

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Board composition was restructured in May to include a Supervisor representative from each contracting county. A Medical Advisory Committee meets bi-monthly to review protocols and provide direction to the Medical Director and clinical staff.	
1.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS system evaluation is ongoing through a number of methods including broad direction from the Board of Directors, the Medical Advisory Committee, Trauma Audit Committee and specific QI reviews.	
1.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.	
1.05		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This Standard is being met by the completion and submittal of this plan.	
1.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan is formally updated when requested by the Authority.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07			☐		The agency has developed a Trauma Plan that was originally approved in 1990. With the departure of counties from the region, a revision is underway.	
1.09			☐		Inventories are updated as site inspections are periodically conducted and as prehospital updates are requested by EMSA.	
1.1			☐		While the geographical scope of the agency has been lessened and past special populations have been addresses, we continue to be mindful of special population needs and the ability to meet those needs.	
1.13			☐		Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.	
1.14			☐		Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Trauma Audit Committee, the Medical Advisory Committee and others. Ambulance services, non transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statutes.	
1.17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Control is well defined and functions well. Base Hospitals and Alternative Base Stations provide on-line control. Protocols are followed in the event of radio failure.	
1.18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals and providers. A skills usage form is utilized in addition to data retrievable from ePCRs.	
1.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing physicians and MICNs, the Nor-Cal EMS region has eight acute care facilities providing medical control.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Nor-Cal EMS Trauma Plan was first approved in 1989. Challenges of the system deal with low volume and extended transport times which are compounded in winter months. At Levels III and IV, Trauma center designation is not competitive. There are no hospitals in the area that meet Level I or II designation criteria.	
1.27		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.	Determine opportunities for pediatric care enhancement that include training and equipment deployment.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Exclusive Area has been approved in Lassen County. Two submittals for Grandfathered areas have not met criteria in Plumas County but another is being resubmitted for EMSA consideration.	
2.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT 1 course.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All EMS education programs in the region, including EMT 1, EMT 2, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction. Program approvals are for a two year period, at which time they are reevaluated.	
2.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.	
2.04		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This responsibility has not been delegated by contract counties, however we have maintained involvement with agencies considering the establishment of an EMD program. This has occurred through close communication between the PSAP and the agency's Medical Director specific to protocols.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.07		☑	☐	☐	Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherence to policies are not followed.	
2.12		☑	☐	☐	Regualtions require Public Safety personnel to be trained in CPR. Current CPR training includes protocols and the use of AEDs	
2.13		☑	☐	☐	The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use.	
3.01		☑	☐	☐	The agency has maintained a UHF communications system since the early 1970s. This year the equipment is being transferred to counties, along with the transfer of the site leases and the FCC license. To maintain coordination, the agency has been asked to periodically convene the users of the system along with county representatives to review potential system changes and issues that may arise.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.06			┌		maintains the region-wide UHF communications system, the system of advisory groups provide opportunity to review communications issues including multi-casualty events. The agency has obtained over time a cashe of handheld radios that are now being distributed in lots to key locations for rapid deploymnt in the event of a mass casualty event. The distribution is being coordinated through the RDMHS program.	
4.01		x			These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan.	
4.04		x			Pre-scheduled transportation has little or no effect on system operations. Repsonsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.	
4.05		x			Nor-Cal EMS has adopted the state's response time guidelines.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.07		x			Nor Cal EMS supports the participation of first responder agencies into the EMS system and facilitates their participation through approval of First Responder instructors, certification of course graduates and development of provider agreements for services utilizing advanced personnel, AEDs and/or airway devices.	
4.09		x			The region is served by one air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy. The agency has a disaster and MCI plan and works with the RDMHS, and state offices during disasters. This includes mobilization of response and transport vehicles including coordination with Ambulance Strike Teams.	
4.12		x			Units and personnel can and do operate throughout the region without regard for county boundaries. Regional approval of providers, certification/ accreditation of personnel and a regional communications system facilitate this flexibility.	
4.13		x				

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.19		x			<p>in Lassen and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc county EOA through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California. This has been done and accepted in Modoc County. Two services were denied EOA status through grandfathering in Plumas County. Materials regarding a service in Plumas County will be resubmitted.</p>	
4.2		x			<p>The agency periodically assess and reassesses the EMS capabilities of various acute care facilities as a part of the designation of Trauma Centers, Base Hospitals and Alternative Base Stations. Written agreements exist between the agency and these facilities which require adherence to local policies and state regulation. The agency has designated receiving hospitals which are monitored through a variety of visits, audits and QI activities.</p>	
5.01		x				
5.04		x				

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.05		x		x	Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises and promotes HEICS. We have participated in hospital evacuations as a responsibility of a LEMSA and coordinated the deployment of Ambulance Strike Teams to facilitate the evacuation.	
5.06			x		We do not maintain a hospital evacuation plan. The regional trauma plan is being amended to reflect fewer participating counties. The plan incorporates all of the required features. At this point designated trauma centers are designated as Level IVs.	
5.08				x	These standards need to be reassessed.	
5.11				x	Planning for pediatric emergencies at the agency level that are beyond the scope of trauma care will need to be reactivated.	
5.12				x	This has been accomplished for trauma patients through the designation and redesignation process and trauma audits.	
5.13				x	Lead by the agency's Medical Director and EMS Systems Specialist, the program involves the spectrum of EMS system participants. We are exploring various electronic records systems to further assist the QI program.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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6.05			x		The agency is examining alternatives to the electronic PCR system currently in place, as well as the trauma data system. Any alternatives to be considered must be CEMSIS compliant. The agency continues to provide both prehospital and trauma data to EMSA.	
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6.06		x		x	The agency remains active in pursuing the best means of improving its evaluation program including the exploration of improved data systems. For those agencies not utilizing an electronic system, they are required, as all agencies with provider agreements, to provide patient records, either routinely or as requested.	
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6.07		x			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	
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6.08		x			This standard is in place. The Trauma Audit Committee identifies patients meeting certain criteria with evaluations of systems issues resulting in validation of system operations or implications for system improvement.	
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6.1		x				
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11		x			<p>These functions are runned by the agency's Medical Director in conjunction with the agency's EMS System Specialist and with strong participation by the Trauma Audit Committee. Data is also received from non trauma centers.</p> <p>The agency has been involved in several injury and illness prevention effort in the past including Think First for Kids, First There/First Care, Northstate Prehospital Conference, Shasta County Injury Prevention Coalition and other programs unique to the area. The agency also has taken a lead role in the development of a water safety video.</p>	
7.02		x			<p>The agency has been involved with regional and local OES agencies, including the LEPC.</p>	
8.01		x				
8.05		x			<p>Regional policies identify the control facility for the distribution of mass casualty patients.</p>	
8.11		x			<p>This activity has occurred in conjunction with HPP projects.</p>	
8.12		x			<p>This activity has occurred in conjunction with HPP projects.</p>	
8.13		x			<p>Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.</p>	

**TABLE 2: SYSTEM ORGANIZATION
& MANAGEMENT**

**BUDGET
FEE STRUCTURE
ORGANIZATION/MANAGEMENT
ORGANIZATIONAL CHART**

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

NOTE: Number 1 below has been completed for each county. The balance of Table 2 refers to the agency.

1. Percentage of population served by each level of care by county:

County: **Glenn**

- a. Basic Life Support (BLS) 0%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 100%

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	X
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	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Operation of medical communications system	
Other: Ambulance and medical equipment procurement	

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

County: Lassen

- a. Basic Life Support (BLS) 0%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 100%

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

County: **Modoc**

- a. Basic Life Support (BLS) 6%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 94%

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	X
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	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Operation of medical communications system	
Other: Ambulance and medical equipment procurement	

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

County: **Plumas**

- a. Basic Life Support (BLS) 0%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 100%

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	X
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	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: Operation of medical communications system	
Other: Ambulance and medical equipment procurement	

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

County: **Sierra**

- a. Basic Life Support (BLS) 0%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 100%

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	X
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	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Operation of medical communications system	
Other: Ambulance and medical equipment procurement	

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

County: **Trinity**

- a. Basic Life Support (BLS) 0%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 100%

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	X
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	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Operation of medical communications system	
Other: Ambulance and medical equipment procurement	

Table 2 - System Organization & Management (cont.)

2. Type of agency:
(e) **Private Non-profit Entity**
3. The person responsible for day-to-day activities of EMS agency reports to:
(c) **Board of Directors**
4. Indicate the non-required functions which are performed by the agency:

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

Table 2 - System Organization & Management (cont.)

5. EMS agency budget for FY 2010-2011

A. EXPENSES

Salaries and benefits (all but contract personnel)		434,004.86
Contract Services (e.g. medical director)	(Medical Director) (Other Contractual)	50,000.00 32,310.72
Operations/Indirect Expenses (e.g. copying, postage, facilities, overhead)		158,950.00
Travel		10,000.00
Fixed assets		
Ambulance subsidy		N/A
EMS Fund Payments to physicians/hospital	(See Note Below)	32,042.51
Dispatch center operations (non-staff)		N/A
Training program operations		Included in numbers above
Other:		

TOTAL EXPENSES **717,308.09**

Note: Used 2009-2010 fiscal year for Plumas County as a projection for the 2010-2011 fiscal year.

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	CEMSIS	268.68
Office of Traffic Safety (OTS)		N/A
State general fund		276,203.00
County general fund		N/A
Other local tax funds (e.g., EMS district)		N/A
County contracts (e.g. multi-county agencies)		132,417.00
Certification fees		24,000.90
Training program approval fees		
Programs/Training program tuition/Average daily attendance funds (ADA)		
Job Training Partnership ACT (JTPA) funds/other payments		
Base Hospital /Non-Base Hospital Provider Fee		16,478.00
Base hospital designation fees		
Trauma Center Annual Fees		N/A
Trauma center designation fees		N/A
Pediatric facility approval fees		N/A
Pediatric facility designation fees		N/A
Other critical care center designation fees		N/A
Ambulance service/vehicle fees (Provider Fee)		8,520.00
Contributions		
EMS Fund (SB 12/612) administration fees *		36,042.51
Other grants: Products/Interest Inc.		2,000.00
Other fees: Prehospital Conference		20,000.00
Other (specify): Operating Revenue from Nor-Cal & Balance Budget		201,378.00
Miscellaneous (Other)		
<u>TOTAL REVENUE</u>		<u>\$717,308.09</u>

* Includes administration fee and payments to physicians and hospitals

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 2010

First responder certification		\$ 35
EMT certification		45
EMT recertification		28
AEMT certification		50
AEMT recertification		35
EMT-P accreditation		100
MICN authorization		80
MICNARN recertification		80
EMT-I training program approval		--
AEMT training program approval		--
EMT-P training program approval		--
MICN training program approval		--
Base hospital application		--
Base hospital designation	N/A for FY 2010-2011	--
Trauma center application		--
Trauma center designation		--
Pediatric facility approval:		
Level II		--
Level I		--
Pediatric facility designation		--
Other critical care center application		
Emergency Department Approved for Trauma (EDAT)		--
Ambulance service license		--
Ambulance vehicle permits		--
Other: First Responder Recertification		28
Other: ALS Ambulance Application		500
Ambulance Provider Fee		\$327 - \$4,820 (a)
County Contract Fee		\$12,000 - \$78,000 (a)

(a) Fee based on formula

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Chief Executive Officer	80.00%	47.91	34%	
Asst. Admin.	Director Business Administration	80.00%	24.50	42%	
ALS Coord./Field Coord./ Training Coordinator	EMS System Director	100.00%	31.25	33%	
Program Coord./Field Liaison (Non-clinical)	EMS System Director Certification/Testing Manager Project Coordinator	9.97% 80.00% 40.00%	31.25 19.26 15.92	10% 47% 47%	
Trauma Coordinator					
Medical Director	Medical Director	30.00%	85.00	--	Contract position
Other MD/Med. Consult./ Training Medical Director					
Disaster Medical Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	Director of Information Technology	100.00%	34.20	46%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Secretary	80.00%	13.04	55%	
Other Clerical	Project/Accounting Manager	.03%	15.14	10%	
Data Entry Clerk					
Other					

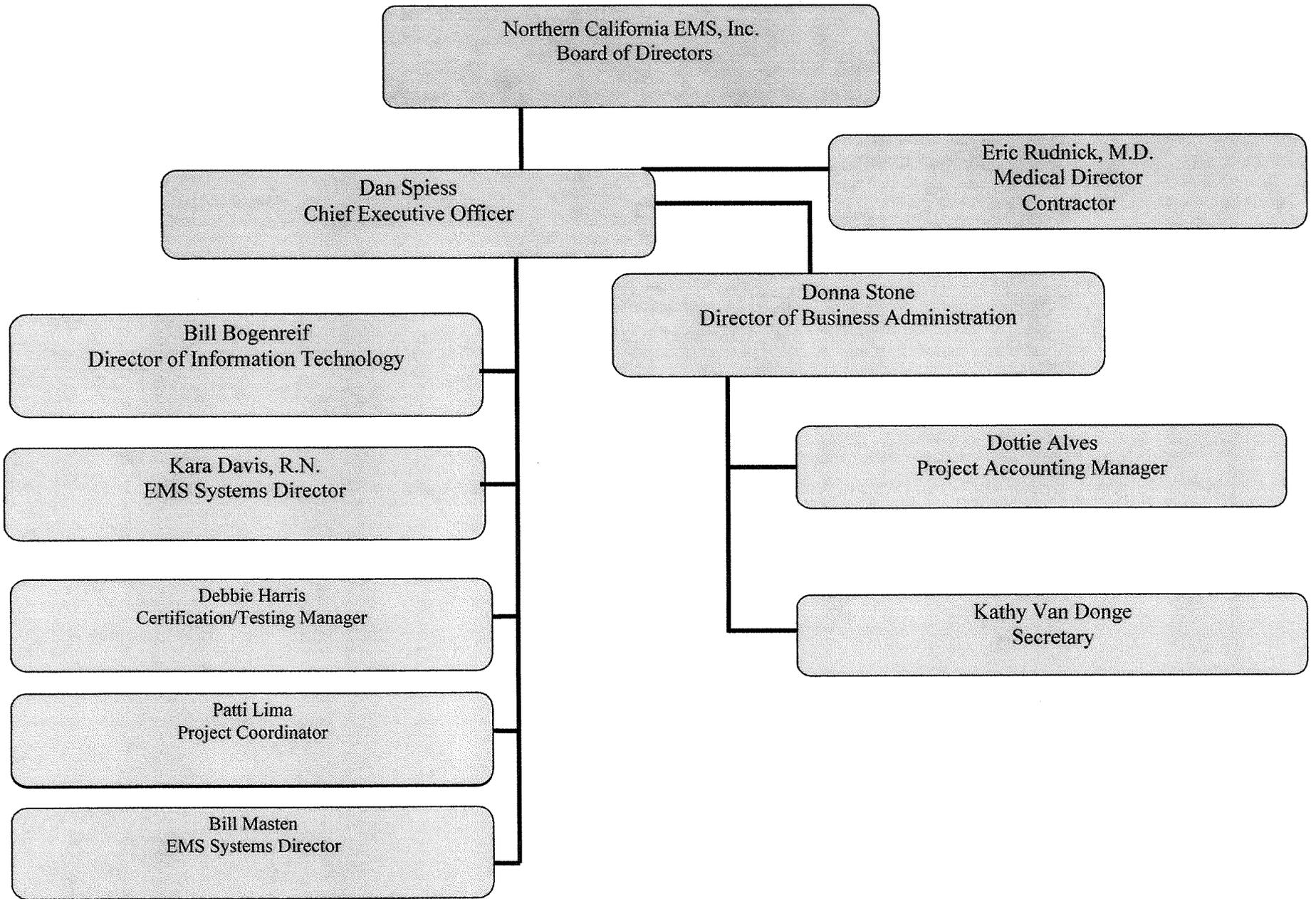


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: Northern California EMS, Inc.

Reporting Year: 2010

NOTE: Table 3 is to be reported by agency.

	EMTs	AEMTs	EMT - Ps	MICN	
Total certified	1,654	7			257
Number newly certified this year	239	2			27
Number recertified this year	533	6			57
Total number of accredited personnel on July 1 of the reporting year			105		
Number of certification reviews resulting in:					
a) formal investigations	1	0	0		0
b) probation	9	0	0		0
c) suspensions	1	0	0		0
d) revocations	0	0	0		0
e) denials	0	0	0		0
f) denials of renewal	0	0	0		0
g) no action taken	0	0	0		0

1. Number of EMS dispatchers trained to EMSA standards: 0

2. Early defibrillation:

a) Number of EMT-I (defib) certified 1,654
 b) Number of public safety (defib) certified (non-EMT-I) 44

3. Do you have a first responder training program? yes no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS --
Communications**

EMS System: Northern California EMS, Inc.

County: Glenn

Reporting Year: 2010

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 1 |
| 3. | Number of dispatch centers directly dispatching ambulances | 0 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 0 |
| 5. | Do you have an operational area disaster communication system? No | |
| | a. Radio primary frequency _____ | |
| | b. Other methods _____ | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes ____ No ____ | |
| | d. Do you participate in OASIS? No | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? No | |
| | 1) Within the operational area? Yes ____ No ____ | |
| | 2) Between the operational area and the region and/or state? Yes ____ No ____ | |
| 6. | Primary dispatch agency for day-to-day emergencies: Sheriff | |
| 7. | Primary dispatch agency for a disaster: Sheriff | |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS --
Communications**

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year: 2010

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? No
 - a. Radio primary frequency _____
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes – County Fire, MedNet, CALCORD
 - d. Do you participate in OASIS? Yes
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes
 - 1) Within the operational area? Yes
 - 2) Between the operational area and the region and/or state? Yes
6. Primary dispatch agency for day-to-day emergencies: Sheriff
7. Primary dispatch agency for a disaster: Fire

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS --
Communications**

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year: 2010

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 1 |
| 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 | |
| | a. Radio primary frequency 153.920, 153.860 | |
| | b. Other methods _____ | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes 153.920, 153.860 | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? No | |
| | 1) Within the operational area? No | |
| | 2) Between the operational area and the region and/or state? No | |
| 6. | Primary dispatch agency for day-to-day emergencies: OES | |
| 7. | Primary dispatch agency for a disaster: OES | |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS --
Communications**

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year: 2010

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 4 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 0 |
| 5. | Do you have an operational area disaster communication system? Yes, as part of a Tactical Interoperable Communications Plan | |
| | a. Radio primary frequency Assigned as needed from TICP | |
| | b. Other methods _____ | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? No | |
| 6. | Primary dispatch agency for day-to-day emergencies: Sheriff | |
| 7. | Primary dispatch agency for a disaster: Sheriff | |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS --
Communications**

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year: 2010

- | | | |
|----|---|---|
| 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 | |
| | a. Radio primary frequency _____ | |
| | b. Other methods _____ | |
| | c. Can all medical response units communicate on the same disaster communications system?
yes ____ no ____ | |
| | d. Do you participate in OASIS? yes ____ no ____ | |
| | e. Do you have a plan to utilize RACES as a back-up communication system?
yes ____ no ____ | |
| | 1) Within the operational area? yes ____ no ____ | |
| | 2) Between the operational area and the region and/or state? yes ____ no ____ | |
| 6. | Primary dispatch agency for day-to-day emergencies: Sheriff | |
| 7. | Primary dispatch agency for a disaster: Sheriff | |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS --
Communications**

EMS System: **Northern California EMS, Inc.**

County: **Trinity**

Reporting Year: **2010**

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 2 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 0 |
| 5. | Do you have an operational area disaster communication system? Yes | |
| | a. Radio primary frequency <u>155.115 Output 155.925 Input</u> | |
| | b. Other methods: County has multi-agency radio communication system and Reverse 9-1-1 | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Primary dispatch agency for day-to-day emergencies: Sheriff (911) 623-6211 | |
| 7. | Primary dispatch agency for a disaster: Sheriff | |

TABLE 5

RESPONSE/TRANSPORTATION

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: Northern California EMS, Inc.

Reporting Year: 2009

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		2
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		41%
3.	Total number responses		10,390
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	Data Unavailable
	b) Number non-emergency responses	(Code 1: normal)	Data Unavailable
	c) Interfacility transfers		Data Unavailable
4.	Total number of transports		
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	Data Unavailable
	b) Number of non-emergency transports	(Code 1: normal)	Data Unavailable

Early Defibrillation Providers

5.	Number of public safety defibrillation providers		66
6.	Number of EMT-Defibrillation providers		NA
	a) Automated		
	b) Manual		

Air Ambulance Services

7.	Total number of responses		677
	a) Number of emergency responses		173
	b) Number of non-emergency responses		504
8.	Total number of transports		500
	a) Number of emergency (scene) responses		114
	b) Number of non-emergency responses		386

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: Northern California EMS, Inc.

Reporting Year: 2009

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers: 66

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

** Currently developing mechanism to retrieve response time data

Enter the response times in the appropriate boxes

	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance				

TABLE 6

FACILITIES/CRITICAL CARE

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Northern California EMS, Inc.

Reporting Year: 2009

NOTE: Table 6 is reported by agency.

Trauma Care System

Trauma patients:

a) Number of patients meeting trauma triage criteria	2
b) Number of major trauma victims transported directly to a trauma center by ambulance	0
c) Number of major trauma patients transferred to a trauma center	2
d) Number of patients meeting triage criteria who weren't treated at a trauma center	0

Emergency Departments

Total number of emergency departments	8
a) Number of referral emergency services	0
b) Number of standby emergency services	8
c) Number of basic emergency services	0
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	6

TABLE 7

DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2009
 County: Glenn

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Incident scene or Glenn Medical Center
 - b. How are they staffed? Incident sites staffed with EMS personnel. Hospital staffed by 2 RN's, 2-4 LVN's, 1-3 Medical Doctors. MOU in place with the Health Department for more staff.
 - c. Do you have a supply system for supporting them for 72 hours? MOU with Health Dept utilization of the M.R.C.
2. Do you have a CISD provider with 24 hour capability? Yes
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes
 - b. For each team, are they incorporated into your local response plan? No
 - c. Are they available for statewide response? No
 - d. Are they part of a formal out-of-state response system? No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained? Level C
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

OPERATIONS (Cont.)

- | | |
|--|-------------|
| 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 1 |
| 3. Have you tested your MCI Plan this year in a: | |
| a. real event? | Yes |
| b. exercise? | Yes |
| 4. List all counties with which you have a written medical mutual aid agreement. | In progress |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? | Yes |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? | No |
| 7. Are you part of a multi-county EMS system for disaster response? | No |
| 8. Are you a separate department or agency? | Department |
| 9. If not, to whom do you report | N/A |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | N/A |

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting
 Year: 2009

County: Lassen

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
 Unofficially at Susanville Tennis Courts and County road shops.
 This plan is still in progress and is not yet approved by Lassen County BOS.
 - b. How are they staffed?
 - c. Do you have a supply system for supporting them for 72 hours?

2. CISD

Do you have a CISD provider with 24 hour capability?	Yes County OES
--	----------------

3. Medical Response Team

a. Do you have any team medical response capability?	Yes – Medical branch of DOC
b. For each team, are they incorporated into your local response plan?	No
c. Are they available for statewide response?	No
d. Are they part of a formal out-of-state response system?	No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?	County contracts with Sierra Cascade
b. At what HazMat level are they trained?	Type A
c. Do you have the ability to do decontamination in an emergency room?	Yes
d. Do you have the ability to do decontamination in the field?	Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

OPERATIONS (Cont.)

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a: County is in the process of completing this plan. Will test once complete.
 - a. real event? No
 - b. exercise? No

4. List all counties with which you have a written medical mutual aid agreement. Beyond State/Region mutual aid, no other written agreements.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes

6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? Yes

7. Are you part of a multi-county EMS system for disaster response? Yes

8. Are you a separate department or agency? No

9. If not, to whom do you report
HSS – Public Health and Environmental Health are internal

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? NA

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting
 Year: 2009

County: Modoc

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Not identified
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? Untested

2. CISD

Do you have a CISD provider with 24 hour capability?
 team CDF

 Defusing

3. Medical Response Team
 - a. Do you have any team medical response capability? No
 - b. For each team, are they incorporated into your local response plan? No
 - c. Are they available for statewide response? No
 - d. Are they part of a formal out-of-state response system? No

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

OPERATIONS (Cont.)

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? No
 - b. exercise? Yes - Tabletop
4. List all counties with which you have a written medical mutual aid agreement. Nor-Cal EMS, Inc.
Provider Agreement
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. Are you a separate department or agency? No
9. If not, to whom do you report Modoc
County
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting
 Year: 2009

County: Plumas

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs? Chester, Quincy, Portola
 - b. How are they staffed? Hospital Personnel
 - c. Do you have a supply system for supporting them for 72 hours? Yes
2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes
3. Medical Response Team
 - a. Do you have any team medical response capability? No
 - b. For each team, are they incorporated into your local response plan? No
 - c. Are they available for statewide response? No
 - d. Are they part of a formal out-of-state response system? No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

OPERATIONS (Cont.)

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? No
 - b. exercise? Yes
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 area to participate in disaster planning and response? Yes
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? No
8. Are you a separate department or agency? No
9. If not, to whom do you report
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting
 Year: 2009

County: Sierra

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP) N/A
 - a. Where are your CCPs located? N/A
 - b. How are they staffed?
 - c. Do you have a supply system for supporting them for 72 hours? No

- 2. CISD Yes
 - Do you have a CISD provider with 24 hour capability?

- 3. Medical Response Team
 - a. Do you have any team medical response capability? No
 - b. For each team, are they incorporated into your local response plan? No
 - c. Are they available for statewide response? No
 - d. Are they part of a formal out-of-state response system? No

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? No
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

OPERATIONS (Cont.)

- | | |
|--|------|
| 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 1 |
| 3. Have you tested your MCI Plan this year in a: | |
| a. real event? | No |
| b. exercise? | No |
| 4. List all counties with which you have a written medical mutual aid agreement. | None |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? | No |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? | No |
| 7. Are you part of a multi-county EMS system for disaster response? | No |
| 8. Are you a separate department or agency? | Yes |
| 9. If not, to whom do you report | |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No |

Note from the Sierra County Office of Emergency Services
Lee Brown, Coordinator:

Sierra County does not have any hospitals within the county. There are four ambulance providers in the county – Downieville Fire on the west side of the county, Eastern Plumas District Hospital covers most of the eastern side of the county, REMSA out of Reno covers Highway 395 corridor on the far eastern side of the county and Truckee Fire covers Highway 89 to Little Truckee Summit.

There are no designated Casualty Collection Points within Sierra County; nor do they have any mobile CCP units.

OES does work with the County's Health Department on public and environmental health issues; they do not have a formal plan that states that effect.

Sierra County OES is in the process of updating their Emergency Operation Plan (EOP), and develop a Continuum of Government (COG), Continue of Operation Plan (COOP), Evacuation Plan and a Hazard Mitigation Plan.

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting
 Year: 2009

County: Trinity

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? None
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? N/A

2. CISD

Do you have a CISD provider with 24 hour capability? Yes

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes
 - b. For each team, are they incorporated into your local response plan? Yes
 - c. Are they available for statewide response? Yes
 - d. Are they part of a formal out-of-state response system? Yes (MRC)

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? First Responder Operational, WMD, Medical, DECON
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

OPERATIONS (Cont.)

- | | |
|--|-----------------------------------|
| 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | None |
| 3. Have you tested your MCI Plan this year in a: | |
| a. real event? | No |
| b. exercise? | Yes |
| 4. List all counties with which you have a written medical mutual aid agreement. | Nor-Cal EMS
Provider Agreement |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? | No |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? | No |
| 7. Are you part of a multi-county EMS system for disaster response? | Yes |
| 8. Are you a separate department or agency? | Agency |
| 9. If not, to whom do you report
County | Trinity |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | Yes |

Table 8: Approved Training Programs

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC., INC. EMS

County: Glenn

Reporting Year: 2010

Training Institution Name / Address		Contact Person / Phone Number
Absolute Safety Training @ Glenn Medical Center 1133 W. Sycamore, Willows, CA 95988		Dan Layne, MICP 530-521-6520
Student Eligibility: *	Cost of Program	**Program Level: EMT & Paramedic
Open Current CPR	Basic EMT \$500 Paramedic \$6,500 Refresher None	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 8-11-2014
		Number of courses: EMT Paramedic Initial training: 2 (30 students) 1 (30 students) Refresher: Cont. Education:

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC., INC. EMS

County: Lassen

Reporting Year: 2010

Training Institution Name / Address		Contact Person / Phone Number
Lassen Community College PO Box 3000 Susanville, CA 96130		Debbie Kincaid 530 – 310-1154
Student Eligibility: *	Cost of Program	**Program Level: EMT
Open	Basic \$230	Number of students completing training per year:
Current CPR	Refresher \$ 46	Initial training: 20 - Twice Annually
		Refresher:
		Cont. Education
		Expiration Date: 11-1-2014
		Number of courses: 3
		Initial training: 2
		Refresher: 1
		Cont. Education:

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC., INC. EMS

County: Modoc

Reporting Year: 2010

Training Institution Name / Address		Contact Person / Phone Number
Lassen Community College PO Box 3000 Susanville, CA 96130		Chris Gibson (Absolute Safety Training) 530-521-6520
Student Eligibility: *	Cost of Program	**Program Level: EMT
Open	Basic Fixed Cost	Number of students completing training per year:
Current CPR	Refresher None	Initial training: 15
		Refresher:
		Cont. Education
		Expiration Date: 11-1-2014
		Number of courses:
		Initial training: 1
		Refresher
		Cont. Education:

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC., INC. EMS

County: Plumas

Reporting Year: 2010

Training Institution Name / Address		Contact Person / Phone Number
Feather River Community College 570 Golden Eagle Ave, Quincy, CA 95971		Judy Mahan, RN 530-283-0202 ext. 235
Student Eligibility: *	Cost of Program	**Program Level: EMT
Open	Basic \$200.00	Number of students completing training per year:
Current CPR		Initial training: 40
		Cont. Education
		Expiration Date: 8-16-2014
		Number of courses:
		Initial training: 2 per year
		Refresher:
		Cont. Education:

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC., INC. EMS

County: Trinity

Reporting Year: 2010

Training Institution Name / Address		Contact Person / Phone Number
Shasta College Outreach PO Box 6006 Redding, CA 96009		John White 530-225-4623
Student Eligibility: *	Cost of Program	**Program Level: EMT
Open	Basic 128.50 Refresher None	Number of students completing training per year: Initial training: 50 Refresher: None Cont. Education 0 Expiration Date: 9-16-2014 Number of courses: 2 Initial training: 1 Refresher: None Cont. Education: 0

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

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

TABLE 9: Dispatch Agency

EMS System: Northern California EMS

County: Glenn

Reporting Year: 2010

Name, address & telephone: Glenn Medical Center 1133 W. Sycamore, Willows 95988		Primary Contact: Lee Sparby 530-934-3809	
NOTE: Dispatches through Enloe Medical Center		Bob Kiuttu 530-332-7300	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 0

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year: 2010

Name, address & telephone: Mountain Life Flight PO Box 711, Susanville 96130		Primary Contact: Brian Gray 530-257-0249		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 1 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 3 Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0

Name, address & telephone: Susanville Interagency Fire Center 697345 Highway 36, Susanville 96130		Primary Contact: Scott Henry 530-257-5575		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 3 LALS 5 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 0

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year: 2010

Name, address & telephone: Modoc County Sheriff's Office PO Drawer 460, Alturas 96101		Primary Contact: Tony Richno 530-233-4416		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 12 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 6 Fire Department: 14 PSAP for County

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year: 2010

Name, address & telephone: Eastern Plumas Healthcare District 500 First Avenue, Portola 96122		Primary Contact: Robert Stone 530-249-0055 530-832-6536 (Cell)			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 20 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 3	

Name, address & telephone: Plumas District Hospital 1065 Bucks Lake Road, Quincy 95971		Primary Contact: Alyssa Cassol 530-283-2121			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 3	

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year: 2010

Name, address & telephone: Sierra County Sheriff PO Box 66 Downieville 95936		Primary Contact: John Evans, Sheriff 530-289-3700		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 4

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year: 2010

Name, address & telephone:		Trinity County Sheriff PO Box 1228, Weaverville 96093		Primary Contact: Lorrac Craig, Sheriff 530-623-3740	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 7 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

**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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 4 – STAR (Southern Trinity Area Rescue)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Southern Trinity Area Rescue
Area or Subarea (Zone) Geographic Description: See attached map and specific response locations Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A

**EXCLUSIVE OPERATING AREAS
EMS PLAN-ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

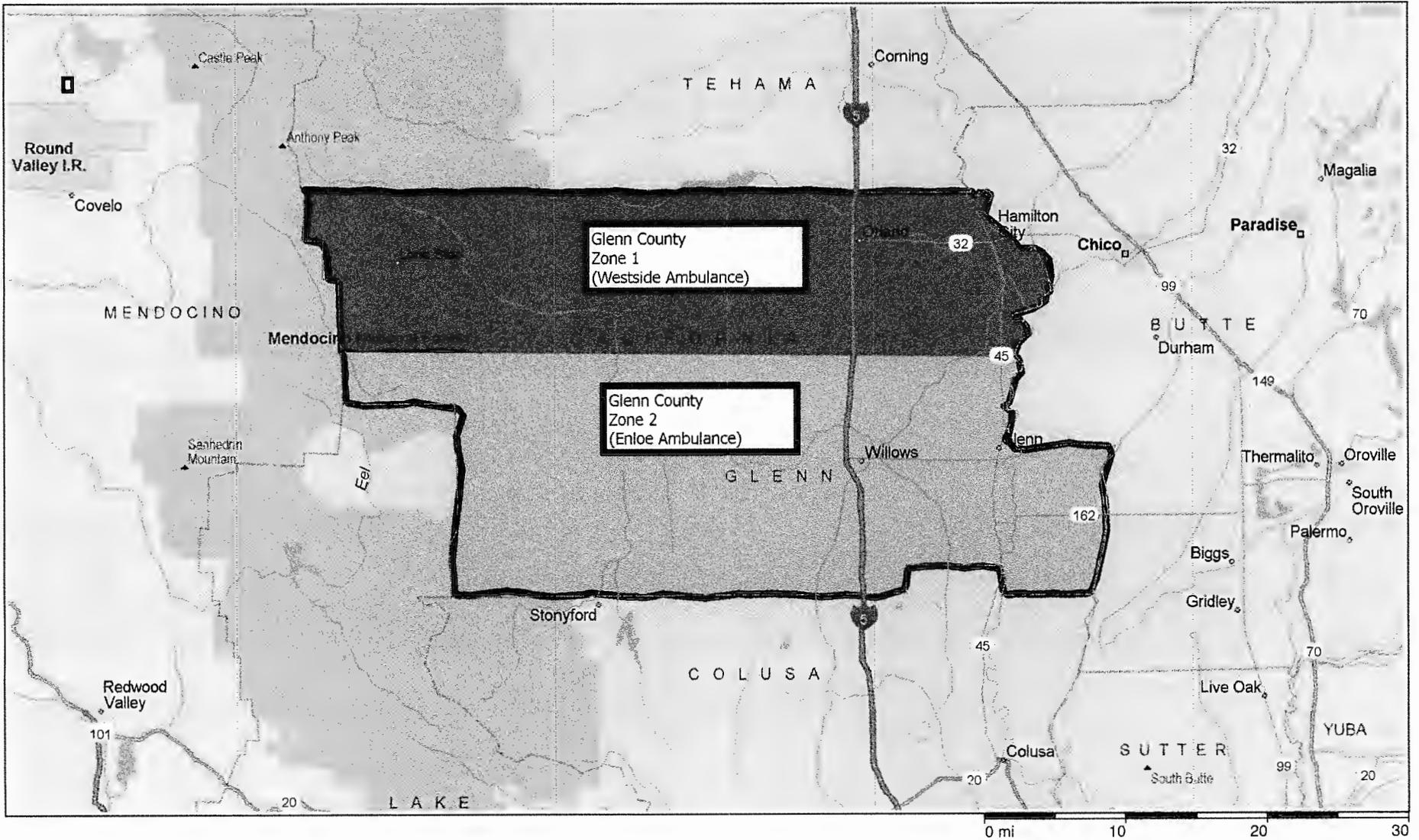
Local EMS Agency or County Name: Northern California EMS, Inc./ Glenn County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Westside Ambulance
Area or Subarea (Zone) Geographic Description: All of Glenn County north of County Road 33
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 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

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Glenn County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Enloe Hospital Emergency Services</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">All of Glenn County south of County Road 33</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small></p> <p style="text-align: center;">N/A</p>

Glenn_Map



EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

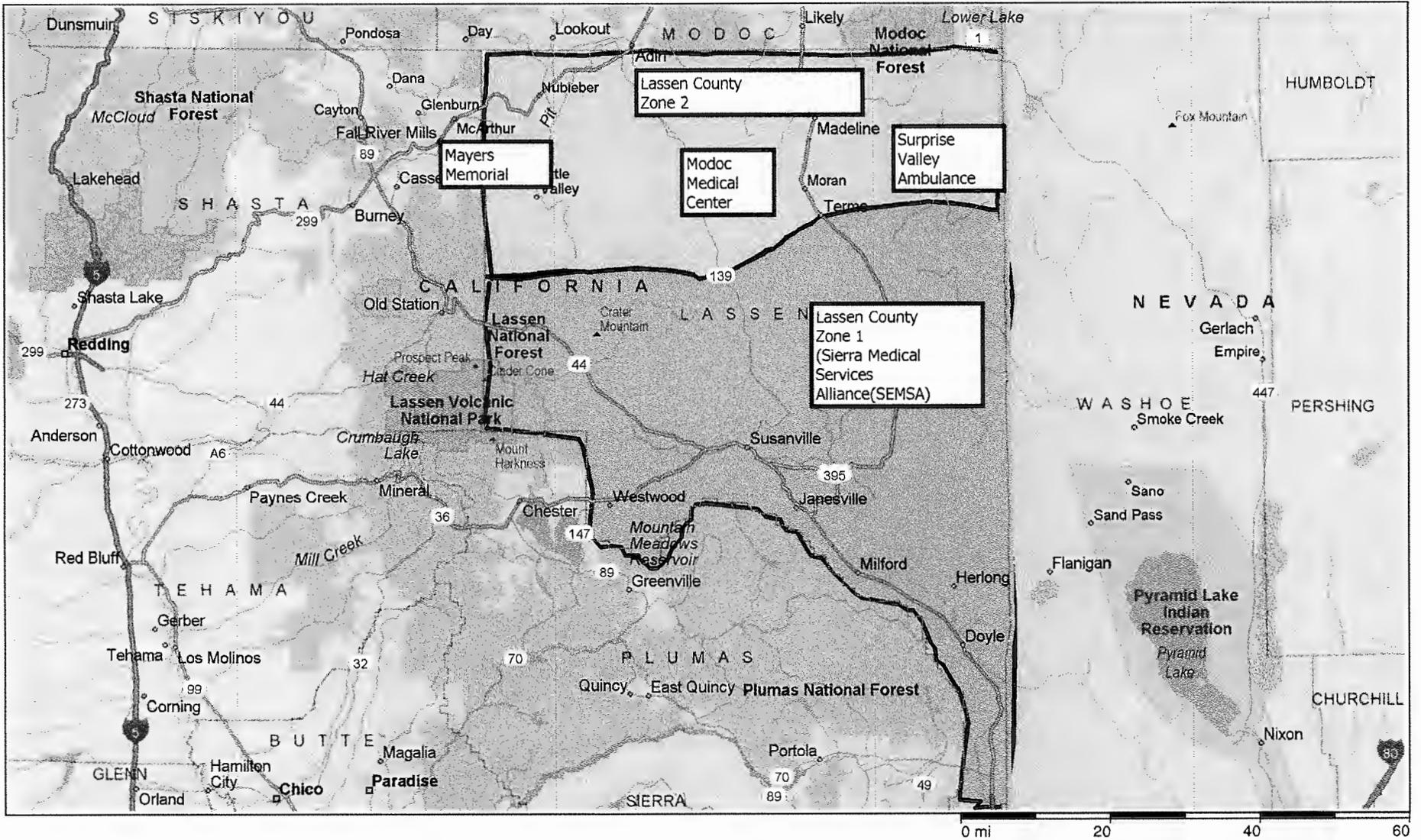
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1 (Central, West and East County Areas)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">SEMSA</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">See attached descriptions.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Exclusive</p>
<p>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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">All emergencies</p>
<p>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.</p> <p>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.</p> <p style="text-align: center;">Competitively determined by RFP process</p>

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2 (North County Area)</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance since the 1940s Surprise Valley Hospital Ambulance eastern extreme</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prarie Drive West: Lassen-Shasta County Line</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small></p> <p><small>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.</small></p> <p style="text-align: center;">N/A</p>

Lassen_Map



**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.

Local EMS Agency or County Name: Northern California EMS/ Modoc County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Modoc Medical Center
Area or subarea (Zone) Geographic Description: Central area of Modoc County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 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.). Emergency ambulance
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. This ambulance service has been granted exclusive operating rights under the grandfather clause and recognized by EMSA in the previous plan approval.

**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.

Local EMS Agency or County Name: Northern California EMS/ Modoc County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
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.

**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.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Chester Fire Protection District</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>North: Lassen National Park including Highway 89 to Summit Lake. East: SR 36 to Johnson's Grade South: SR 89 to the area of Rocky Point Campground Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line West: SR 36 to the SR 89 (north) intersection.</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">ALS</p>
<p>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.</p> <p>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.</p>

**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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Peninsula Fire Protection District
Area or subarea (Zone) Geographic Description: <u>Peninsula Primary Response Area</u> East: Highway 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade North: Lassen County line – wilderness area. South: Highway 147 to the area of Highway 89 See attached map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): ALS
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.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">South Lassen EMS Ambulance</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greenville and areas surrounding Greenville</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small></p> <p style="text-align: center;">N/A</p>

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

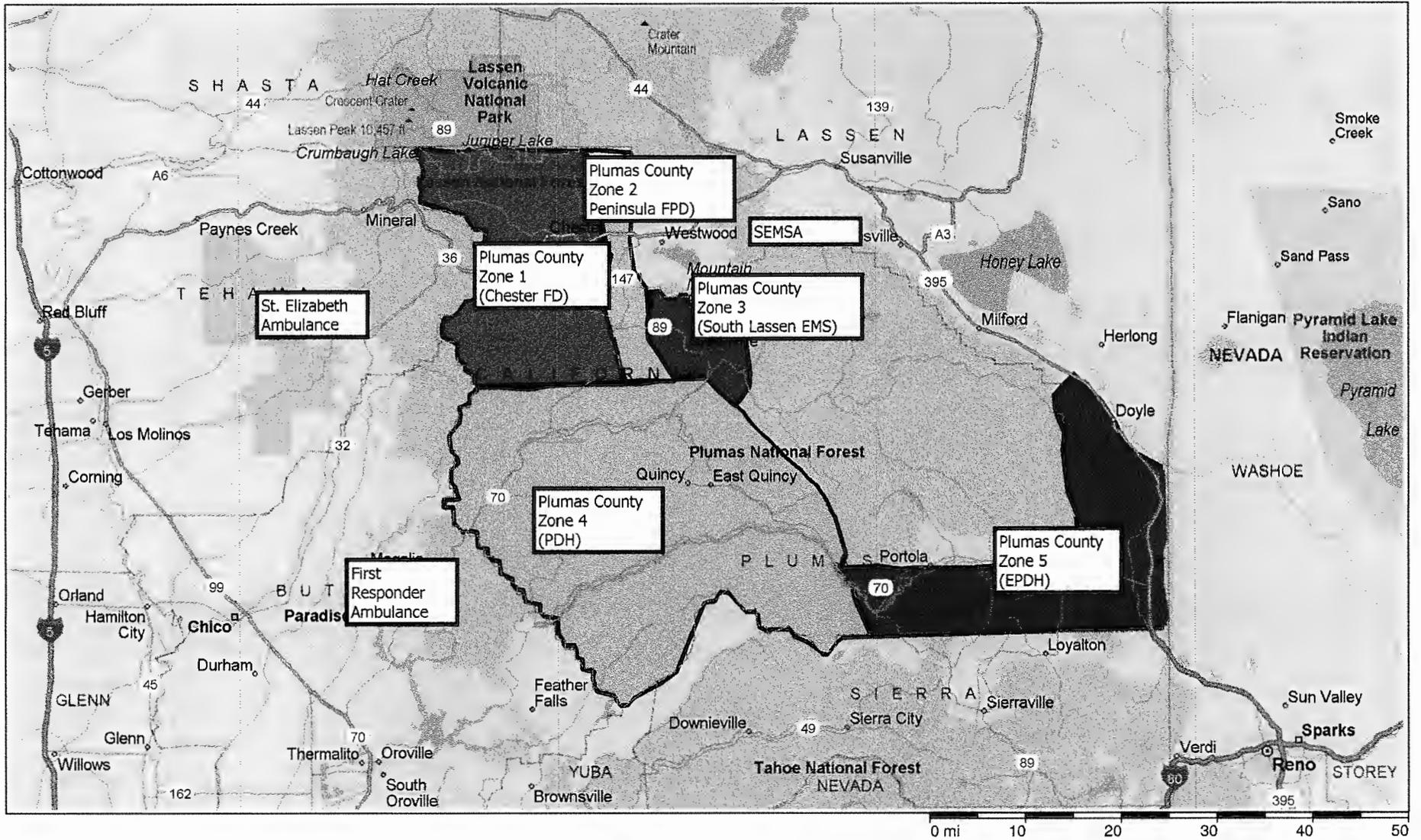
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 4</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Plumas District Hospital Ambulance</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North to the Highway 89/ 70 junction at the Greenville Wye West on Highway 70 to the Butte County Line East on Highway 70/ 89 to Mt. Tomba on the east end of Cromberg West on the Quincy Oroville Highway to the Butte County Line Southwest on La Porte Rd. to just North of Little Grass Valley (seasonal) </p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>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.</small></p> <p><small>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.</small></p> <p style="text-align: center;">N/A</p>

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 5</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Eastern Plumas Health Care Ambulance</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: To the Plumas County Line west of Mount Coolbrith East: Lassen County Line/Nevada State Line South: Nevada County Line West: SR 70 to the Cromberg Town Line; SR 49 to Yuba Pass And wilderness areas most accessible by ground from those corridors </p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small></p> <p style="text-align: center;">N/A</p>

Plumas_Map



EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Sierra County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Downieville Fire Department Ambulance</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: To the Plumas County Line East: SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors </p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small></p> <p style="text-align: center;">N/A</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN-ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

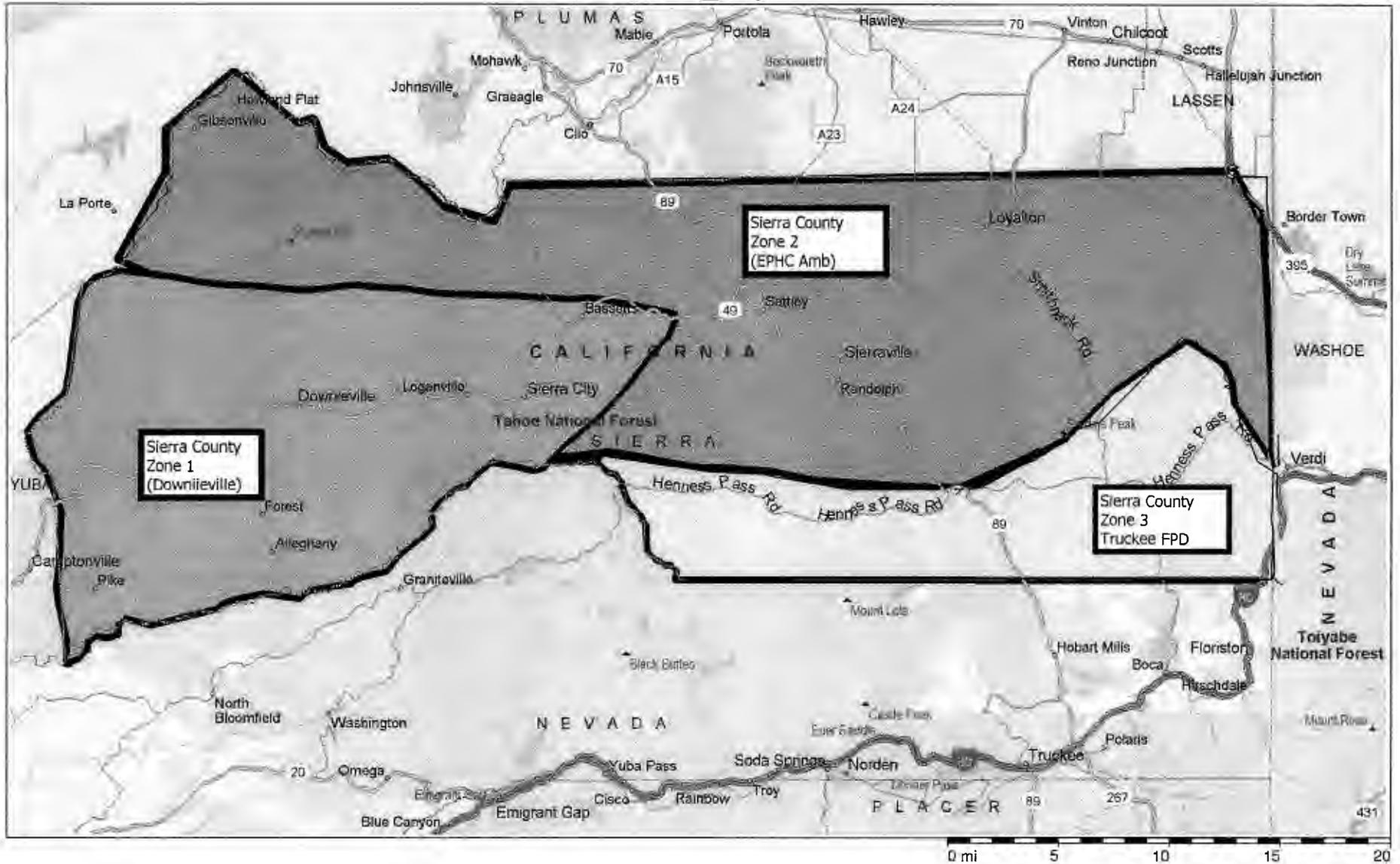
Local EMS Agency or County Name: Northern California EMS, Inc./ Sierra County
Area or Subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Eastern Plumas Healthcare Ambulance
Area or Subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of Frenchmen Lake East: To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 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

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Sierra County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Truckee Fire Protection District</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860</p> <p>East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection)</p> <p>South: Nevada/Sierra County line</p> <p>West: Nevada/Sierra County line up to the USFS 07 Road</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small></p> <p><small>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.</small></p> <p style="text-align: center;">N/A</p>

Sierra_Map



EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Trinity County Life Support</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: SR 3 to Scotts Mountain Summit East: SR 299 and SR 3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors </p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small></p> <p style="text-align: center;">N/A</p>

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

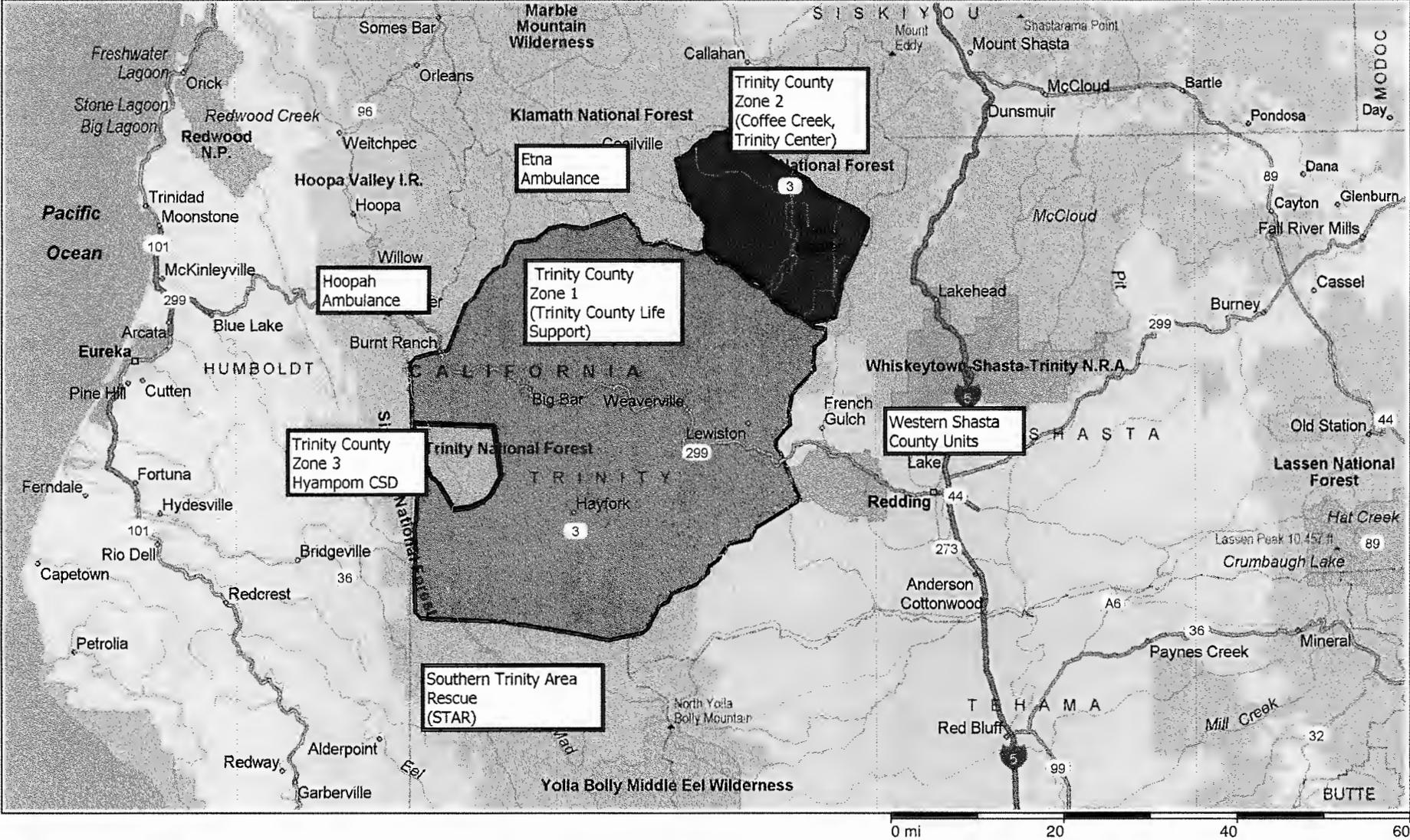
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2- BLS. ALS covered by TCLS</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Coffee Creek VFD Trinity Center VFD</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small></p> <p><small>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.</small></p> <p style="text-align: center;">N/A</p>

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3 BLS-ALS covered by TCLS</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Hyampom CSD</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: Grapevine Creek Road to Corral Bottom Road East: Corral Bottom Road to Hyampom Road South: Hyampom Road to NF-3N10 West: NF-3N10 to Grapevine Creek Road </p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small></p> <p style="text-align: center;">N/A</p>

Trinity_Map



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DEC 30 2010

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



December 28, 2010

Dan Spiess
Chief Executive Officer
Northern California EMS Agency
43 Hilltop Drive
Redding, CA 96003-2807

Dear Mr. Spiess:

We have completed our review of *Northern California's (Nor Cal) 2010 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*, with the exception of Nor Cal's Transportation plan. Following are comments on your EMS plan update:

Standard 5.06 - Hospital Evacuation - In your 2006 EMS plan update your objective was to develop a hospital evacuation plan and to add a hospital evacuation component to Nor Cal's MCI and disaster plan. You currently participate in hospital evacuation but do not maintain a hospital evacuation plan. In your next EMS plan update please show Nor Cal's progress in developing hospital evacuation plans.

Transportation Plan - The transportation portion of Nor Cal's EMS plan update has not been approved. The issues with ambulance zones in Plumas County are specified below:

Plumas County Ambulance Zones 1 and 2: On June 26, 2009, the EMS Authority had previously requested additional information related to the transfer of ambulance service from Seneca Health Care to Chester and Peninsula Fire Districts. At this point, there is no information to show the specific terms of the transfer of Seneca Health Care to Chester and Peninsula Fire Districts. Additionally, it appears that there have been boundary changes to the Chester and Peninsula Fire District ambulance zones. Alterations to boundaries of the ambulance zones show a change in manner and scope of the zone. Until such time that the requested information has been received and reviewed by the EMS Authority, Zones 1 and 2 will be shown as non-exclusive. If you wish the Plumas County Zones 1 and 2 to be exclusive and protected under state action immunity pursuant to Health and Safety Code Section 1797.6, a competitive process would need to be conducted pursuant to Health and Safety Code Section 1797.224.

Trauma System Status Report

The EMS Authority approved Nor Cal's last Trauma System Status Report in June 2009 and requested your next report be submitted with the 2010 submission of your EMS plan update. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS plan update." The last Trauma System Status Report from Nor Cal is dated 2008. While in the past the Trauma System Status Reports have been requested separate from the EMS plan updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Since the submittal of Nor Cal's Trauma System Status Report is overdue please expedite the submission of your Trauma System Status Report.

Your annual update will be due on December 28, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley". The signature is written in a cursive style with a large, prominent initial "D".

Daniel R. Smiley
Interim Director

JAN 20 2011

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



January 25, 2011

Dan Spiess
Chief Executive Officer
Northern California EMS Agency
43 Hilltop Drive
Redding, CA 96003-2807

Dear Mr. Spiess,

Thank you for sending us the revised *Ambulance Zone Summary* forms for Plumas County Ambulance Zones 1 and 2 requested in our letter of December 28, 2011. In your letter of January 11, 2011, you confirmed that Nor-Cal is not contesting the non-exclusivity of these two zones.

Based upon review of the revised *Ambulance Zone Summary* forms and confirmation that Plumas County Ambulance Zones 1 and 2 are non-exclusive, the Nor-Cal 2010 Transportation Plan has been approved by the Emergency Medical Services Authority.

Your annual update will be due on December 28, 2011. Please contact Luanne Noiseux, Transportation Coordinator, at (916) 322-4226, extension 412, if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Daniel R. Smiley".

Daniel R. Smiley
Acting Director

DS:ln