

North Coast Emergency Medical Services  
Regional EMS Plan Update- Section 2- System Assessment  
April 8, 2011

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	State Funding Increase not Secured. The Trinity County Board of Supervisors in May of last year elected to join North Coast EMS as a full county. For 21 years we have proved LEMSA serves to the southern portion of Trinity County by contract with the BOS. The BOS later reversed this decision due a difference in paramedic scope of practice (use of Blood Products) and short time frame for us to seek EMDAC Scope of Practice Committee approval. The EMSA proceeded to Restructure EMS regions, this effort was later modified with the revision of the EMSA's #104 document.	Continue Efforts to Increase and Stabilize Funding. Trinity County may reconsider joining North Coast EMS in full prior to the end of this fiscal year. If so, North Coast EMS will notify the EMSA, prepare a scope of work document, execute the contract with the BOS, proceed with approvals of: ALS provider, First Responder and EMT programs, implementation of our EPCIS PCR program, acceptance of base hospital designation, certification of EMTs, assumption of medical control, QIP, EMS Plan preparation responsibilities, etc.
1.02	LEMSA Mission	X			New Cardiac Program implementation delayed	Designate STEMI Receiving Center & additional Trauma Centers with JPA approved fees
1.03	Public Input	X	X		Humboldt Cardiac Coordinating Committee met numerous times, as did the MAC, TAC, EMCCs and other	Committee to Provide input into implementation of Cardiac Subsystem; in Lake and Del Norte utilize

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					ongoing committees.	existing EMCC and MAC committees; adopt public input process in Trinity County if they join us
1.04	Medical Director	X		X	BRLF \$ Secured	More Funding to Increase MD Hours
1.05	EMS Plan	X	X		NCEMS involved with Revision of State EMS System Guidelines and Standards	Help EMSA Develop more useful, streamlined State EMS System Guidelines
1.06	Annual EMS Plan Update	X	X		EMSA Approved 2009 EMS Plan Update; this is the 2011 Update	Secure EMSA Approval of 2011 Regional EMS Plan Update
1.07	Trauma Planning	X	X	X	EMS Approved 2009 Trauma Plan Update; this is the 2011 Update; Trauma registry CEMSIS-Trauma data submitted to EMSA from both Trauma Centers; Plan for Designation of Additional Trauma Centers developed	Utilize CEMSIS-Trauma Data & TAC to Evaluate Trauma System; Designate Additional Trauma Centers; continue Regional Trauma Coordinator position; add Trauma Center fees; Conduct Site-Visit @ Sutter-Lakeside; participate in State TAC and North RTCC
1.08	ALS Planning	X	X		Briceland Fire process delayed & Humboldt Fire District #1 initiating process to become a Non-Transporting ALS Provider	Designate Briceland Fire & HFD#1 as ALS Providers when Compliance is Confirmed. Approve Trinity County Life Support if Trinity County joins us next Fiscal Year. Add use of Ventilators and Blood Products to ALS scope
1.12	Review & Monitoring	X	X		Submitting CEMSIS – Trauma and EMS data to EMSA; Quarterly QIP Plans	Continue to Submit Trauma Registry & EMS Data to State & Use for System

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					received & summarized; receiving STEMI outcome data from Coastal Valleys EMS STEMI Centers and flight data REACH. Site visits conducted to approved training programs and designated hospitals as staff time allowed.	Improvement; acquire & use Cardiac data for Subsystem improvement after designation. Extend the EPCIS PCR Program to Trinity County Life Support. Conduct site visit to approved training programs and designated hospitals as needed \$ staff time allows.
1.16	Funding Mechanism	X	X	X	Long Term Funding Needs not Secured; Maddy Funding likely to be reduced substantially; Trauma & STEMI Center, and new ALS fees & other local fees under consideration; state GF \$ should increase with break up of Coastal Valley's EMS. Bertha Russ Lytel Funding secured & small portion of AHA grant from the Humboldt Area Foundation was used to assist STEMI development process. Received ongoing CEMSIS – EMS funding from EMSA.	Continue Efforts to Increase and Stabilize Agency Funding, & Continue Nurse Contractor Position for Base Hospital, Trauma & STEMI Center & EDAP Monitoring; increase Medical Director fee. Contract with Trinity County for agreed upon annual fee if BOS elects to join us in full. Contract with EMSA for STEMI and Stroke Regulation development process. Submit Bertha Russ Lytel grant, seek other grants, fee increases and new fees as needed.
1.17	Medical Direction	X	X		Designated Mad River Community Hospital as a Modified Base	Update as needed all Base Hospital Contracts; Modify Patient Destination Policy #2309; contract with or accept contract of base hospital for Trinity County Life Support if BOS elects to

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						join us in full.
1.18	QA/QI	X	X		See 1.02 & 1.12	See 1.02 & 1.12. Work with Trinity County Life Support to join EPCIS PCR and North Coast EMS QIP Programs if needed
1.19	Policies, Procedures, Protocols	X	X	X	Expanded & Updated	Continue Updating As Needed. Assess, plan & implement transition if Trinity County joins us in full.
1.25	On-line Medical Control	X	X		See 1.17	See 1.17
1.24	ALS Systems	X	X	X	See 1.08	See 1.08
1.26	Trauma System Plan	X			See Revised Trauma Plan & 1.07	See Revised Trauma Plan & 1.07
1.27	Pediatric System Plan	X	X	X	Designated Redwood, Sutter-Lakeside and St. Helena-Clearlake as EDAPs; Dispersed EDAP Maddy Fund to all designated EDAPs in region for purchase of glide scopes, pedi crash carts, training, etc.	Distribute Maddy Funds and update as Needed EDAP contracts. Plan for EDAP site-surveys as Needed; Update EDAP standards per EMSA Regs when available.
<b>Standard</b>	<b>EMSA Requirement</b>	<b>Meets Minimum Req.</b>	<b>Short Range (one year or less)</b>	<b>Long Range (more than one year)</b>	<b>Progress</b>	<b>Objective</b>
2.02	Approval of Training	X	X	X	North Coast Paramedic Program Shifted entirely to College of the Redwoods, Consortium Eliminated; National Accreditation	More staff to Conduct EMT & CE Site Visits to assess compliance with state regs. If Trinity County elects to join us in full, approve First

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					Continued; North Coast reapproved Program March 2011. Director served on Emergency Medical Responder (EMR) Task Force	Responder training programs in Trinity County. Update First Responder policies & programs re: new EMR regulations when available
2.03	Personnel	X			Transition to EMT 2010 completed. See 2.02	Participate on Emergency Medical Responder Task Force re: Public Safety and EMR regs; update First Responder program accordingly
2.04	Emergency Medical Dispatch (EMD) Training	X	X		Discontinued Coordination of Periodic EMD Training due to limited staff size; revised EMD policies, developed & executed EMD designation contracts with Eureka Police Dept and CALFIRE according. Discontinued other EMD programs.	Monitor EMD Program as staff time allows.
2.05	First Responder Training	X	X	X	See 2.02 & 2.03	See 2.02 & 2.03
2.10 2.13	Advanced Life Support Base Hospital Personnel	X	X	X	See 1.08 & 1.17	See 1.08 & 1.17; Assess Impact of Advanced EMT-I Program if Requested
3.01	Communication Plan	X	X		Discontinued Routine Resting of WIDE-AREA Med-Network in Humboldt	Continue Testing on Periodic Basis; assess field to hospital communications system in Trinity County if they elect to join us.
3.02, 3.04, 3.05 3.06, 3.10	Radios; Dispatch Center, Hospital Communications, MCI/Disaster Communications, Integrated Dispatch	X	X	X	Continue to assess Med Net Narrowband compliance in region; substantial compliance achieved with a few gaps	Continue to Help Ensure Med Net Narrowband Compliance by 2013
3.09	Dispatch Triage	X		X	See 2.04. Revision of Code	See 2.04

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					Response Guidelines completed.	
4.06	Ambulance Staffing	X	X	X	Assisted AHA Process to Acquire Four 12-lead ECGs for Ambulances in Humboldt & Upgraded others	Continue to Help Acquire 12-leads and Implement Cardiac Subsystem
4.08	Medical & Rescue Aircraft	X		X	Request Made to Revise Medial Aircraft Policies	Assess Need to Revise Medical Aircraft Policies & Revise as Staff Time Permits
4.15	MCI Plans	X	X	X	Requests were received to update the Regional MCI Plan	Update the MCI Plan & Evaluate use of MCI Plan during exercises as limited staff time allows
4.16	ALS Staffing	X	X	X	See 1.08	See 1.08 & Evaluate Regional Role of New Advanced EMT if Requested
4.17	ALS Equipment	X	X	X	See 4.06. In process of adding Ventilator Policy for medics, Blood Products. Added use of Zofran.	See 4.06 & Consider other Scope Additions for region including Ventilators, Blood Products, etc.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X	X	See 1.07, 1.17 & 1.27. Developed STEMI policies and continued Process to Designate STEMI Receiving Center in Humboldt & implement Cardiac Subsystem	See 1.07, 1.17 & 1.27; Assist EMSA by contract in Development of State STEMI and Stroke Regulations. Designate STEMI Receiving Center

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					Plan (EMSA approval secured last year).	and develop STEMI Referral Center Policy.
5.02	Triage & Transfer Protocols	X	X		Developed STEMI Triage & Destination Protocols	Revise STEMI Protocols as Needed; assess current protocols used by Trinity County Life Support as needed. Expand scope practice as appropriate with training and protocols
5.04	Specialty Care Facilities	X	X	X	See 5.01	See 5.01; Designate St. Joseph Hospital as a STEMI Center as part of Cardiac Subsystem Plan & Expand Trauma Centers designations where possible
5.07	Base Hospital Designation	X	X	X	See 1.07, 1.17, 2.10, 5.01 & 5.04 above	See 1.07, 1.17, 2.10, 5.01 & 5.04 above
5.08	Trauma System Design	X	X	X	See 1.07 & Revised Trauma System Plan	See 1.07 & Revised Trauma System Plan
5.10 5.11	Pediatric System Design Emergency Departments Approved for Pediatrics	X	X		See 1.27. Conducted pediatric training session	See 1.27. Continue Nurse Contractor position.
5.13	<b><u>Specialty System Design – Cardiac Plan:</u></b> A) 31 System Participants & Roles include: <u>Del Norte &amp; Lake Counties</u> – 8 ALS Providers & 3 Hospitals to coordinate rapid patient ID, transport &/or transfer of STEMI patients to 5 outside STEMI Centers. <u>Humboldt County:</u> The AHA – grant administrative oversight, Cardiac Plan implementation assistance; Humboldt Area Foundation – dispensation of funds; 2 Cardiac Contractors – coordinate acquisition of 12-leads,	X	X	X	<u>Del Norte County</u> – Assessed Transfer Times at Sutter-Coast Hospital; 12-leads are no longer attached within 10 minutes of hospital. <u>Lake County</u> – All ALS Providers acquired or are acquiring 12-leads; continue assessing direct aero-med transport to STEMI Centers outside county. <u>Humboldt County</u> – AHA grant from the Humboldt Area	Continue to assist with STEMI Program Expansion, Evaluation & Enhancement; Help Secure additional AHA grant from Humboldt Area Foundation for PR Campaign, additional 12-leads, North Coast EMS contractor & implementation of Cardiac Subsystem. Develop & Revise Polices as Needed; Designate STEMI Receiving Center in Eureka

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<p>training, draft triage and STEMI center criteria; North Coast EMS – oversee development of Cardiac System, develop policies: triage, training, STEMI Center criteria &amp; designation contracts, designate STEMI Center in Eureka; evaluate program, etc; Humboldt Cardiac Coordinating Committee, the Humboldt-Del Norte Medical Advisory Committee and Lake EMCC – advise AHA and North Coast EMS, secure Disclosure Protection, Conduct Case Review &amp; assist in Quality Review and Improvement of Cardiac Program, etc; 4 ALS Providers – cost-share acquisition of 12-leads to maximize use of funds, ensure training of medics, participate in planning; 4 Hospitals – participate in process to develop Cardiac Program; St. Joseph Hospital – demonstrate compliance to STEMI standards and secure designation; All – evaluate and improve Cardiac System.</p> <p><u>B. Design of Catchment Areas: Del Norte County</u> – all cardiac patients will be transported to Sutter-Coast Hospital for rapid ED assessment &amp; treatment, and as appropriate, transfer usually to Medford, Oregon.</p> <p><u>Lake County</u> – field identified STEMI patients will generally be transported by air from within the St. Helena Clearlake Hospital catchment area directly to surrounding STEMI centers,</p>				<p>Foundation acquired four 12-leads, helped train medics, conducted PR campaign &amp; established Cardiac Plan; Humboldt Cardiac Coordinating Committee (HCCC) continues to meet with AHA and all partners. Secured Cardiac Subsystem Plan approval from EMSA.</p>	<p>&amp; Recommend Fee to JPA; Designate St. Joseph Hospital by Contract when Compliance is Verified; Acquire &amp; Evaluate STEMI patient data from EPCIS and Outcome data from STEMI Receiving Centers; assess need for STEMI Referral Centers; Monitor Cardiac Program by Reviewing STEMI Patient Care Data &amp; Modify Cardiac Program as Needed. Continue Cardiac Contract position to Help Monitor Cardiac Subsystem &amp; Acquire additional funding to help provide staff to Monitor Subsystems.</p>
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<p>and from within the Sutter-Lakeside Hospital catchment area, to the ED for rapid assessment, as needed treatment by on-call Cardiologists and/or direct transport or transfer to surrounding STEMI Centers in Coast Valleys EMS or Sacramento County.</p> <p><u>Humboldt County</u> – final catchment area will be determined, but field identified STEMI patients will generally bypass closest hospitals for direct transport to the designated STEMI center at St. Joseph Hospital.</p> <p><u>C. Targeted Patients for Triage or Transfer to a Designated STEMI Center</u> are those whose signs, symptoms and 12-lead reading indicate a potential ST Elevation Myocardial Infarction; the volume and mix of STEMI patient transports within the region has not yet been determined (estimate 100 – 200 per year in region).</p> <p><u>D. Role of Non-Designated Hospitals</u> – all 7 hospitals within the region will continue to function as Base Hospitals &amp; provide pre-hospital oversight and medical control. All Non-designated STEMI Centers that receive STEMI patients will rapidly assess, treat and transfer to a designated STEMI center as medically appropriate, or will allow direct aero medical transport (Lake County) or direct ground transport to a designated center (Humboldt County).</p> <p><u>E. Plan for Monitoring &amp; Evaluating</u></p>						
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	<p><u>the Subsystem</u>: ensure that medics document and flag all STEMI patient PCRs; request and receive outcome data from each STEMI receiving center; review times to PCI, outcome and other relevant information; assess over-triage and under-triage if possible, utilize Disclosure Protected Lake County Medical Advisory Committee (MAC) and HCCC to evaluate quality, outcome and enhance system as needed. Establish similar committee in Del Norte County or use Humboldt/Del Norte MAC.</p>					
5.14	Specialty Planning Public Input	X	X	X	The existing Lake County EMCC, Humboldt-Del Norte EMCC, MAC, TAC and HCCC Committees & Informational Mailing process continue to provide public input.	Utilize Specialty Planning Committees and input process whenever feasible. Extend to Trinity County if BOS elects to join us.
5.15	<p>Subsystem Evaluation and Data Collection Program:</p> <p>A. Patient Registry – a North Coast EMS PCR will be completed on each field transported STEMI patient and faxed to North Coast EMS. In <u>Lake County</u>, Coastal Valleys EMS will help ensure the return of outcome information. In <u>Del Norte County</u>, will work with Sutter-Coast and the Medford STEMI Receiving Center to secure outcome information. In <u>Humboldt</u></p>	X	X	X	See 5.13 above.	See 5.13 above. Work with Sutter-Coast Hospital and Oregon STEMI Center to get Outcome Data to Help Evaluate Patient Care and Enhance the Cardiac Subsystem. Continue Cardiac Contract position for Ongoing Evaluation of Cardiac Subsystem. Continue to work with Coastal Valley's EMS and STEMI Receiving Center on review of Lake County STEMI patient care, and

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	<p><u>County</u>, we will receive &amp; review cardiac registry information. Throughout region, we will assess methods of acquiring STEMI patient data from Non-STEMI Centers.</p> <p>B. Identification of Over and Under-triage: Review of data will help determine under and over-triage.</p> <p>C. Develop a Process to Identify Improvements: The Cardiac Subsystem will be evaluated with input from participating partners and Cardiac System enhancements will be implemented when possible.</p>					<p>work with St. Joseph in advance of SEMI designation and after to assess use of field 12-leads, policies etc.</p>
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	Reviewed & Summarized QIP Reports; QIP Plan Previously Approved by EMSA; Participated in and Coordinated State QIP and CEMSIS training programs; Investigated Cases	Review & Summarize Quarterly QIP Reports, Update QIP Plan as Needed. Expand QIP to Trinity County Life Support if BOS elects to join us next year.
6.02	Prehospital Records	X	X	X	North Coast EMS was the First LEMSA in the State to successfully transmit CEMSIS PCR data to the EMSA. At	Continue to transmit data to EMSA. Assess and integrate any provider acquired PCR programs into EPCIS &

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					this time, all ALS Providers in the region are utilizing the new CEMSIS compliant PCR program.	promote wider use of EPCIS statewide. Continue to address provider identified concerns and utilize EPCIS as a data collection and EMS system evaluation tool. Consider and if approved by JPA Board implementation of PCR use fees. Continue to Generate Reports and Utilize Data to Evaluate and Enhance the EMS System. Expand EPCIS to Trinity County Life Support as needed.
6.03	Prehospital Care Audits	X	X	X	All ALS Providers and Base Hospitals are required to conduct audits on PCRs. Also, see 6.01 & 6.02 above.	See 6.01 & 6.02 above
6.04	Medical Dispatch	X	X	X	See 2.04 and 3.09	See 2.04 & 3.09.
6.05	Data Management System	X	X	X	See 1.12, 5.08, 5.13, 6.01,6.02	See 1.12, 5.08, 5.13, 6.01, 6.02
6.06	System Design Evaluation	X	X	X	See 1.07, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05	See 1.12, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05
6.07	Provider Participation	X	X		See 6.01, 6.02, 6.03, 6.05 & 6.06 above; QIP Plans submitted by all Providers quarterly & summarized by North Coast EMS	Continue to receive, monitor and summarize QIP Reports and initiate Disciplinary Process as Needed for Cause
6.10, 6.11	Trauma System Evaluation	X	X	X	See Revised Trauma Plan & 1.07. Successfully transmitting Trauma 1 Registry data from both	See Revised Trauma Plan & 1.07. Continue Trauma & EMS Data Transfer to EMSA. Utilize Trauma

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					Sutter-Lakeside and Sutter-Coast Trauma Centers to EMSA. Oregon/California data Patch not completed by Lancet.	Registry data for Trauma Subsystem Enhancement. Complete or abandon completion of patch. Expand Trauma 1 to new Trauma Centers at their expense.
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X	X	Minimal Ongoing Participation in PIE Activities, mostly Pediatric	More Funding to Maintain PIE, Rural Outreach, Disaster & First Aid/CPR Activities

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.03 8.05 8.06, 8.07	Disaster Medical Planning HazMat Training, Casualty Distribution Needs Assessment Disaster Communications	X		X	See 3.01, 3.02 & 4.15. Participated in County Disaster Medical planning as limited staff time allowed. Targeted effort to assess with Counties potential LEMSA directed HPP funding for next year. Received input on MCI Plan revision.	More Funding for Expansion of Disaster Medical Related Activities. See 3.01, 3.02 & 4.15. Determine with Counties how to optimize use of LEMSA targeted HPP funding when next years targets are determined.
8.08	Inventory of Resources	X	X		See 8.01, 8.06 above. Updated with this EMS Plan the County Disaster Medical Inventory.	See 8.01, 8.06 above

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: North Coast EMS

Reporting Year: 2010 - 2011

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

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

Counties: Humboldt, Lake, Del Norte and So. Trinity

A. Basic Life Support (BLS)	<u>est. 5-10</u> %
B. Limited Advanced Life Support (LALS)	<u>est. 0</u> %
C. Advanced Life Support (ALS)	<u>est. 90-95</u> %

2. Type of agency:  
 a - Public Health Department  
 b - County Health Services Agency  
 c - Other (non-health) County Department  
 d - Joint Powers Agency  
 e - Private Non-Profit Entity  
 f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to:  
 a - Public Health Officer  
 b - Health Services Agency Director/Administrator  
 c - Board of Directors  
 d - Other: \_\_\_\_\_

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	<u>  x  </u>
Designation/approval of pediatric facilities	<u>  x  </u>
Designation of other critical care centers	<u>  x  </u>
Development of transfer agreements	<u>  x  </u>
Enforcement of local ambulance ordinance	_____
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____



**Table 2 - System Organization & Management (cont.)**

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	\$ <u>207,545</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	\$ <u>65,303</u>
Certification fees	\$ <u>12,000</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/véhicule fees	_____
Contributions	\$ <u>17,500</u>
EMS Fund (SB 12/612)	\$ <u>89,000</u>
Other grants: _____	_____
Other fees: <u>Med Net and Misc.</u>	\$ <u>2,550</u>
Other (specify): <u>Fund Balance Carryover</u>	\$ <u>140,865</u>
<b>TOTAL REVENUE</b>	\$ <u>534,763</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

**Table 2 - System Organization & Management (cont.)**

Fee structure for FY 2010-2011

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>40/20</u>
EMT-I recertification	<u>40/20</u>
<b>EMT-defibrillation certification</b>	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>50</u>
EMT-II recertification	<u>50</u>
EMT-P accreditation	<u>100</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>80</u>
MICN/ARN recertification	<u>50</u>
EMT-I training program approval	<u>N/A</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>NA</u>
Trauma center designation	<u>\$2500/5000</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service licence \$ \_\_\_\_\_

Ambulance véhicule permit \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2010-11.

**Table 2 - System Organization & Management (cont.)**

EMS System: North Coast EMS Reporting year: 2010 - 2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	82099	28265	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	1.0	56961	19147	
ALS Coord./Field Coord./ Training Coordinator	Program Manager	1.0	55646	19147	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		20000		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Assistant	1.0	31230	10941	
Other Clerical	Fiscal Manager	.8	41109	13677	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**TABLE 3: PERSONNEL/TRAINING**

EMS System: North Coast EMS Reporting Year: 2011/ FY 2011

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-Ps	MICN	EMS Dispatchers
Total certified	557	0		43	N/A
Number newly certified this year	N/A	N/A		N/A	N/A
Number recertified this year	N/A	N/A		N/A	N/A
Total number of accredited personnel on July 1 of the reporting year			130		
Number of certification reviews resulting in					
a) formal investigations	-0-	-0-	-1-	-0-	-0-
b) probation	-0-	-0-	-0-	-0-	-0-
c) suspensions	-0-	-0-	-0-	-0-	-0-
d) revocations	-0-	-0-	-0-	-0-	-0-
e) denials	-0-	-0-	-0-	-0-	-0-
f) denials of renewal	-0-	-0-	-0-	-0-	-0-
g) no action taken	-0-	-0-	-0-	-0-	-0-

1. Number of EMS dispatchers trained to EMSA standards: 10
2. Early defibrillation: (Note: At this time, NCEMS no longer certifies AED)
  - a) Number of EMT-I (defib) certified 5
  - b) Number of public safety (defib) certified (non-EMT-I) 5
3. Do you have a first responder training program? X yes       no



EMS System: North Coast Emergency Medical Services  
 County: Humboldt  
 Reporting Year: 2010  
2011

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

Who is your primary dispatch agency for day-to-day emergencies?    For Ambulances: Eureka, Arcata, Fortuna, Garberville -City Ambulance.

7. Who is your primary dispatch agency for a disaster? For Ambulances: Tribal Police, City Ambulance and PSAPS for other.

EMS System: North Coast Emergency Medical Services  
 County: Lake  
 Reporting Year: 2011

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

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

• **TABLE 5: RESPONSE/TRANSPORTATION**

EMS System: North Coast EMS

Reporting Year: <sup>2010</sup>2010

**NOTE:** Table 5 is to be reported by agency.

1. Number of exclusive operating areas	<u>0</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>0</u>
3. Total number responses	<u>21,153</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>NA</u>
b) Number of non-emergency responses (code 1: normal)	<u>NA</u>
4. Total number of transports:	<u>18,594</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>NA</u>
b) Number of non-emergency transports (code 1: normal)	<u>NA</u>

**Early Defibrillation Programs**

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

**Air Ambulance Services**

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

**TABLE 6: FACILITIES/CRITICAL CARE**EMS System: North Coast EMSReporting Year: 2011**NOTE:** Table 6 is to be reported by agency.**1. Trauma Patients:**

a) Number of patients meeting trauma triage criteria (Total)	<u>526</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>NA</u>
c) Number of major trauma patients transferred to a trauma center	<u>NA</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center.	<u>NA</u>

**Emergency Departments:**

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

**Receiving Hospitals**

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

**TABLE 7: DISASTER MEDICAL**

EMS System:	<u>North Coast Emergency Medical Services</u>	<b>NOTE:</b> Disaster Medical Operations are handled by Public Health Dept., not North Coast EMS.
County:	<u>Del Norte</u>	
Reporting Year:	<u>2010/2011</u>	

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Depends on needed areas
  - b. How are they staffed? Depends on staff and needs
  - c. Do you have a supply system for supporting them for 72 hours?      yes \_\_\_      no X
2. CISD
 

Do you have a CISD provider with 24 hour capability      yes X      no \_\_\_
3. Medical Response Team
  - a. Do you have any team medical response capability      yes \_\_\_      no X
  - b. For each team, are they incorporated into your local response plan?      yes \_\_\_      no X
  - c. Are they available for statewide response?      yes \_\_\_      no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_      no X
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response team?      yes \_\_\_      no X
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room?      yes x      no \_\_\_
  - d. Do you have the ability to do decontamination in the field?      yes x      no \_\_\_

**OPERATIONS**

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



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: North Coast Emergency Medical Services  
 County: Humboldt  
 Reporting Year: 2011

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Public Schools, County Fairgrounds
  - b. How are they staffed? Depends on staff and needs
  - c. Do you have a supply system for supporting them for 72 hours?      yes X no
  
2. CISD
 

Do you have a CISD provider with 24 hour capability?      yes X no       
*Local resources and Mutual Aid Request*
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes X no       
*\*We have MOUs with medical clinics to provide services*  
*\*City Ambulance of Eureka has a DASU.*
  - b. For each team, are they incorporated into your local response plan?      yes      no X
  - c. Are they available for statewide response?      yes X no
  - d. Are they part of a formal out-of-state response system?      yes X no
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no
  - b. At what HazMat level are they trained? Decontamination
  - c. Do you have the ability to do decontamination in an emergency room?      yes X no
  - d. Do you have the ability to do decontamination in the field?      yes X no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      7





EMS System: North Coast Emergency Medical Services

County: Lake

Reporting Year: 2011

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 areas to participate in disaster planning and response?      yes           no   X  

Good informal relationships

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

Good informal relationships

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

8. Are you a separate department or agency?      yes           no   X  

If not, to whom do you report? Lake County Health Services

10. If not in the health department, do you have a plan to coordinate public health and environmental health issues with the Health Department      yes           no

**TABLE 8: PROVIDERS**

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2011

Name, address & telephone: Del Norte Ambulance, Inc Post Office Box 306 Crescent City, CA 95531 (707) 487-1116		Primary Contact: Ron Sandler			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <input checked="" type="checkbox"/> 8 BLS <input checked="" type="checkbox"/> 10 EMT-D <input checked="" type="checkbox"/> 1 LALS <input checked="" type="checkbox"/> 10 ALS
Ownership: <input type="checkbox"/> Public <input checked="" 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <input checked="" type="checkbox"/> 5 3 on duty 24 hours 2 MCI support units

EMS System: North Coast EMS County: Humboldt Reporting Year: 2009

Name, address & telephone: Arcata-Mad River Ambulance Post Office Box 4948 Arcata, CA 95521 (707) 822-3353		Primary Contact: Doug Boileau			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <u>2</u> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <u>14</u> ALS
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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

Name, address & telephone: City Ambulance of Eureka Inc 135 W. Seventh Street Eureka, CA 95501 445-4907		Primary Contact: Jaison Chand			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <u>40</u> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <u>25</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

EMS System: North Coast EMS County: Humboldt Reporting Year: 2009

Name, address & telephone: K'ima:w Ambulance Post Office Box 1288 Hoopa, CA 95546 (530) 625-4261 ext 269 266		Primary Contact: Rod Johnson			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
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: <u>Health</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

Name, address & telephone: Kelseyville Fire Dept. Post Office Box 306 Kelseyville, CA 95451 Business #: (707) 279-4268 FAX #: (707) 279-4256		Primary Contact: Jim Dowdy			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 8 BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>5</u>

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

Name, address & telephone: Lakeport Fire Department 445 Main Street Lakeport, CA 95453 Business #: (707) 263-4396 FAX #: (707) 262-1283		Primary Contact: Bob Ray			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>23</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>18</u> ALS
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 type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>

Name, address & telephone: Lake County Fire Department 14815 Olympic Dr. Clearlake, CA 95422 Business #: (707) 994-2170 FAX #: (707) 994-4861		Primary Contact: Willie Sapeta			
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>28</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>12</u> ALS
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 type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>2</u> <u>2-front line and 2- reserve</u>

EMS System: North Coast EMS County: Lake Reporting Year: 2009

Name, address & telephone: Northshore Fire Protection Dis Post Office Box 1199 Lucerne, CA 95458 Business #: (707) 274-3100 FAX #: (707) 274-3102		Primary Contact: Chrissy Pittman				
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>10</u> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <u>15</u> EMT-D <u>11</u> ALS
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 type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>8</u>	

Name, address & telephone: South Lake County Fire Post Office Box 1360 Middletown, CA 95461 (707) 963-4112 FAX # (707) 987-9478		Primary Contact: Brian Schwartz				
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"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <u>2</u> EMT-D <u>6</u> ALS
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 type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>4</u>	

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

Name, address & telephone: REACH		Primary Contact: Jennifer Hardcastle			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input 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	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>1</u>

**TABLE 9: APPROVED TRAINING PROGRAMS**

EMS System: North Coast EMS County: Del Norte Reporting Year: 2011

Training Institution Name/Address

Del Norte Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:  Open to general public	Cost of Program  Basic <u>\$ NA</u>  Refresher <u>\$ 40</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

EMS System: North Coast EMS County: Humboldt Reporting Year: 2011

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Patricia Girczyc (707) 476-4236; (707) 476-4214
Student Eligibility:*	Cost of Program Basic Tuition + fees, plus books, uniform and immunization. Refresher \$125	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70 – 35/course</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u>
		Number of courses: <u>Fall &amp; Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2011

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Dave Nakamura (707) 826-3357
Student Eligibility:*	Cost of Program HSU Students Basic \$235 Refresher \$125	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>60</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u>
Open to the general public		Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>

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

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

Training Institution Name/Address

Ruth Lake Community Services District/STAR Post Office Box 4 Mad River, CA 95552		Mike Gladding, EMT-P, EMS Coordinator (707) 574-6616
Student Eligibility:*  Open to general public	Cost of Program  Basic <u>\$50</u>  Refresher <u>varies</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>12-20</u> Refresher: <u>6-10</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

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

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

EMS System: North Coast EMS                      County: Humboldt                      Reporting Year: 2011

Training Institution Name/Address

North Coast Paramedic Program 7351 Tompkins hill Road Eureka, Ca. 95501		Pat Girczyc (707) 476-4236
Student Eligibility:*  Must be currently certified EMT-I	Cost of Program  Basic <u>Tuition, fees, books, uniform and immunizations</u>  Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: _____ Cont. Education: <u>YES</u> Expiration Date: <u>2/28/15</u>  Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: <u>yes</u>

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2011

Training Institution Name/Address		Willie Sapeta (707) 994-2170 ext 37
Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>9/30/13</u>
Open to general public	Basic <u>\$140</u> Refresher <u>\$0</u>	Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

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

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

Training Institution Name/Address		Debbie Arrington (707) 275-0538
Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u>
Open to general public	Basic <u>\$130</u> Refresher <u>\$100</u>	Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

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

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

**TABLE 10: FACILITIES**

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2011

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

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2011

Name, address & telephone		Mad River Community Hospital P.O. Box 1115 Arcata, CA 95518 (707) 822-3621		Primary Contact: Patsy Barker, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level: 0

Name, address & telephone		Redwood Memorial Hospital 3300 Renner Drive Fortuna, CA 95540 (707) 725-7382		Primary Contact: Judy Gallager, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level: 0

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2011

Name, address & telephone		Jerold Phelps Hospital 733 Cedar Street Garberville, CA 95542 (707) 923-3921		Primary Contact: Karl Verick, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input checked="" type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level: 0

Name, address & telephone		St. Joseph Hospital 2700 Dolbeer Street Eureka, CA 95501 (707) 445-8121 (switchboard)		Primary Contact: Anna Henderson, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level: 0

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2011

Name, address & telephone		St. Helena Hospital- Clearlake Post Office Box 6710 Clearlake, CA 95422 (707) 994-6486		Primary Contact: Mary Donati, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level: 0

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

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

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

**TABLE 11A: DISASTER MEDICAL RESPONDERS**

EMS System: North Coast EMS County: Del Norte Date: 2011

**County Office of Emergency Services  
Coordinator:**

Cindy Henderson

Work Telephone No.: (707) 464-0430 ext 376

Home Telephone No.: (707) 945-8775

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 465-1470

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

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: N/A

FAX No.: \_\_\_\_\_

24-HR. No.: \_\_\_\_\_

**County EMS Disaster Medical Services  
Coordinator:**

Cindy Henderson

Work Telephone No.: (707) 464-0430 ex 367

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 465-1470

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

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

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

EMS System: North Coast EMS County: Del Norte Date: 2011

**County Health Officer's Name:**

Dr. Thomas Martinelli

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

Home Telephone No.: (707) 458-3563

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 465-1783

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

**Alternate's Name:**

Crescent City Internal Medicine

Work Telephone No.: (707) 465-8666

Home Telephone No.: N/A

Cell Phone No.: N/A

FAX No.: \_\_\_\_\_

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

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

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

Amateur Radio contact name:  
request from logistics

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

Who is the RDMHC for your region?  
\_\_\_\_\_

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

EMS System: North Coast EMS County: Humboldt Date: 2011

**County Office of Emergency Services  
Coordinator:**

Dan Larkin

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

Home Telephone No.: (707) 443-4223

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 445-7764

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

**Alternate's Name:**

Judy Taylor

Work Telephone No.: (707) 268-2500

Home Telephone No.: (707) 444-1383

Office Pager No.: none

FAX No.: (707) 445-7764

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

**County EMS Disaster Medical Services  
Coordinator:**

Ann Lindsay, M.D.

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 441-8171

FAX No.: (707) 445-6097

24-HR. No.: (707) 445-7337

**Alternate's Name:**

Charlene Pellatz

Work Telephone No.: (707) 268-2133

Home Telephone No.: (707) 826-7116

Office Pager No.: (707) 499-7774

FAX No.: (707) 268-2126

24-HR. No.: (707) 499 - 7774

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

EMS System: North Coast EMS County: Humboldt Date: 2011

**County Health Officer's Name:**

Ann Lindsay, M.D.

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 822-7041

FAX No.: (707) 445-6097

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

**Alternate's Name:**

John Sullivan, M.D.

Work Telephone No.: (707) 445-6212

Home Telephone No.: (707) 822-9691

Office Pager No.: (707) 407-7951

FAX No.: (707) 445-6097

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

Medical/Health EOC Telephone No.:

(707) 268-2513

Amateur Radio contact name:

Clem Cantu

Who is the RDMHC for your region?

William Walker, MD, Contra Costa

Medical/Health EOC FAX No.

(707) 445-7764

Medical/Health radio frequency used:

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

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

EMS System: North Coast EMS County: Lake Date: 2011

**County Office of Emergency Services  
Coordinator:**

Lt. Dave Perry

Work Telephone No.: 707-262-0224

Home Telephone No.: 707-489-8361 (cell)

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 262-0642

24-HR. No.: (707) 263-8656

**Alternate's Name:**

Willie Sapeta

Work Telephone No.: (707) 994-2170

Home Telephone No.: (707) 498-0966 (cell)

Office Pager No.: (707) 264-3137

FAX No.: (707) 994-4861

24-HR. No.: (707) 263-8656

**County EMS Disaster Medical Services  
Coordinator:**

Karen Tait, MD

Work Telephone No.: 707-263-1090

Home Telephone No.: 707-275-2834

Office Pager No.: 707-272-9751 (cell)

FAX No.: 707-262-4280

24-HR. No.: 707-263-8656

**Alternate's Name:**

Jim Brown

Work Telephone No.: (707) 263-1090

Home Telephone No.: (707) 263-0568

Office Pager No.: (707) 972-0712 (cell)

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-8656

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

EMS System: North Coast EMS County: Lake Date: 2011

**County Health Officer's Name:**

Karen Tait, MD

Work Telephone No.: 707-263-1090

Home Telephone No.: 707-275-2834

Office Pager No.: 707-272-9751 (cell)

FAX No.: 707-262-4280

24-HR. No.: 707-263-8656

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR. No.: \_\_\_\_\_

**Medical/Health EOC Telephone No.:**

(707) 263-1090

**Medical/Health EOC FAX No.**

(707) 263-1662

**Amateur Radio contact name:**

Arland Souza (K16WFP) or Karen Tait (K16AH)

**Medical/Health radio frequency used:**

PH TACI 155.4075 (simplex); PLD054N 2-meter amateur: 146.775; encode PL 103.5, decode PL 88.5

**Who is the RDMHC for your region?**

Dr. Muntu Davis (appointment pending)

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

**TABLE 11B: DISASTER MEDICAL RESPONDERS**

EMS System: North Coast EMS County: Del Norte/Humboldt/Lake Date: 2011

**Regional Disaster Medical Health Coordinator:**

**Alternate’s Name:**

Muntu Davis, M.D.

Art Lathrop

Work Telephone No.: (510) 267-8010

Work Telephone No.: (925)-646-4690

Home Telephone No.: \_\_\_\_\_

Home Telephone No.: (510) 339-8296

Office Pager No.: \_\_\_\_\_

Office Pager No.: (925) 940-1114

FAX No.: (510) 267-3223

FAX No.: (925) 646-4379

24-HR. No.: \_\_\_\_\_

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

**Regional Ambulance Transportation Coordinator:**

**Alternate’s Name:**

\_\_\_\_\_

none

Work Telephone No.: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR. No.: \_\_\_\_\_

24-HR. No.: \_\_\_\_\_

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

established at the time of incident

established at the time of incident

Amateur Radio contact name:

Medical/Health radio frequency used:

request from logistics

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Del Norte County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone
<b>Area or subarea (Zone) Geographic Description:</b> Del Norte County (entire county)
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zone 1, Arcata/McKinleyville
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, 43years in operation
<b>Area or subarea (Zone) Geographic Description:</b> Northwestern Humboldt County, Zone #1
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zone 2, Hoopa/Willow Creek
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 25 years of operation
<b>Area or subarea (Zone) Geographic Description:</b> Eastern Humboldt County, Zone #2
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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.

Date: 5/9/11

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast EMS
<b>Area or Subarea (Zone) Name or Title:</b> Zone 3
<b>Name of Current Provider(s):</b> City Ambulance of Eureka
<b>Area or Subarea (Zone) Geographic Description:</b> Central Humboldt County
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Non-Exclusive
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b>
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b>

Date: 5/9/11

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast EMS
<b>Area or Subarea (Zone) Name or Title:</b> Zone 4
<b>Name of Current Provider(s):</b> City Ambulance of Eureka
<b>Area or Subarea (Zone) Geographic Description:</b> Southern Humboldt County
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Non-Exclusive
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b>
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> Kelseyville Fire District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Kelseyville Fire District
<b>Area or subarea (Zone) Geographic Description:</b> Kelseyville Fire District
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> Lakeport
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
<b>Area or subarea (Zone) Geographic Description:</b> Lakeport Fire District
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> Lake County Fire District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
<b>Area or subarea (Zone) Geographic Description:</b> Lake County Fire District
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> Northshore Fire Protection District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Northshore Fire Protection District
<b>Area or subarea (Zone) Geographic Description:</b> Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
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**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> South Lake County Fire District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
<b>Area or subarea (Zone) Geographic Description:</b> South Lake County Fire District
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
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JUN 20 2011

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



June 17, 2011

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

Dear Mr. Karsteadt:

We have completed our review of *North Coast EMS Agency's 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*.

Your annual update will be due on June 17, 2012. Please submit North Coast EMS Agency's Trauma Status Report, as a separate document, with your EMS plan update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email [ssalaber@emsa.ca.gov](mailto:ssalaber@emsa.ca.gov).

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley".

Daniel R. Smiley  
Interim Director

DRS:ss