & Response	X	X		See 2.01	See 2.01
2.10	Advanced Life Support	X	X		Implemented Modified Base Hospital Program, Dropped Field Training Officer Program Upgrade	See 1.17, More Funding to Upgrade FTO Program
2.13	Base Hospital Personnel	X			Updated ALS Cardex Protocols & Made Available on Webpage	
3.01	Communication Plan	X	X		Reviewed/commented on the draft Humboldt Co Communications Plan	Implement WIDE-AREA Med-Network that covers Hoopa area
3.04, 3.05 3.06, 3.10	Dispatch Center, Hospital Communications, MCI/Disaster Communications, Integrated Dispatch	X	X		Assisted Lake & Humboldt with installation of expanded Med Net Systems	Implement WIDE-AREA Med-Network that covers Hoopa area & can be used by Del Norte
3.09	Dispatch Triage	X	X		See 2.04	See 2.04
4.05, 4.06	Response Time Standards, Ambulance Staffing	X	X			Review Humboldt Ambulance Ordinance Revisions
4.07	First Responder Agencies	X	X		See 2.01	See 2.01
4.15	MCI Plans	X	X		Regional MCI Plan under review	Revise Regional MCI Plan
4.16	ALS Staffing	X	X		Participated in Development of New State EMT-II Regulations	Evaluate Regional Role of New EMT-II

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X		Designated One Trauma Center (IV), adopted Modified Base Program, recommended Redbud as Standby ED, initiated Base Hospital Probation	Execute Modified Base Hospital contract and remove probation at Sutter-Coast Hospital
5.02	Triage & Transfer Protocols	X	X		ALS Protocols Revised & Trauma Center Transfer Agreement reviewed	Complete update of BLS Protocols
5.03	Transfer Guidelines	X			Reviewed Trauma Transfer Agreements	
5.04	Specialty Care Facilities	X	X		Designated One Trauma Center, Two Modified Base Hospitals, Two EDAPs Remain Designated	More Funding to Conduct Site Visits & Expand EDAP Designations
5.05	Mass Casualty Management	X			See 3.04 above	See 3.04 above
5.07	Base Hospital Designation	X			See 1.17, 2.10 & 5.04 above	More Funding to Implement Recommendations of Modified Base Hospital Evaluation
5.08	Trauma System Design	X			See Revised Trauma System Plan	See Revised Trauma System Plan
5.10	Pediatric System Design	X	X		Two EDAPs Remain; Counties Adopted New Pediatric Maddy Fund	More Funding to Promote, Monitor, Designate and Provide Fiscal Incentive for EDAPs; Participate in State Development of EMSC Coordinator Duties
5.11	Emergency Departments Approved for Pediatrics	X	X		See 5.10	See 5.10

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X		Approved QIP Plans & Implemented Quarterly Reports, Updated & Expanded EPCIS to Web-based Alternative	Review & Summarize Quarterly QIP Reports, Submit North Coast QIP Report to EMSA, See 1.02, 1.12, 4.05, 4.06
6.02	Prehospital Records	X	X		Expanded and Updated North Coast EMS Web-based EPCIS	Provide QI Management Training/Reports as Needed
6.03	Prehospital Care Audits	X	X		See 6.01 & 6.02 above.	See 6.01 & 6.02 above
6.05	Data Management System	X	X		See 1.12, 4.05, 4.06, 5.07, 6.01,6.02	See 1.12, 4.05, 4.06, 5.07, 6.01,6.02
6.06	System Design Evaluation	X	X		Initiated CE Provider Monitoring, Paramedic Program Nationally Accredited, & See 1.12, 4.05, 4.06, 5.07, 6.01,6.02	More Funding to Monitor CE Providers, Submit Accreditation Progress Report & See 1.12, 4.05, 4.06, 5.07, 6.01,6.02
6.07	Provider Participation	X	X		All QIP Plans Approved, Modified Base Program Evaluated, See 6.06, Trauma Registry Implemented	Submit NCEMS QIP Plan to EMSA, More Funding to Implement Modified Base Recommendation, See 1.12, 6.06
6.09	ALS Audit	X	X		See 6.01, 6.02 & 6.03 above	See 6.01, 6.02 & 6.03 above
6.10, 6.11	Trauma System Evaluation	X			See Revised Trauma Plan	See Revised Trauma Plan
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X		Minimal Ongoing Participation in PIE Activities, mostly Pediatric; Counties Adopted New Pediatric Maddy Fund	More Funding to Maintain PIE, Pediatric, Disaster & First Aid/CPR Activities
8.01 8.03 8.05 8.13	Disaster Medical Planning HazMat Training, Casualty Distribution	X	X		Rural Outreach Project Dropped due to Lack of Special Project Funding	More Funding for Expansion of Disaster Related Activities

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.07	Disaster Communications	X	X		Implemented ReddiNet in Lake County, See 3.01, 3.04 etc	See 3.01, 3.04 etc
8.08	Inventory of Resources	X	X		See 8.01, 8.03, 8.05 above	See 8.01, 8.03, 8.05 above
8.09	DMAT Teams	X	X		City Ambulance Selected as DHAR Site	
8.16	Prehospital Agency Plans	X	X		Regional MCI Plan under review	Update Regional MCI Plan

10-1-19 09:11

TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT

EMS System: North Coast EMS Reporting Year: 2002

NOTE: Number 1 below is to be completed for each county. The balance of Table 2 refers to each agency.

- 1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service; the total of a, b, and c should equal 100%.)

County: Del Norte

- a. Basic Life Support (BLS) Always available, but never solely BLS
- b. Limited Advanced Life Support (LALS) 75%
- c. Advanced Life Support 25%

- 2. Type of Agency d

- a. Public Health Department
- b. County Health Services Agency
- c. Other (non-health) County Department
- d. Joint Powers Agency
- e. Private Non-Profit Entity
- f. Other : _____

- 3. The person responsible for day-to-day activities of EMS agency reports to: c

- a. Public Health Officer
- b. Health Services Agency Director/Administrator
- c. Board of Directors
- d. Other: _____

EMS System: North Coast EMS Reporting Year: 2002

NOTE: Number 1 below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Humboldt

- | | |
|---|---|
| a. Basic Life Support (BLS) | <u>Always available, but never solely BLS</u> |
| b. Limited Advanced Life Support (LALS) | <u>0%</u> |
| c. Advanced Life Support | <u>100%</u> |

2. Type of Agency d

- a. Public Health Department
- b. County Health Services Agency
- c. Other (non-health) County Department
- d. Joint Powers Agency
- e. Private Non-Profit Entity
- f. Other : _____

3. The person responsible for day-to-day activities of EMS agency reports to: c

- a. Public Health Officer
- b. Health Services Agency Director/Administrator
- c. Board of Directors
- d. Other: _____

EMS System: North Coast EMS Reporting Year: 2002

NOTE: Number 1 below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Lake

a. Basic Life Support (BLS) Always available, but never solely BLS

b. Limited Advanced Life Support (LALS) 8%

c. Advanced Life Support 92%

2. Type of Agency d

a. Public Health Department

b. County Health Services Agency

c. Other (non-health) County Department

d. Joint Powers Agency

e. Private Non-Profit Entity

f. Other : _____

3. The person responsible for day-to-day activities of EMS agency reports to: c

a. Public Health Officer

b. Health Services Agency Director/Administrator

c. Board of Directors

d. Other: _____

EMS System: North Coast EMS Reporting Year: 2002

NOTE: Number 1 below is to be completed for each county. The balance of Table 2 refers to each agency.

- 1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Southern Trinity Area Rescue

- a. Basic Life Support (BLS) 77%
- b. Limited Advanced Life Support (LALS) 23%
- c. Advanced Life Support 0%
- (d. Not applicable – other non-medical calls) 0%

- 2. Type of Agency _____

- a. Public Health Department
- b. County Health Services Agency
- c. Other (non-health) County Department
- d. Joint Powers Agency
- e. Private Non-Profit Entity
- f. Other : contract with North Coast EMS

- 3. The person responsible for day-to-day activities of EMS agency reports to: _____ c

- a. Public Health Officer
- b. Health Services Agency Director/Administrator
- c. Board of Directors
- d. Other: _____

4. Indicate the non-required functions which are performed by the agency

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma center/trauma care system planning	_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____
Continuing Education	_____ X _____
Personnel Training	_____
Operation of oversight of EMS dispatch center	_____
Non-Medical Disaster Planning	_____
Administration of critical incident stress debriefing (CISD) team	_____ X _____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund (Senate Bill [SB] 12/612)	_____
Other: _____	
Other: _____	
Other: _____	

TABLE 3: PERSONNEL/TRAININGEMS System: North Coast EMSReporting Year: FY 2006-2007

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-PS	MICN	EMS Dispatchers
Total certified	691	2		65	N/A
Number newly certified this year	N/A	N/A		N/A	N/A
Number recertified this year	N/A	N/A		N/A	N/A
Total number of accredited personnel on July 1 of the reporting year			130		
Number of certification reviews resulting in					
a) formal investigations	-0-	-1-	-0-	-0-	-0-
b) probation	-0-	-0-	-0-	-0-	-0-
c) suspensions	-0-	-0-	-0-	-0-	-0-
d) revocations	-0-	-1-	-0-	-0-	-0-
e) denials	-0-	-0-	-0-	-0-	-0-
f) denials of renewal	-0-	-0-	-0-	-0-	-0-
g) no action taken	-0-	-0-	-0-	-0-	-0-

1. Number of EMS dispatchers trained to EMSA standards: N/A
2. Early defibrillation: (Note: At this time, NCEMS no longer certifies AED)
 - a) Number of EMT-I (defib) certified N/A
 - b) Number of public safety (defib) certified (non-EMT-I) N/A
3. Do you have a first responder training program? X yes no

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2007

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes X no
 - a. Radio primary frequency MedNet Tx 467.950 → 468.175
Rx 462.950 → 463.175
 - b. Other methods Short wave Tx 146.910
Rx 146.310 Calcord Tx 156.075 Rx 156.075
 - b. Other methods Cell Phone
 - c. Can all medical response units communicate on the same disaster communications system?
yes X no Ambulances can only communicate on the Med-Net. Hospitals
can only communicate to the EOC on 2-meters.
 - d. Do you participate in OASIS? yes X no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes X no
 - 1) Within the operational area? yes X no
 - 2) Between the operational are and the regions and/or state? yes X no
6. Who is your primary dispatch agency for day-to-day emergencies? For Ambulance:
Fortuna/Garberville – CDF; Hoopa - Tribal Police; and Arcata/Eureka – City Ambulance
7. Who is your primary dispatch agency for a disaster? CDF, Tribal Police & City Ambulance + OES

EMS System: North Coast Emergency Medical Services
 County: Lake
 Reporting Year: 2007

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes X no
 - a. Radio primary frequency MedNet
 - b. Other methods RedNet Phone
 - c. Can all medical response units communicate on the same disaster communications system?
 yes X no
 - d. Do you participate in OASIS? yes X no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
 yes no X RACES does not exist in county, but plan to use ARES.
 - 1) Within the operational area? yes X no
 - 2) Between the operational are and the regions and/or state? yes no X
6. Who is your primary dispatch agency for day-to-day emergencies? Central Dispatch - Sheriff's Office
7. Who is your primary dispatch agency for a disaster? Sheriff's Office + OES

TABLE 5: RESPONSE/TRANSPORTATION

EMS System: North Coast EMS

Reporting Year: 2007

NOTE: Table 5 is to be reported by agency.

1. Number of exclusive operating areas	<u>None</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>None</u>
3. Total number responses (7/1/02-6/30/03)	<u>18,049</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>18,049</u>
b) Number of non-emergency responses (code 1: normal)	<u>N/A</u>
4. Total number of transports (1998 data)	<u>17,657</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>17,657</u>
b) Number of non-emergency transports (code 1: normal)	<u>N/A</u>

Early Defibrillation Programs

5. Number of public safety defibrillation programs.	<u>N/A</u>
a) Automated	<u>N/A</u>
b) Manual	<u>0</u>
6. Number of EMT-defibrillation programs	<u>7</u>
a) Automated	<u>N/A</u>
b) Manual	<u>0</u>

Air Ambulance Services (1996 data)

7. Total number of responses.	<u>Unknown</u>
a) Number of emergency responses	<u>Unknown</u>
b) Number of non-emergency responses	<u>Unknown</u>
8. Total number of transports	<u>Unknown</u>
a) Number of emergency (scene) responses	<u>Unknown</u>
b) Number of non-emergency responses	<u>Unknown</u>

TABLE 5: SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	Not available	Not available	Not available	Not available
2. Early defibrillation capable responder.	Not available	Not available	Not available	Not available
3. Advanced life capable responder.	See below	See below	See below	See below
4. EMS transport unit.	See below	See below	See below	See below

The data requested are not maintained in our database in the above format. See below for response time data.

Response Time Interval (in minutes)	Del Norte		Humboldt		Lake		Southern Trinity*		Total	
	N	%	N	%	N	%	N	%	N	%
Unknown	4	0.4	39	1.1	3	0.1	1	1.6	47	0.7
0 to 4.99	451	43.6	1587	44.1	1526	55.1	21	33.9	3585	50.7
5 to 7.99	272	26.3	878	24.4	630	22.8	5	8.1	1785	25.2
8 to 14.99	189	18.3	701	19.5	487	17.6	14	22.6	1002	14.2
15 to 19.99	30	2.9	162	4.5	92	3.3	6	9.7	290	4.1
20 to 29.99	69	6.7	114	3.2	21	0.8	5	8.1	209	3.0
over 29.99	19	1.8	120	3.3	9	0.3	10	16.1	158	2.2
Grand Total									7076	100.1

Notes on the above data:

- 1) Data are from 1999. North Coast EMS is understaffed in 2002, and is unable to commit the one half to one full day it would take to update the response times from 1999.
- 2) Southern Trinity County runs are classified as “wilderness;” all other counties in the region are classified as “rural.” However, there are great variances among and within counties, even among areas that are all classified as “rural.” Some of these areas are, in fact, small towns with quick access to emergency response services, while other areas are indeed rural in that they are outside of incorporated areas -- by varying distances, up to actual “wilderness” areas.

TABLE 6: FACILITIES/CRITICAL CAREEMS System: North Coast EMSReporting Year: FY 2006-2007**NOTE:** Table 6 is to be reported by agency.**1. Trauma Patients:**

- | | |
|--|------------|
| a) Number of patients meeting trauma triage criteria | <u>N/A</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>N/A</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>N/A</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center. | <u>N/A</u> |

Emergency Departments:

- | | |
|---|----------|
| 2. Total number of emergency departments | <u>7</u> |
| a) Number of referral emergency services | <u>0</u> |
| b) Number of standby emergency services | <u>1</u> |
| c) Number of basic emergency services | <u>6</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

Receiving Hospitals

- | | |
|--|----------|
| 3. Number of receiving hospitals with written agreements | <u>0</u> |
| 4. Number of base hospitals with written agreements | <u>7</u> |

EMS System: North Coast Emergency Medical Services
 County: Humboldt
 Reporting Year: 2007

NOTE: Disaster Medical Operations are handled by Public Health Dept., not North Coast EMS.
 Contacts:
 Dr. Ann Lindsay
 (707) 268-2181 or
 Clarke Guzzi
 (707) 268-2187

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Public Schools, County Fairgrounds
- b. How are they staffed? Red Cross and Social Services Division Staff
- c. Do you have a supply system for supporting them for 72 hours? yes no X
**Local Resources and Mutual Aid Request*

2. CISD

Do you have a CISD provider with 24 hour capability yes X no

3. Medical Response Team

- a. Do you have any team medical response capability yes no X
**We have MOU's with medical clinics to provide services*
- b. For each team, are they incorporated into your local response plan? yes no X
- c. Are they available for statewide response? yes no X
- d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials

- a. Do you have any HazMat trained medical response team? yes no X
- b. At what HazMat level are they trained? Decontamination
- c. Do you have the ability to do decontamination in an emergency room? yes X no
- d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
- 2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 7
- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes no X
 - b. exercise? yes X no

EMS System: North Coast Emergency Medical Services
 County: Humboldt
 Reporting Year: 2007

4. List all counties with which you have a written medical mutual aid agreement.
None with independent counties except through State Mutual Aid Agreement.
5. Do you have formal agreements with hospitals in your operational areas to participate in disaster planning and response? yes ___ no X
 Good informal relationships
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes ___ no X
 Good informal relationships
7. Are you part of a multi-county EMS system for disaster response? yes ___ no X
**Part of a regional EMS system, but agency doesn't participate in disaster response*
8. Are you a separate department or agency? yes ___ no X
9. If not, to whom do you report? Disasters: Dr. Ann Lindsay, Humboldt County Health Officer
10. If not in the health department, do you have a plan to coordinate public health and environmental health issues with the Health Department yes X no ___
**County handles disaster response, LEMSA does not participate in disaster response*

EMS System:	<u>North Coast Emergency Medical Services</u>	NOTE: Disaster Medical Operations are handled by Public Health Dept., not North Coast EMS.
County:	<u>Lake</u>	
Reporting Year:	<u>2007</u>	

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A MOUs are currently under development
 - b. How are they staffed? N/A We will use Medical Reserve Corps members once the MRC is in palce.
 - c. Do you have a supply system for supporting them for 72 hours? yes ___ no X .
 CISD We are currently developing CERTs and a Medical Reserve Corps
2. Do you have a CISD provider with 24 hour capability yes ___ no X
3. Medical Response Team This is currently being developed- (MRC) Medical Reserve Corps
 - a. Do you have any team medical response capability? yes ___ no X
 - b. For each team, are they incorporated into your local response plan? yes ___ no X
 - c. Are they available for statewide response? yes ___ no X
 - d. Are they part of a formal out-of-state response system? yes ___ no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response team? yes ___ no X
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? yes X no ___
 - d. Do you have the ability to do decontamination in the field? yes X no ___

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no ___
2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 2 cities
3. Have you tested your MCI Plan this year in a:
 - a. real event? yes ___ no X
 - b. exercise? yes X no ___

Lake County Health Services coordinated with the Sheriff’s Office of Emergency Services to execute a Mass Causity Incident Exercise on May 2, 2007.

EMS System: North Coast Emergency Medical Services

County: Lake

Reporting Year: 2007

4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational areas to participate in disaster planning and response? yes____ no X

Good informal relationships

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes____ no X

Good informal relationships

7. Are you part of a multi-county EMS system for disaster response? yes____ no X

8. Are you a separate department or agency? yes X no____

. If not, to whom do you report? Not a separate EMS dept., but separate we are from the regional disaster response agency.

10. If not in the health department, do you have a plan to coordinate public health and environmental health issues with the Health Department N/A yes____ no____

TABLE 9: APPROVED TRAINING PROGRAMS

EMS System: North Coast EMS County: Del Norte Reporting Year: 2007

Training Institution Name/Address

Crescent City Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:* Open to general public	Cost of Program Basic <u>\$ 150</u> Refresher <u>\$ 40</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: _____ Expiration Date: <u>8/31/09</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____

EMS System: North Coast EMS County: Humboldt Reporting Year: 2007

Training Institution Name/Address

Arcata Fire Protection District 631 Ninth Street Arcata, CA 95521		Ed Trigeiro, Asst. Chief, Training Officer (707) 825-2000
Student Eligibility:* Restricted to members of Arcata Fire or allied agencies with approval of Fire Chief	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-I Refresher, First Responder AED Training and Recertification</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>15</u> Cont. Education: <u>4</u> Expiration Date: <u>1/31/09</u> Number of courses: <u>1</u> Initial training: <u>N/A</u> Refresher: <u>1</u> Cont. Education: <u>1</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Patricia Girczyc (707) 476-4236; (707) 476-4214
Student Eligibility:* Minimum 18 y.o. Complete EMT-I	Cost of Program Basic Tuition + fees, plus books, <u>uniform and immunization.</u> Refresher <u>\$100</u> + \$25 CPR Refresher	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70 – 35/course</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/09</u> Number of courses: <u>Fall & Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>2 (April & Nov.)</u> Cont. Education: <u>Yes - Refresh Credit for Initial</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

EMS System: North Coast EMS County: Humboldt Reporting Year: 2007

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Tricia Gill (707) 826-3357
Student Eligibility:* 18+ years of age Open to the general public	Cost of Program HSU Students Basic <u>Tuition plus fees</u> Refresher <u>\$95 to \$105</u>	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>60</u> Cont. Education: <u>10</u> Expiration Date: <u>8/31/09</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>varies</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Ruth Lake Community Services District/STAR Post Office Box 4 Mad River, CA 95552		Mike Gladding, EMT-P, EMS Coordinator (707) 574-6616
Student Eligibility:* Open to general public	Cost of Program Basic <u>\$50</u> Refresher <u>varies</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>12-20</u> Refresher: <u>6-10</u> Cont. Education: <u>80-100</u> Expiration Date: <u>8/31/09</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2007

Training Institution Name/Address

North Coast Paramedic Program 3340 Glenwood St. Eureka, CA 95501		(707) 445-2081
Student Eligibility:* Must be currently certified EMT-I	Cost of Program Basic <u>\$2000.00</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>3/31/10</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

EMS System: North Coast EMS County: Lake Reporting Year: 2007

Training Institution Name/Address

Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Willie Sapeta (707) 994-2170 ext 37
Student Eligibility: * Open to general public	Cost of Program Basic <u>\$140</u> Refresher <u>\$0</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: <u>every 4th Tuesday and throughout year</u> Expiration Date: <u>9/30/09</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>monthly</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Ken Wells (707) 279-4268
Student Eligibility: * Open to general public	Cost of Program Basic <u>\$130</u> Refresher <u>\$100</u>	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: _____ Expiration Date: <u>8/31/09</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: FACILITIES

EMS System: North Coast EMS County: Del Norte Reporting Year: 2007

Name, address & telephone	Sutter Coast Hospital 800 E. Washington Crescent City, CA 95531 (707) 464-8888		Primary Contact:	Beth Brown, RN
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2007

Name, address & telephone		Mad River Community Hospital P.O. Box 1115 Arcata, CA 95518 (707) 822-3621		Primary Contact: Ed Nickerson, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

Name, address & telephone		Redwood Memorial Hospital 3300 Renner Drive Fortuna, CA 95540 (707) 725-7382		Primary Contact: Judith Baird, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

*Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

**Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

Name, address & telephone		Jerold Phelps Hospital 733 Cedar Street Garberville, CA 95542 (707) 923-3921		Primary Contact: Karl Verick, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input checked="" type="checkbox"/>	Satellite base to Redwood Memorial Hospital	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

Name, address & telephone		St. Joseph Hospital 2700 Dolbeer Street Eureka, CA 95501 (707) 445-8121 (switchboard)		Primary Contact: Jessica Howard, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****
		<input checked="" type="checkbox"/> Neonatal ICU			

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*

EMS System: North Coast EMS County: Lake Reporting Year: 2007

Name, address & telephone		Adventist Health/Redbud Community Hospital Post Office Box 6710 Clearlake, CA 95422 (707) 994-6486		Primary Contact:	Mary Donati, RN
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Basic emergency service	<input checked="" type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

Name, address & telephone		Sutter-Lakeside Hospital 5176 Hill Road East Lakeport, CA 95451 (707) 262-5008 fax: 262-5053		Primary Contact:	John Gorbenko, RN
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Basic emergency service	<input checked="" type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					If Trauma Center what Level: Level IV

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 11A: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2007

**County Office of Emergency Services
Coordinator:**

Allen Winogradov

Work Telephone No.: (707) 464-7207

Home Telephone No.: _____

Office Pager No.: (707) 954-3702

FAX No.: (707) 465-0350

24-HR. No.: (707) 464-4191

Alternate’s Name:

Jeannine Galatioto

Work Telephone No.: (707) 464-7214

Home Telephone No.: (707) 464-9678

Office Pager No.: N/A

FAX No.: (707) 464-1165

24-HR. No.: (707) 464-4191

**County EMS Disaster Medical Services
Coordinator:**

Dr. Thomas Martinelli

Work Telephone No.: (707) 951-0380 cell

Home Telephone No.: (707) 458-3563

Office Pager No.: _____

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

Alternate’s Name:

Peter Esko, Environmental Health Scientist

Work Telephone No.: (707) 464-3191 ext. 295

Home Telephone No.: (707) 464-8408,
(707) 822-8816 weekends

Office Pager No.: (707) 954-2658 cell

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Del Norte Date: 2007

County Health Officer's Name:

Dr. Thomas Martinelli

Work Telephone No.: (707) 951-0380 cell
or 464-3191

Home Telephone No.: (707) 458-3563

Office Pager No.: _____

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

Alternate's Name:

Crescent City Internal Medicine

Work Telephone No.: (707) 465-8666

Home Telephone No.: N/A

Cell Phone No.: N/A

FAX No.: _____

24-HR. No.: (707) 465-8666

Medical/Health EOC Telephone No.:
established at time of incident

Medical/Health EOC FAX No.
established at time of incident

Amateur Radio contact name:
request from logistics

Medical/Health radio frequency used:
Med-Net Tx 468.100; Med-Net Rx 463.100; open PL

Who is the RDMHC for your region?
Dr. William Walker

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2007

**County Office of Emergency Services
Coordinator:**

Dan Larkin

Work Telephone No.: (707) 268-2500/02

Home Telephone No.: (707) 443-4223

Office Pager No.: (707) 441-6219

FAX No.: (707) 445-7764

24-HR. No.: (707) 445-7251 (S.O. Emerg)

Alternate's Name:

Diane Ross

Work Telephone No.: (707) 268-2526

Home Telephone No.: 707) 444-3714

Office Pager No.: Cell (707) 5996043

FAX No.: (707) 445-7764

24-HR. No.: (707) 445-7251 (S.O. Emerg)

**County EMS Disaster Medical Services
Coordinator:**

Ann Lindsay, M.D., Health Officer

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 441-8171

FAX No.: (707) 268-2126 & Alternate (707) 445-4506 (S.O. Emerg Fax)

24-HR. No.: (707) 445-7251 (S.O. Emerg)

Alternate's Name:

Alexandra Wineland, Public Health Director

Work Telephone No.: (707) 268-2121

Home Telephone No.: (707) 442-4823

Office Pager No.: (707) 441-8092

FAX No.: (707) 268-2126 & Alternate (707) 445-4506 (S.O. Emerg Fax)

24-HR. No.: 707) 445-7251 (S.O. Emerg)

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2007

County Health Officer's Name:

Ann Lindsay, M.D.

Alternate's Name:

John Sullivan M.D.

Work Telephone No.: (707) 268-2181

Work Telephone No.:
(707) 476-4975

Home Telephone No.: (707) 839-1712

Home Telephone No.:
(707) 822-9691

Office Pager No.: (707) 822-7041

Office Pager No.: _____
(707) 269-4603

FAX No.: (707) 268-2126 & Alternate (707) 445-7506 (S.O. Emerg Fax)

FAX No.: (707) 441-5686 & Alternate (707) 445-7506 (S.O. Emerg Fax)

24-HR. No.: (707) 445-7251 (S.O. Emer.)

24-HR. No.: (707) 445-7251 (S.O. Emer.)

Medical/Health EOC Telephone No.:

(707) 268-2513

Medical/Health EOC FAX No.

(707) 445-7764

Amateur Radio contact name:

Clem Cantu

Medical/Health radio frequency used:

Med Net Tx 468.000 and RX 463.000 Pierce Mt. Repeater or 2 m-) Tx 146.910 Rx 146.310

Who is the RDMHC for your region?

Dr. William Walker

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2007

**County Office of Emergency Services
Coordinator:**

Chris Rivera

Work Telephone No.: (707) 262-4090

Home Telephone No.: (707) 279-2363

Office Pager No.: (707) 264-1045

FAX No.: (707) 262-4095

24-HR. No.: (707) 263-2331

Alternate's Name:

Willie Sapeta

Work Telephone No.: (707) 262-4091

Home Telephone No.: (707) 994-2424

Office Pager No.: (707) 264-3137

FAX No.: (707) 262-4095

24-HR. No.: (707) 263-2331

**County EMS Disaster Medical Services
Coordinator:**

Chris McMillian

Work Telephone No.: (707) 263-8929

Home Telephone No.: (707) 485-0270

Office Pager No.: (707) 272-5173

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

Alternate's Name:

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 264-3811

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2007

County Health Officer's Name:

Craig McMillian

Alternate's Name:

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-8929

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 485-0270

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 272-5173

Office Pager No.: (707) 264-3811

FAX No.: (707) 262-4280

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

24-HR. No.: (707) 263-2331

Medical/Health EOC Telephone No.:

(707) 263-8929

Medical/Health EOC FAX No.

(707) 263-1662

Amateur Radio contact name:

Alan Vanderwarker

Medical/Health radio frequency used:

MedNet 463.000

Who is the RDMHC for your region?

Dr. William Walker

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11B: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2007

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (510) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Ron Sandler

none

Work Telephone No.: (707) 437-1116

Work Telephone No.: _____

Home Telephone No.: (707) 464-5591

Home Telephone No.: _____

Office Pager No.: (707) 951-6904

Office Pager No.: _____

FAX No.: (707) 487-3116

FAX No.: _____

24-HR. No.: (707) 464-4191

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

established at the time of incident

established at the time of incident

Amateur Radio contact name:

Medical/Health radio frequency used:

request from logistics

Med-Net Tx 468.100; Med-Net Rx 463.100; open

PL

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2007

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: _____

Home Telephone No.: (510) 370-5010

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: (925) 646-4379

FAX No.: _____

24-HR. No.: (510) 646-2441

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

RDMHC (510) 803-7800

RDMHC (510) 803-7878

Amateur Radio contact name:

Medical/Health radio frequency used:

Clem Cantu

MedNet Horse Mt. Repeater: Tx 468.025

Rx 463.025 & PLL code 103.5

2 meter: Tx 146.410 & Rx 146.310

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2007

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: _____

Home Telephone No.: (510) 370-5010

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: (925) 646-4379

FAX No.: _____

24-HR. No.: (510) 646-2441

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

(707) 263-8929

(707) 263-1662

Amateur Radio contact name:

Medical/Health radio frequency used:

Alan Vanderwarker

MedNet 463.000

Date: 10-19-07

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS
Area or Subarea (Zone) Name or Title: Northshore Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Northshore Fire Department
Area or Subarea (Zone) Geographic Description: Upper Lake, Nice, Lucerne, Clearlake Oaks
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

North Coast Emergency Medical Services

Area or subarea (Zone) Name or Title:

Del Norte County

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone

Area or subarea (Zone) Geographic Description:

Del Norte County (entire county)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 1, Arcata/McKinleyville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, 42 years in operation
Area or subarea (Zone) Geographic Description: Northwestern Humboldt County, Zone #1
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 2, Hoopa/Willow Creek
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 25 years of operation
Area or subarea (Zone) Geographic Description: Eastern Humboldt County, Zone #2
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zones 3 and 4, Eureka/Fortuna/Garberville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 28 years of operation
Area or subarea (Zone) Geographic Description: Central/Southern Humboldt County, Zones 3 and 4
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 4, Shelter Cove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Shelter Cove Fire Department, 7 years of operation
Area or subarea (Zone) Geographic Description: Southern Humboldt, Zone 4
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Clearlake Oaks Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Clearlake Oaks Fire Protection District
Area or subarea (Zone) Geographic Description: Clearlake Oaks Fire Protection District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Nice Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Nice Fire District
Area or subarea (Zone) Geographic Description: Nice Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lucerne Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lucerne Fire District
Area or subarea (Zone) Geographic Description: Lucerne Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
Area or subarea (Zone) Geographic Description: Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

South Lake County Fire District

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

South Lake County Fire District

Area or subarea (Zone) Geographic Description:

South Lake County Fire District

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Kelseyville Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Kelseyville Fire District
Area or subarea (Zone) Geographic Description: Kelseyville Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
Area or subarea (Zone) Geographic Description: Lakeport Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

Upper Lake Fire Department

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Upper Lake Fire Department

Area or subarea (Zone) Geographic Description:

Upper Lake Fire Department

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

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If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast- Lake County
Area or subarea (Zone) Name or Title: Lake County- Clearlake and Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ProTransport 1
Area or subarea (Zone) Geographic Description: Clearlake and Lakeport: BLS permit currently will request ALS when new ordinance is in effect
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811
(916) 322-4336 FAX (916) 324-2875



November 20, 2007

Larry Karsteadt
North Coast EMS Agency
3340 Glenwood Avenue
Eureka, CA 95501

Dear Mr. Karsteadt: *LARRY,*

We have completed our review of *North Coast EMS Agency's 2006 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in cursive script that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director

CAA:ss