

Annual EMS System Report – 2010/11

The Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS) serves as the local EMS Agency for the counties of Placer, Nevada, Yolo, Sutter, Yuba, Colusa, Butte, Shasta, Siskiyou and Tehama. The EMS system in these counties has been developed through a partnership between the EMS Agency, 9-1-1 public services answering points, EMS dispatch centers, first responder/basic life support (BLS) fire departments, advanced life support (ALS) fire departments and BLS and ALS private ambulance providers, base hospital and receiving hospitals, emergency medical technicians (EMT-I), paramedics, nurses and physicians who provide the care to the sick and injured within our system. There are also a number of both public and private training institutions.

The counties have delegated all California Health and Safety Code, Division 2.5 and Code of Regulations local EMS Agency responsibilities to the S-SV EMS Agency except disaster preparedness, and public information/education. Placer, Nevada, Yolo, and Yuba Counties have delegated to the S-SV EMS Agency the duties, responsibilities and authority to administer the county ambulance ordinance. This includes ambulance permitting, provider selection, ongoing ordinance monitoring and all other ordinance provisions. Sutter, Butte, Colusa, Shasta, Siskiyou and Tehama Counties have retained ambulance contracting, licensing and permit responsibilities.

The mission of the Sierra-Sacramento Valley EMS (S-SV EMS) Agency is to provide local EMS agency services and EMS leadership through a cooperative teamwork approach to member counties. Local EMS agency services include the major responsibilities of system monitoring/oversight, medical control, policy/procedure development and implementation, monitor compliance of law/regulations, certification/accreditation of EMS personnel, EMS planning and education. Our mission is accomplished through the democratic consensus building process utilizing input from diverse representatives of EMS providers, hospitals, physicians and the public.

As our region has grown over the past two years we have found it necessary to have a satellite office in Redding CA. We will have it staffed with one associate director and one EMS specialist and clerical support to serve the northern region of our LEMSA.

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01	LEMSA Structure	X			X
1.02	LEMSA Mission	X			X
1.03	Public Input	X			X
1.04	Medical Director	X	YES		X
Planning Activities:					
1.05	System Plan	X		X	
1.06	Annual Plan Update	X		X	
1.07	Trauma Planning*	X	YES		
1.08	ALS Planning*	X			X
1.09	Inventory of Resources	X			
1.10	Special Populations	X	YES		
1.11	System Participants	X	YES		
Regulatory Activities:					
1.12	Review & Monitoring	X			
1.13	Coordination	X			
1.14	Policy & Procedures Manual	X			
1.15	Compliance w/Policies	X			
System Finances:					
1.16	Funding Mechanism	X			X

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17	Medical Direction*	X			
1.18	QA/QI	X	YES	X	
1.19	Policies, Procedures, Protocols	X	YES		X
1.20	DNR Policy	X			
1.21	Determination of Death	X			
1.22	Reporting of Abuse	X			
1.23	Interfacility Transfer	X	YES		
Enhanced Level: Advanced Life Support					
1.24	ALS Systems	X			
1.25	On-Line Medical Direction	X	YES		
Enhanced Level: Trauma Care System:					
1.26	Trauma System Plan	X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27	Pediatric System Plan	X			
Enhanced Level: Exclusive Operating Areas:					
1.28	EOA Plan				

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X	YES		
First Responders (non-transporting):						
2.05	First Responder Training		X	YES		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	YES		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X	YES		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	YES		
3.02	Radios		X	YES		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			X
3.05	Hospitals		X	YES		X
3.06	MCI/Disasters		X			X
Public Access:						
3.07	9-1-1 Planning/Coordination		X	YES		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			X
3.10	Integrated Dispatch		X	YES		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	YES		
4.02	Monitoring		X	YES		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time Standards*		X	YES		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	YES		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	YES		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	YES		
4.17	ALS Equipment		X			

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan					
4.20 "Grandfathering"					
4.21 Compliance					
4.22 Evaluation					

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	YES		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			X
5.04	Specialty Care Facilities*		X			X
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	YES		
5.12	Public Input		X			
Enhanced Level: Other Speciality Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	YES		
6.02	Prehospital Records		X		X	
6.03	Prehospital Care Audits		X	YES		
6.04	Medical Dispatch		X			X
6.05	Data Management System*		X	YES		X
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	YES		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	YES		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	YES		
7.02	Injury Control		X	YES		
7.03	Disaster Preparedness		X	YES		
7.04	First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	YES		
8.03	HazMat Training		X			
8.04	Incident Command System		X	YES		
8.05	Distribution of Casualties*		X	YES		
8.06	Needs Assessment		X	YES		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			X
8.09	DMAT Teams	X				
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			X
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	YES		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity					

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.01 LEMSA Structure

STANDARD:

1.01

Each local EMS Agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

CURRENT STATUS:

The S-SV EMS Agency is a regional Ten (10) county Joint Powers Agency (JPA) serving the counties of Placer, Yolo, Yuba, Sutter, Nevada Colusa and Butte. The Agency has a ten (10) member JPA Governing Board of Directors consisting of a member of the Board of Supervisors from each participating county. The organizational chart is attached. There is 10.5 FTE staff that includes:

- (1) Regional Executive Director
- (2) Associate Regional Executive Director
- (1) Data Analyst
- (1) Quality Assurance/Education Coordinator
- (1) Emergency Preparedness/Disaster Coordinator
- (1) Contract Compliance Monitor
- (1) Records Analyst (Currently Vacant)
- (1) Administrative Secretary
- (1) RDMHS
- (.5) Medical Director

The Agency has the following committees that provide technical, clinical and community input and recommendations regarding the development of plans, policies and procedures.

- X Medical Control Committee
- X Trauma Quality Improvement Committee
- X Regional EMS Aircraft Advisory Committee
- X Regional EMS Quality Improvement Advisory Committee

The committees include physicians, medical directors, nurses, base hospital coordinators, paramedics, ambulance service representatives, fire and law enforcement officials, hospital representatives, PSAP representatives, helicopter services, city managers, county officials, elected officials and others.

NEEDS:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

1.02

Each local EMS Agency shall plan, implement, and evaluate the EMS system. The Agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

CURRENT STATUS:

The S-SV EMS Agency utilizes a continuing quality improvement program, in addition to other mechanisms, to plan, implement, and evaluate its system. Input and evaluation has been obtained from a variety of participating agencies during the revision of the EMS Plan.

The Regional Quality Improvement Committee meets monthly to provide feedback to the Agency on prehospital medical care. The committee is charged with the duties to:

- X Promote region-wide standardization of prehospital quality improvement including medical audit review, corrective action and follow-up.
- X Monitor, evaluate and report on quality of prehospital care and transportation including compliance with law, regulations, policy and procedure, and recommend revisions and/or corrective action as necessary.
- X Recommend standards, policies, protocols, and procedures as necessary to improve prehospital care, training, and quality improvement.
- X Make recommendations specific to hospital and S-SV data collection and dissemination.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration 1.03 LEMSA Public Input

STANDARD:

1.03

Each local EMS Agency shall have a mechanism (including the emergency medical care committees) and other sources to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

The S-SV EMS Agency is active in obtaining input in the development of plans, policies, and procedures. There are regularly scheduled meetings for each of the seven counties Emergency Medical Care Committees. Two of the counties, Yuba and Sutter, have a single bi-county EMCC. S-SV EMS also obtains input from numerous other committees/task forces as identified under Standard 1.01.

S-SV EMS has under taken a lengthy planning process that involves providers, consumers, city and county officials from the five counties in the EMS planning process.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration 1.04 LEMSA Medical Director

STANDARD:

1.04

Each local EMS Agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

The local EMS Agency medical director should have administrative experience in emergency medical services systems.

Each local EMS medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

The S-SV EMS Agency is honored to have Troy Falck, M.D. as its EMS Medical Director. Dr. Falck is a Fellow of the American College of Emergency Physicians, and is a Diplomate of The American Board of Emergency Medicine. Dr. Falck has been a member of the S-SV EMS Medical Control Committee since 2002. S-SV EMS has an advisory committee for prehospital medical, trauma and pediatric care. Dr. Falck also provides collaboration with other physicians throughout the nation.

NEEDS:

Meets minimum standards and the recommended guidelines.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT-SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES

1.05 LEMSA System Plan

STANDARD:

1.05

Each local EMS Agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- a) assess how the current system meets these guidelines.
- b) identify systems needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology and timeline for meeting these needs.

CURRENT STATUS:

The S-SV EMS Agency has developed an EMS Plan in accordance with the State EMSA guidelines as evidenced by this document. S-SV EMS obtained input and collaboration from system participants within the five county region.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To develop a regional EMS Plan that includes unique issues in each county.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities 1.06 LEMSA Annual Plan Update

STANDARD:

1.06

Each local EMS Agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

CURRENT STATUS:

The S-SV EMS Agency has provided annual updates to the EMS Plan as required.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To provide annual updates to the Regional EMS Plan.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities **1.07 LEMSA Trauma Planning***

STANDARD:

1.07

The local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdictions. The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The S-SV EMS Agency developed a Regional Trauma Plan under an EMSA Special Project Grant in FY 93/94. The plan was approved by the S-SV Governing Board of Directors on November 11, 1993 and the State EMS Authority on February 9, 1994. The S-SV EMS Trauma Plan is an "inclusive" plan that includes Level II and Level III Trauma Centers.

Sutter Roseville Medical Center was designated as a Level II Trauma Center and became operational on January 13, 1995. Rideout Memorial Hospital was designated as a Level III Trauma Center January 2003. Colusa County has joined the S-SV EMS region and Colusa Regional Medical Center is a Level IV designated trauma center. Butte County has also joined the S-SVEMS region and Enloe Medical Center is a Level II designated trauma center. Oroville Hospital is a Level III designated trauma center. The Agency has an agreement with UCD-Medical Center as a Level I Trauma Center for Yolo County and as a Level I Pediatric Trauma Center for the Region. We anticipate the designation of other regional hospitals as Level II Trauma Centers.

COORDINATION WITH OTHER EMS AGENCIES:

The S-SV EMS Region, NorCal EMS, Sacramento County and El Dorado County have agreed to develop a multi-county Regional Trauma Center Network.

The Agency has executed an Inter-Regional/County Paramedic and Mobile Intensive Care Nurse Accreditation Agreement with NorCal EMS, San Joaquin County, Sacramento County, El Dorado County, Napa County and Solano County. They include protocols for ALS providers in the event they need Base Hospital support while out of their jurisdiction.

NEED(S):

To continue to implement the approved S-SV Trauma System Plan. All hospitals in the S-SV EMS Region should have a trauma designation and function at the designated level. The Trauma System Plan is submitted to EMSA annually for updates.

OBJECTIVE:

To have an inclusive trauma system, involving all hospitals as Level II or Level III Trauma Centers.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long Range Plan (Recommended Guideline)

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities 1.08 LEMSA ALS Planning*

STANDARD:

1.08

Each local EMS Agency shall plan for eventual provision of Advanced Life Support Services throughout its jurisdiction.

CURRENT STATUS:

All areas of the S-SV EMS Agency region are covered with Advanced Life Support (ALS) response as part of the initial dispatch to all 9-1-1 medical emergency calls. These services are provided by fire service agencies, private ambulance services, helicopter services, and volunteer services. Throughout the EMS Planning process each county has reviewed the current provision of ALS.

NEED(S):

Meets minimum standard.

OBJECTIVE:

- X To continue to review response times for ALS throughout the region. In rural areas with extended ALS response times, discussions will occur with local fire agencies to explore alternatives for improvement of service.
- X To continue to assist member counties in planning for the provision of ALS services in view of the changing health care system.
- X To continue to ensure the provision of ALS service coverage as a priority to all geographic areas within the Region.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 LEMSA Inventory of Resources

STANDARD:

1.09

Each local EMS Agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

CURRENT STATUS:

S-SV EMS has done so. Refer to Tables eight, nine, and ten of this document.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To annually update the information on Tables eight, nine, and ten annually.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES 1.10 LEMSA Special Populations

STANDARD:

1.10

Each local EMS Agency shall identify population groups served by the EMS System which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers.)

CURRENT STATUS:

S-SV EMS Agency's data system can identify users of the EMS system by population groups and services provided. This information is used for planning and policy and services development. This information may also be utilized for public education purposes.

Most dispatch centers access interpreter services through enhanced 9-1-1 services or through the telephone company to assist with non-English speaking consumers. Receiving hospitals are able to access interpreter services or utilize employees when needed.

Throughout initial and continuing education programs for EMT-Is, EMT-Ps and MICNs special areas of needs for elderly, pediatric and handicapped are emphasized. The Agency has developed pediatric protocols and services for pediatric medical and trauma care.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

Continue to review data systems information.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES

1.11 LEMSA System Participants

STANDARD:

1.11

Each local EMS Agency shall identify the optimal roles and responsibilities of system participants. Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

S-SV EMS has identified the optimal roles and responsibilities of system participants. The agency utilizes Base Hospital Agreements, facility trauma designation and contracts, and written agreements with providers. The counties of Sutter and Colusa and Butte have retained their rights of ambulance permitting. S-SV EMS Agency has contracted with the Counties of Placer, Nevada, Yolo and Yuba to provide ambulance contracting and permitting.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

S-SV has submitted a plan designating exclusive operating areas in this EMS Plan update.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 LEMSA Review and Monitoring

STANDARD:

1.12

Each local EMS Agency shall provide for review and monitoring of EMS system operations.

CURRENT STATUS:

The S-SV EMS Agency provides review and monitoring of the EMS systems operations through various processes that include the EMS data collection system, the various committees and task forces, County EMCCs, coordination with provider agencies and hospitals. System status is reported to the JPA Board, and Quarterly Reports to the SEMSA.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities
1.13 LEMSA Coordination

STANDARD:

1.13

Each local EMS Agency shall coordinate EMS system operations.

CURRENT STATUS:

The S-SV EMS Agency is active in EMS system coordination as demonstrated by committee involvement, policy and procedure development, and coordination with the provider agencies and hospitals.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 LEMSA Policy & Procedures Manual

STANDARD:

1.14

Each local EMS Agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

CURRENT STATUS:

The S-SV EMS Agency maintains a Prehospital Care Policy and Procedure Manual. The information is divided into the following areas: State Law and Regulation, Local EMS Agency, Base Hospitals, Provider Agencies, Receiving Hospital/Patient Destination/Transport, Record Keeping/Audit/QA, Equipment/Supplies/Vehicles, Field Protocols/Procedures, Certification/Recertification, Training Programs, and Appendices.

Newly approved provider agencies, hospitals, or vehicles are provided with copies of the manual. Manuals are available to the public for a basic cost.

Policy and procedures are reviewed and revised as needed at least every two years.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 LEMSA Compliance with Policies

STANDARD:

1.15

Each local EMS Agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

CURRENT STATUS:

S-SV EMS utilizes review through the data system and quality improvement process to monitor compliance with system policies. Compliance of EMS personnel with system policies is primarily monitored by daily supervision of personnel by the provider agencies, base hospitals, and input from the receiving hospitals.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

System Finances

1.16 LEMSA Funding Mechanism

STANDARD:

1.16

Each local EMS Agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

CURRENT STATUS:

S-SV EMS utilizes funds from the county members as well as the State General Fund. Additionally, funds are obtained from fees implemented for certification and accreditation functions, and trauma hospital designation. The Agency competes for Grant monies also. The budget is reviewed by experts and the JPA Governing Board.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

To continue to explore means of maximizing funding, seek grant sources, fees for services, and ensure cost effectiveness of programs.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 LEMSA Medical Director

STANDARD:

1.17

Each local EMS Agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, relationships of prehospital and hospital providers.

CURRENT STATUS:

S-SV EMS currently provides medical direction for the regional EMS system as defined in the S-SV EMS Prehospital Care Policy Manual, Section III, VI, VIII. All medical policies and procedures are reviewed and evaluated by the Medical Director. The roles and responsibilities of base hospitals have been defined in the Base Hospital Agreement. Base Hospital Agreements have been obtained with all bases. Modified Base Hospital Programs have been instituted at all of the S-SV EMS hospitals with the exception of Sutter Roseville Medical Center which is a Level II Trauma Center.

COORDINATION WITH OTHER EMS AGENCIES:

The S-SV EMS Agency Medical Director communicates formally and informally with other local agencies through committees and participation with the Emergency Medical Directors Association of California (EMDAC) to assist interfacing with other EMS agencies.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to evaluate the number of base hospitals, their roles and responsibilities.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.18 LEMSA QA/QI

STANDARD:

1.18

Each local EMS Agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS Agency and which are coordinated with other system participants.

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:

S-SV EMS has an active Regional QI committee. Each base hospital and provider has a QI program. All provider agencies submit scan forms for every ALS contact to the regional data system. Two private providers (AMR and Bi-County Ambulance utilize the data system for quality improvement in cooperation with the base hospitals.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

To re-establish a regional QI committee with QI representatives from the base hospitals and providers.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 LEMSA Policies, Procedures, Protocols

STANDARD:

1.19

Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to,

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on scene treatment times
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- I) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel.

CURRENT STATUS:

S-SV EMS meets the minimum standard. The agency has a Prehospital Care Policy Manual which address the above areas and additional concerns. The member counties maintain the oversight of the Primary Safety Answer Points (PSAP=s).

NEEDS:

- A. Meets minimum standards and recommended guidelines.
- B. PSAP=s have implemented Emergency Medical Dispatching utilizing pre-arrival/post dispatch instructions.

OBJECTIVES:

- A. To continue to review and update policies, procedures and protocols every two years or as needed.
- B. To continue to encourage member county PSAP=s to upgrade to Emergency Medical Dispatch and to assist the counties to explore means to accomplish the upgrades.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.20 LEMSA DNR Policy

STANDARD:

1.20

Each local EMS Agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

CURRENT STATUS:

S-SV EMS does have a policy complying with the EMS Authority's DNR guidelines, Policy No. 823.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 LEMSA Determination of Death

STANDARD:

1.21

Each local EMS Agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

CURRENT STATUS:

S-SV EMS does address determination death (including deaths at the scene of apparent crimes) in the Prehospital Care Policy Manual. See Policies 820, 821, and 825.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To continue to review policies every two years, or sooner as needed.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 LEMSA Reporting of Abuse

STANDARD:

1.22

Each local EMS Agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

CURRENT STATUS:

S-SV EMS Agency adheres to the California Code of Regulations, Title 22 and the California Penal Code, Article 2.5 in regards to reporting abuse. Providers and training programs provide information concerning elder and child abuse, and suspected SIDS deaths.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 LEMSA Interfacility Transfer

STANDARD:

1.23

The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

CURRENT STATUS:

S-SV EMS Agency has established policies regarding interfacility transfers. See Policies 515 and 840.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support 1.24 LEMSA

STANDARD:

1.24

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency.

Each local EMS Agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

S-SV EMS Agency has approved all the advanced life support providers. S-SV has submitted a plan designating exclusive operating areas in this EMS Plan update.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support 1.25 On-Line Medical Direction

STANDARD:

1.25

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

The base hospitals in the region utilize agency certified mobile intensive care nurses and base hospital Emergency Department physicians. Currently all the hospitals in the region are modified bases with the exception of Sutter Roseville Medical Center which is a Level III Trauma Center. The ALS providers are active participants in the modified base plan. Other hospitals in the region have expressed interest in becoming modified bases and the feasibility is under evaluation.

NEED:

Meets minimum standards and recommended guidelines.

OBJECTIVE:

Continue evaluation and impact of Modified bases to the region.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care 1.26 Trauma System Plan

STANDARD:

1.26

The local EMS Agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for trauma care in the EMS region , and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

S-SV EMS Agency has developed a Regional Trauma Plan. The State EMS Authority approved the plan in 1994. The optimal system design has been defined. The process for trauma designation has been outlined. The agency continues to assist the hospital to explore and define their role in the system. The Trauma Plan is updated annually.

NEED:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Pediatric Emergency Medical and Critical Care System 1.27 Pediatric System Plan

STANDARD:

1.27

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

Pediatric policies have been established. Pediatric Care Centers have been designated. S-SV along with grant consultant created a guide for the Development & Implementation of EMSC Systems.

NEED:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Area 1.28 EOA Plan

STANDARD:

1.28

The local EMS agency shall develop and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

S-SV EMS Agency has established exclusive operating areas by grandfathering the providers that are eligible under Health & Safety 1797.224. The EOAs have been granted to American Medical Response Placer County, American Medical Response Yolo County, South Placer Fire, Foresthill Fire, Donner Summit Fire, Penn Valley Fire, Sierra Nevada Ambulance and Bi-County Ambulance.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT-STAFFING/TRAINING

Local EMS Agency 2.01 Assessment of Needs

STANDARD:

2.01

The local EMS agency shall routinely assess personnel and training needs.

CURRENT STATUS:

Currently there are nine approved EMT-I training programs in the region. We have one EMT-Paramedic training program. EMT-Paramedic accreditation classes are conducted monthly on the third Wednesday of the month.

S-SV staff attends all member county EMCC meetings, County Fire Chief Association meetings, and Fire department EMS Coordinator Association meetings. Through the member county committee structure and the S-SV regional committee structure, input is received regarding educational needs on an on-going basis.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Through the EMS Planning process potential training needs have been identified such as EMD. S-SV EMS Agency will monitor and facilitate the training needs as they occur.

TIMEFRAME FOR MEETING

OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- STAFFING/TRAINING

Local EMS Agency

2.02 Approval of Training

STANDARD:

2.02

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

CURRENT STATUS:

S-SV has an application and approval mechanism established to approve EMS education programs. All base hospitals are approved as ALS Continuing Education providers. All ALS providers are approved as CE providers. We have encouraged our BLS providers to become CE providers. See attached list for approved CE providers.

S-SV provides orientations to all administrators, instructors, and service provider agency administration, as part of the training program approval process. S-SV participates in the EMT training program course orientation and planning sessions of the EMT programs on an annual basis. S-SV distributes an evaluation form to each student at the conclusion of the course.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To conduct on site visits at each of the approved training programs on an annual basis, at minimum.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- STAFFING/TRAINING

Local EMS Agency

2.03 Personnel

STANDARD:

2.03

The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

CURRENT STATUS:

S-SV has established policies to accredit, authorize and certify prehospital personnel and to conduct certification reviews, in accordance with state regulations. There is also an established policy for service providers and base hospitals to notify S-SV of unusual occurrences which could impact EMS personnel certification. Refer to S-SV EMS Prehospital Care Policy Manual Section II, III, IV & IX.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- STAFFING/TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

2.04

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

Medical dispatch responsibilities have not been delegated to S-SV EMS Agency by the member counties.

NEEDS:

For all PSAP operators with medical dispatch responsibilities, including public and private dispatch personnel, to be trained in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines, and certified when possible.

OBJECTIVES:

Through the EMS Planning Process all counties have agreed to continue to explore the needs for Emergency Medical Dispatching and encourage the implementation of EMD including prearrival instructions and priority dispatch at the PSAPs. There is a potential for each of the PSAPs to have EMDs or EMD dispatch services could be contracted out to certain PSAPs or dispatch centers. See attached list of PSAPs.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- STAFFING/TRAINING
First Responders (non transporting)
2.05 First Responder Training

STANDARD:

2.05

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years. At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

S-SV EMS Region meets the minimum requirement. EMS first responders have been trained to administer first aid and CPR. Through out the region many of the First Responder Agencies with full time paid staff have defibrillator programs and also function with EMT-I trained personnel. Currently there are twenty-one approved defibrillation service provider agencies in the region. Due to the nature and needs of some of the rural areas of the region, many volunteer and seasonal firefighters are utilized. It is difficult to train volunteer and seasonal firefighters up to an EMT-I level due to the financial costs and time demands.

NEEDS:

Minimum standard met.

OBJECTIVES:

To continue requirements of CPR and first aid training for first responder. To explore requiring paid fire personnel to be trained as EMT-Is. To continue to explore means in which to ease the financial and time burden of EMT-I training, such as satellite classes, or computer assisted courses. To encourage volunteer personnel to be trained as EMT-Is.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

First Responders (non-transporting)

2.06 Response

STANDARD:

2.06

Public Safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall utilize in accordance with local EMS agency policies.

CURRENT STATUS:

Public Safety agencies respond to medical emergencies as first on scene assistance. Currently there are not any industrial first aid teams in the region.

NEEDS:

Yolo County has identified the need to refine and expand the agricultural medical response programs.

OBJECTIVE:

At least one person on each non-transporting response unit should be currently certified and have available equipment and communication within scope of practice.

TIMEFRAME:

Short range

Long range

SYSTEM ASSESSMENT-STAFFING/TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

2.07

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

CURRENT STATUS:

Non-transporting EMS first responders currently operate under medical direction policies, as specified by the S-SV EMS Agency Medical Director. BLS interventions are included in the ALS protocols. .

NEEDS:

Meets minimum requirements

OBJECTIVES:

BLS protocols have been incorporated into the ALS protocols.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Transporting Personnel

2.08 EMT - I Training

STANDARD:

2.08

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level. If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

All emergency transport vehicles are ALS ambulances. The ALS ambulances are staffed, at a minimum, with an EMT-I and EMT-Paramedic.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Hospital 2.09 CPR Training

STANDARD:

2.09

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

CURRENT STATUS:

All hospitals with Basic and Comprehensive Emergency Medical Services permits are approved as 9-1-1 receiving hospitals. Monitoring of this permit status is conducted through the DHS Licensing & Certification Division. All regional hospitals require all allied health personnel who provide direct emergency patient care to be trained in CPR. All first responders and law enforcement are CPR trained.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Hospital

2.10 Advanced Life Support

STANDARD:

2.10

All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

All regional hospitals require ACLS for emergency department physicians and registered nurses. All emergency department physicians are certified by the American Board of Emergency Medicine.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Advanced Life Support 2.11 Accreditation Process

STANDARD:

2.11

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

CURRENT STATUS:

S-SV has an established policy/procedure for accreditation of ALS personnel. Orientation classes are conducted every three (3) weeks or as needed. Training modules are readily available at NCTI for EMT-Paramedic that lack training in the optional scope of practice procedures.

Upon accreditation, ALS personnel are enrolled into the S-SV QA/QI process. The S-SV EMS Patient Care Record (PCR) is completed on all responses. The scannable portion of the PCR allows for the collection of data on all responses. In addition, each ALS service provider agency and regional base hospital has an internal quality assurance/quality improvement program and representative(s) on the Regional Quality Improvement committee.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Enhanced Level: Advanced Life Support 2.12 Early Defibrillation

STANDARD:

2.12

The local EMS agency shall establish a procedure for accreditation of public safety and other basic life support personnel in early defibrillation.

CURRENT STATUS:

S-SV has an established policy/procedure for accreditation of EMT-I/Public Safety defibrillation personnel. See S-SV EMS Agency Prehospital Care Policy Manual Policy 920. There are currently approved AED defibrillation Service providers agencies in the Region.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Enhanced Level: Advanced Life Support 2.13 Base Hospital Personnel

STANDARD:

2.13

All base hospital/modified base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

CURRENT STATUS:

The established policy for initial S-SV MICN Authorization requires completion of an orientation to S-SV policies and protocols. Successful completion of 10 supervised ALS radio calls is also required.

Base physicians are provided an orientation by the base hospital coordinator, medical director or ED nurse manager.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.01 Communication Plan

STANDARD:

3.01

The local EMS Agency shall plan for EMS Communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

The local EMS Agency's Communications Plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

Responders utilize two way radios and cellular phones as defined in the S-SV EMS Prehospital Care Policy Manual, Section 701. Radio frequencies on the Med Net have been assigned to the Base Hospitals and Receiving Hospitals.

COORDINATION WITH OTHER AGENCIES:

Coordination of use of radio frequencies with the EMS Agencies of NorCal, El Dorado, Sacramento, Solano, and Napa geographically bordering S-SV EMS.

NEED(S):

S-SV EMS meets the minimum standards and recommended guidelines.

OBJECTIVES:

- a) To maintain the Med Net Radio system as the primary communication tool, with cellular phones as the secondary tool.
- b) To develop a plan for upgrading the Med Net Radios and Repeaters and a plan for financing the project.

TIMEFRAME FOR OBJECTIVE:

____ Short Range Plan
____ Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment 3.02 Radios

STANDARD:

3.02

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios to assist with dispatching, and to communicate with hospitals.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVES:

- a) Med Net radios have been updated in the region with HRSA funding.
- b) The hospitals in our region use the EMS systems.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment 3.03 Interfacility Transfer

STANDARD:

3.03

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities.

CURRENT STATUS:

Emergency medical transport vehicles are used for all interfacility transfers. All the units have Med Net radios and cellular phones. Provision for the ability to communicate is addressed through policies and in some areas through the permitting process.

NEED(S):

Meets minimum standard.

OBJECTIVE:

To continue to maintain a process which require specific communications equipment on all emergency medical transport vehicles.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

STANDARD:

3.04

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

CURRENT STATUS:

All emergency medical transport vehicles have Med Net radios. All vehicles are able to communicate with the dispatchers in their geographic area. Frequencies have been designated for disasters and multi-casualty incidents. There are a few instances in the mountainous areas in which communication is difficult.

NEEDS:

Meets minimum standard.

OBJECTIVES:

To continue to evaluate and plan for the communication needs in the region.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.05 Hospitals

STANDARD:

3.05

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

The hospitals in the S-SV EMS Region have EMSystems. – Real time emergency resource management. EMResource provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure we site and view regional emergency department status and available hospital resources to support patient transport and transfer decision making. During mass casualty incidents, hospital capacity is queried by triage category and inpatient bed capacity. Additional incident specific resources are easily tracked such as decontamination capability, ventilators, and BR specific pharmaceuticals. Secure, redundant servers are reliably accessed 24/7 providing an excellent communication infrastructure for emergency management personnel, acute healthcare providers and public health officials.

OBJECTIVE:

This objective has been met.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

STANDARD:

3.06

The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

CURRENT STATUS:

The hospitals in the S-SV EMS Region have EMSystems. – Real time emergency resource management. EMResource provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure website and view regional emergency department status and available hospital resources to support patient transport and transfer decision making. During mass casualty incidents, hospital capacity is queried by triage category and inpatient bed capacity. Additional incident specific resources are easily tracked such as decontamination capability, ventilators, and BR specific pharmaceuticals. Secure, redundant servers are reliably accessed 24/7 providing an excellent communication infrastructure for emergency management personnel, acute healthcare providers and public health officials.

NEEDS:

Meets minimum standard.

OBJECTIVE:

To conduct large scale communication drills to evaluate fully the capacity of provider agencies and to identify further needs.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Public Access

3.07 9-1-1 Planning/Coordination

STANDARD:

3.07

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service. The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

The S-SV EMS Agency is currently charged with the responsibility of coordination of the 9-1-1 telephone service. These duties are retained by each of the member counties. Each of the counties do have the enhanced 9-1-1 systems.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

To continue to encourage the counties to evaluate the needs of the 9-1-1 system, and to explore potential back up systems.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

3.09

The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

Medical dispatch responsibilities have not been delegated to the S-SV EMS Agency by the member counties. Each PSAP does operate under specific policies and guidelines for dispatching appropriate medical response. There are PSAPs that have implemented Emergency Medical Dispatching. Cost of training and implementation has been one of the major hindrances to the implementation of Emergency Medical Dispatching which would provide caller interrogation and pre-arrival instructions.

NEEDS:

For the member counties with EMD to establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

OBJECTIVE:

To continue to encourage and assist the local PSAPs to implement Emergency Medical Dispatching.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Resource Management 3.10 Integrated Dispatch

STANDARD:

3.10

The local EMS agency shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communications frequencies.

The local EMS agency should develop a mechanism to ensure appropriate system wide ambulance coverage during periods of peak demand.

CURRENT STATUS:

Medical dispatch responsibilities have not been delegated to the S-SV EMS Agency by the member counties. In each of the geographic areas of the region the dispatch services are integrated. Ambulance coverage is maintained through mutual aid agreements or rotation of ambulances.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVE:

To continue to assist the member counties to provide the most effective means of providing timely emergency medical services.

TIMEFRAME FOR OBJECTIVE:

- Short Range plan
- Long Range plan

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.01 Service Area Boundaries

STANDARD:

4.01

The local EMS Agency shall determine the boundaries of emergency medical transportation service areas.

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency transport service areas (e.g., ambulance response zones.)

CURRENT STATUS:

The boundaries for the emergency medical transportation service areas have been established for providers throughout the S-SV EMS Agency region. S-SV EMS Agency has been given authority from Placer, Yolo, Nevada, Colusa, Butte and Yuba Counties to enforce the ambulance ordinance which has recently been updated. S-SV EMS Agency is in the process of assisting Sutter County with updating their ambulance ordinances.

COORDINATION WITH OTHER EMS AGENCIES:

All of the providers, public and private have mutual aid agreements. At times mutual aid may cross county lines.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

Continue to assist the counties with updating the ambulance ordinances.

Timeframe:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level 4.02 Monitoring

STANDARD:

4.02

The local EMS Agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

The local EMS Agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, whenever possible, replace any other regulatory programs within the EMS area.

CURRENT STATUS:

Of the seven county members, the S-SV EMS Agency has contracted with the Counties of Placer, Yolo, Yuba, and Nevada to regulate ambulance licensure and county ordinances. S-SV EMS monitors a portion of compliance through the Quality Improvement Process.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

To continue to assist the member counties with updating ambulance ordinances, and establishing methods for monitoring.

TIMEFRAME:

_____ Short range
_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.03 Classifying Medical Request

STANDARD:

4.03

The local EMS Agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

CURRENT STATUS:

S-SV EMS Agency does not have jurisdiction over the dispatch agencies. Currently Advanced Life Support providers are dispatched on all 9-1-1 calls. Reference S-SV Policy No. 812 and 845.

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to encourage Emergency Medical Dispatch with priority dispatching.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.04 Pre-scheduled Responses

STANDARD:

4.04

Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS Agency policy.

CURRENT STATUS:

In the S-SV EMS region there is county compliance with levels of emergency medical transport vehicles that are not those units available for 9-1-1 calls are utilized the majority of the time.

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue practice monitoring response times.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.05 Response Time Standards

STANDARD:

4.05

Each local EMS Agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

Emergency medical service areas (response zones) shall be designated so the for ninety percent of emergent responses:

a) the response time for a basic life support and CPR capable first responder does not exceed:

metro/urban - 5 minutes

suburban/rural - 15 minutes

wilderness - as quickly as possible

b) the response time for an early defibrillation-capable responder does not exceed:

metro/urban - 5 minutes

suburban/rural - as quickly as possible

wilderness - as quickly as possible

c) the response time for an advanced life support capable responders (not functioning as the first responder) does not exceed:

metro/urban - 8 minutes

suburban/rural - 20 minutes

wilderness - as quickly as possible

d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:

metro/urban - 8 minutes

suburban/rural - 20 minutes

wilderness - as quickly as possible

CURRENT STATUS:

The ALS providers in the S-SV EMS region currently meet the above response times. When there are trends of prolonged response times the causes are evaluated, and adjustments are made when possible. See S-SV EMS Policy # 415.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with the other agencies has not been needed.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

To continue to evaluate trends in response times and encourage adjustments when needed.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

4.06

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS Agency regulations and appropriately equipped for the level of service provided.

CURRENT STATUS:

Reference the S-SV EMS Prehospital Care Policy and Procedure Manual as follows:

No. 701 ALS Provider Inventory

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue current practice.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD:

4.07

The local EMS Agency shall integrate qualified EMS first responder agencies including public safety agencies and industrial first aid team into the system.

CURRENT STATUS:

The S-SV EMS Agency has incorporated first responders into the system to the degree possible and desirable. Throughout the EMS Plan process, first responders have been invited to participate and have been considered into the plan.

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to integrate first responders into the EMS system.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft

STANDARD:

4.08

The local EMS Agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination for EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

Refer to S-SV Prehospital Care Policy and Procedure Manual section No. 450 - EMS Prehospital Aircraft Operations Protocol. Most of the above areas have been addressed in this protocol. A Regional Helicopter Task Force has been developed to further refine protocols and address helicopter needs in further detail.

COORDINATION WITH OTHER EMS AGENCIES:

Helicopters cover many counties and EMS agencies. The aircraft comply with Trauma Destination Policy.

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to refine helicopter policies through the input of the Regional EMS Aircraft Committee.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.09 Air Dispatch Center

STANDARD:

4.09

The local EMS Agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

CURRENT STATUS:

CDF/USFS Grass Valley ECC dispatches CALSTAR and coordinates helicopter air traffic within the S-SV EMS region.

NEEDS:

Meets minimum standard.

OBJECTIVE:

To continue to improve helicopter dispatch needs and coordination of helicopter use within the region.

TIMEFRAME:

___ Short range

___ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.10 Aircraft Availability

STANDARD:

4.10

The local EMS Agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS region.

CURRENT STATUS:

The designation process for medical and rescue aircraft for emergency patient transport is specified in Reference No. 450 EMS Prehospital Aircraft Operations Protocol. Currently there are five private and 1 law enforcement agencies utilizing the aircraft in the region.

COORDINATION WITH OTHER EMS AGENCIES:

No coordination needed at this time.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

To continue to include aeromedical services operating within the EMS region.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level 4.11 Specialty Vehicles

STANDARD:

4.11

Where applicable, the local EMS Agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles. The local EMS Agency should plan for response by and use of all terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS:

Public safety agencies in the region do utilize special snow vehicles and water rescue vehicles. These vehicles are used within the procedures of the public safety agency.

COORDINATION WITH OTHER EMS AGENCIES:

Resources from surrounding counties may be utilized under mutual aid agreements within the public safety agencies.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

To continue to include the use of specialized vehicles in EMS planning.

TIMEFRAME:

_____ Short range
_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level 4.12 Disaster Response

STANDARD:

4.12

The local EMS Agency in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

CURRENT STATUS:

Provider agencies are prepared for mobilizing response and transport vehicles in a disaster and have mutual aid plans in place. The five member counties of the S-SV EMS Region have retained disaster planning and coordination. Even though S-SV EMS does not perform this service for the member counties, the agency does encourage disaster planning and assist as needed.

NEEDS:

Meets minimum standard.

OBJECTIVE:

To continue to encourage the member counties in disaster planning.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level 4.13 Intercounty Response

STANDARD:

4.13

The local EMS Agency shall develop agreements to permitting intercounty response of emergency medical transport vehicles and EMS personnel. The local EMS Agency should encourage and coordinate development of mutual aid agreement which identify financial responsibility for mutual aid responses.

CURRENT STATUS:

Mutual aid agreements to have been developed with counties surrounding S-SV EMS region.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements are automatically reviewed.

NEEDS:

Meets minimum standard.

OBJECTIVE:

No further action needed.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

4.14

The local EMS Agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

CURRENT STATUS:

The EMCCs should encourage joint SEMS, MCI and ICS training between fire agencies, law enforcement, ambulance services, helicopter services and hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to encourage joint training.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level 4.15 MCI Plans

STANDARD:

4.15

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

CURRENT STATUS:

All S-SV regional EMS provider agencies utilize the Region IV MCI plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: 4.16 Advanced Life Support

STANDARD:

4.16

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

All S-SV regional EMS provider agencies staff ALS units with a minimum of one EMT-P and one EMT-I.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: 4.17 ALS Equipment

STANDARD:

4.17

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

CURRENT STATUS:

S-SV Policy No. 701 is an inventory for all S-SV approved ALS EMS response vehicles. Inspections occur on an annual basis to ensure compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

To conduct unannounced inspections periodically.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Ambulance Regulation

4.18 Compliance

STANDARD:

4.18

The local EMS agency shall have a mechanism (e.g., ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures and clinical care.

CURRENT STATUS:

Each of the seven counties in the S-SV region has an ambulance ordinance. Placer, Yolo, Yuba, Nevada and Colusa Counties has delegated administration of their ambulance ordinance to the S-SV EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

S-SV recommends that Nevada, Sutter and Yuba County revise their ordinances to incorporate changes in EMS law.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

4.19

Any local EMS agency which desire to implement exclusive operating areas, pursuant to Section 1797.224, H & SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

S-SV EMS Agency has established exclusive operating areas within the five county region and has contracted with each provider that has been granted exclusivity through grandfathering. The remaining five counties are work in progress with their contracts.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits 4.20 Grandfathering

STANDARD:

4.20

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transporting plan that its existing provider meets all of the requirements for non-competitive selection (Agrandfathering@) under Section 1797.244, H&SC.

CURRENT STATUS:

S-SV EMS Agency has established exclusive operating areas within the five county region and has contracted with each provider that has been granted exclusivity through grandfathering. The five new counties are being monitored and evaluated to develop response times and contracts with the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.21 Compliance

STANDARD:

4.21

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.244, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

CURRENT STATUS:

S-SV EMS Agency has established exclusive operating areas within the six county region and has contracted with each provider that has been granted exclusivity through grandfathering. See S-SV EMS Policy # 415 A-D for response time compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

STANDARD:

4.22

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

CURRENT STATUS:

S-SV EMS Agency has just completed the contract process with ALS providers. The contracts will be monitored by a contracts compliance officer.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Assessment of Capabilities

STANDARD:

5.01

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities within the region.

CURRENT STATUS:

S-SV assessed the capabilities of the acute care facilities within the region during the planning and development of the S-SV Trauma System Plan. Assessment of resources is occurring on a continued basis as the Trauma System Plan is implemented.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Triage & Transfer Protocols*

STANDARD:

5.02

The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

CURRENT STATUS:

S-SV has an established prehospital triage protocol. Guidelines are also established for hospital emergency departments to assist in identifying trauma patients which may require a higher level of trauma care.

A generic patient transfer agreement was developed and distributed to the regional hospitals in 1992. A pediatric transfer agreement was developed in 1991. All regional hospitals have executed a pediatric transfer agreement with Sutter Memorial Hospital and UCDCMC. Upon implementation of a contract with UCDCMC to provide trauma services in Yolo County, effective September 1993, transfer agreement between the two Yolo County hospitals and UCDCMC were in place. Sutter Roseville Medical Center is a Level II trauma center and Rideout Memorial Hospital is a Level III trauma center and Colusa Regional Medical Center is a Level IV Trauma Center.

As per the S-SV Trauma System Plan, all designated trauma centers are required to establish and maintain transfer agreements with another trauma center of higher designation. The higher level designated facilities will be required to work with and establish transfer guidelines with regional facilities that provide lower level of trauma care.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Transfer Guidelines*

STANDARD:

5.03

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

CURRENT STATUS:

S-SV has implemented a policy which establishes guidelines to identify trauma patients who should be considered for transfer to facilities of higher capability. Pediatric critical care and pediatric trauma agreements were developed as part of a Special Projects grant in 1991. All regional hospitals signed agreements with Sutter Memorial Hospital and UCDCMC for specialized pediatric services. Sutter Memorial Hospital and UCDCMC are designated Pediatric Critical Care Centers. UCDCMC is also a designated Pediatric Trauma Center.

As the approved S-SV Trauma System Plan is implemented, S-SV will continue to work with the acute care hospitals in establishing transfer agreements with all designated facilities.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Specialty Care Facilities*

STANDARD:

5.04

The local EMS agency shall designate and monitor receiving hospital and, when appropriate, specialty care facilities for specified groups of emergency patients.

CURRENT STATUS:

All hospitals in the region are base hospitals. Sutter Roseville Medical Center is designated as a Level II Trauma Center in December 1994 and Rideout Memorial Hospital is a designated Level III trauma center as of January 2003. Colusa Regional Medical Center was designated December 2001 as a Level IV Trauma Center. As the Trauma System Plan is implemented, facilities meeting the requirements will be designated.

Through on-site visits, TQI activities and evaluation of the trauma registry data, S-SV will monitor the designated trauma centers on a continuous basis.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Mass Casualty Management

STANDARD:

5.05

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS:

Responsibilities for disaster planning and preparedness have not been delegated to the S-SV EMS Agency in the Joint Powers Agreement. Each member county has retained the authority and responsibility for disaster related activities. S-SV staff attends all member county EMCC and other EMS related meetings and provides assistance and support to all member counties in the area of disaster planning/preparedness.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Hospital Evacuation*

STANDARD:

5.06

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

CURRENT STATUS:

Each regional hospital participates in disaster planning and preparedness activities. Disaster planning/preparedness has not been delegated to S-SV by the seven member counties. S-SV provides assistance and support to all member counties, as needed.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level : Advanced Life Support
Base Hospital Designation*

STANDARD:

5.07

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

CURRENT STATUS:

All hospitals in the S-SV EMS region are designated base hospitals or modified base hospitals with the exception of Biggs Gridley Memorial Hospital.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level : Trauma Care System Public Input

STANDARD:

5.09

In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

During the development of the S-SV Trauma System Plan, input was received from prehospital and hospital providers and consumers. The "draft" plan was also widely distributed for review and comment. In addition, a public hearing was held before the plan was approved by the S-SV JPA Governing Board.

The EMSA approved Trauma System Plan is based on an all inclusive system rather than the traditional exclusive system. Therefore, S-SV has been and will continue to assist all facilities in meeting the designation requirements.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

STANDARD:

5.10

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center,

- d) including consideration of patients who should be triaged to other specialty care centers, identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

There are two facilities in the S-SV region designated as Pediatric Critical Care Centers (PCCCs). UCDCMC is a designated PCCC and Pediatric Trauma Center. ALS transport all pediatric patients who are not critically ill to the most accessible facility. As part of the LEMAs ongoing monitoring and evaluation of the system, periodic surveys are conducted.

NEEDS:

Standard met.

OBJECTIVES:

As part of an ongoing evaluation of the pediatric system, S-SV is in the process of writing system standards and guidelines.

TIMEFRAME FOR OBJECTIVE:

- ___ Short Range Plan
- ___ Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

5.11

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency.

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

Development and implementation began in 1988 - 1991. These guidelines exceed state recommendations.

S-SV has a data management system in place which collects prehospital, trauma and base hospital data.

NEEDS:

Standard met.

OBJECTIVES:

S-SV has updated the guidelines through the EMSC project.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.12 Public Input

STANDARD:

5.12

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

S-SV receives input through medical control and task force meetings. Pediatric consultants are providing input in the updating process.

NEEDS:

Standard met.

OBJECTIVES:

S-SV will continue to receive input during the updating process.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care Systems

5.13 Speciality System Design

STANDARD:

5.13

Local EMS agencies developing specialty care plans for EMS targeted clinical conditions shall determine the optimal system for the specific condition involved including:

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center,
- d) the role of non-designated hospitals including those which are outside of the primary triage area, and
- e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

S-SV has established protocols for determining patient destination to designated special care facilities. Patients meeting trauma criteria are transported to the appropriate designated trauma center. Pediatric trauma patients meeting specific criteria should be transported directly to the Level I trauma center.

NEEDS:

To designate Level III trauma centers.

OBJECTIVES:

S-SV shall make efforts to designate Level IIIs.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care Systems

5.14 Public Input

STANDARD:

5.14

In planning other speciality care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

S-SV ensures ongoing input in planning for specialty care centers from prehospital, hospitals and the public in various meetings. Policies and procedures are reviewed in various meetings.

NEEDS:

Standards are met.

OBJECTIVES:

No further objective needed.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level QA/QI Programs

STANDARD:

6.01

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

CURRENT STATUS:

S-SV EMS Agency currently exceeds all standards. The Agency maintains a comprehensive data collection system and has the ability to immediately review any policy, procedure or individual incident. The capabilities are utilized in conjunction with a QA/QI program that links the Agency with area providers, hospitals, MDs, and EMTs.

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

NEEDS:

QA/QI are ongoing, dynamic processes. The Agency must constantly review and evaluate all aspects of the emergency care delivery system and identify any needed refinements.

OBJECTIVES:

It is the objective of the S-SV EMS Agency to construct a system with the highest levels of efficiency, cost effectiveness and quality patient care in mind.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Prehospital Records

STANDARD:

6.02

Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

CURRENT STATUS:

S-SV policy requires that a prehospital record shall be completed for each dispatched patient response; including those responses in which the responding unit(s) is cancelled enroute. This standard is fully complied with, and is constantly monitored for any signs of non-compliance.

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

NEEDS:

The Agency continues to monitor the system for 100% compliance with this standard.

OBJECTIVES:

The S-SV Region intends to have 100% compliance in this area.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Prehospital Care Audits

STANDARD:

6.03

Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

CURRENT STATUS:

All applicable standards are met. The Sierra-Sacramento Valley EMS Agency provides for regular audits of all aspects of prehospital care as well as maintaining a comprehensive database that links all pertinent records.

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

OBJECTIVES:

It is our objective, to have immediate access to all necessary information needed for the purpose of fully evaluating the Region's EMS system. This information will include: prehospital data; trauma registries. S-SV EMS Agency has purchased software from EMS Data Systems to upgrade our existing software to the Windows version of EMScan and is NEMSIS and CEMSIS compliant.

TIMEFRAME FOR OBJECTIVE:

 x Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Medical Dispatch

STANDARD:

6.04

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

CURRENT STATUS:

The S-SV EMS Agency has not been charged with any regulatory authority over dispatch or PSAP's in the Region.

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

NEEDS:

The Agency needs to remain an available resource to any PSAP that is inclined to give pre-arrival medical instructions.

OBJECTIVES:

It is not the objective of the S-SV EMS Agency to regulate any aspect of PSAP operations. The Agency will only provide technical support as needed.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Data Management System*

STANDARD:

6.05

The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

S-SV EMS Agency has recently purchased the upgraded software which is NEMSIS compliant.

COORDINATION WITH OTHER AGENCIES:

Data collection has been coordinated with all area hospitals and EMS provider agencies.

OBJECTIVES:

It is the objective of the S-SV EMS Agency to remain the technological leader in this area.

TIMEFRAME FOR OBJECTIVE:

 x Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level System Design Evaluation

STANDARD:

6.06

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

CURRENT STATUS:

The S-SV EMS Agency currently exceeds the applicable standard. With our state of the art data collection and computer modeling capabilities, policies and system refinement are now made based on factual information instead of anecdotal ideas.

COORDINATION WITH OTHER AGENCIES:

Our Agency will be able to meet the export standard NEMESIS XML

OBJECTIVES:

It is the objective of the S-SV EMS Agency to remain the State's leader in the area of data collection and analytical services.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Reporting

STANDARD:

6.08

The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

CURRENT STATUS:

The Agency far exceeds this standard. All interested parties have the ability to ask for system status reports. These reports can include the entire system, a particular aspect of the system (e.g. chest pain) or random samples.

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

OBJECTIVES:

The S-SV EMS Agency will continue to provide timely, accurate, and meaningful analysis of the system to all interested groups.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level : Advanced Life Support
ALS Audit

STANDARD:

6.09

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

Currently our EMS-Data system achieves the recommended standards. Treatments can be audited, base hospital and standing orders can be distinguished. S-SV EMS is currently selecting an ePCR for the entire region.

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

TIMEFRAME FOR OBJECTIVE:

 Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System Trauma System Evaluation

STANDARD:

6.10

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

Currently the S-SV Region complies with this standard. A trauma registry has been established, a trauma audit committee has been developed, and system changes (e.g. trauma catchment areas) have been determined.

COORDINATION WITH OTHER AGENCIES:

N/A

NEEDS:

The full implementation of the trauma plan clearly establishes a systems approach to trauma care, and mandates continued compliance with these enhanced trauma standards.

OBJECTIVES:

It is the objective of the S-SV EMS Agency to continue to identify regional needs and assess various implementation strategies.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level : Trauma Care System
Trauma Center Data

STANDARD:

6.11

The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

The S-SV Region has completely met this recommended standard. All trauma centers are required to participate in the registry and any non-trauma hospital that directs any trauma patients to themselves also must be a participant in the registry.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

OBJECTIVES:

It is the objective of the S-SV EMS Agency to get accurate system data in a timely manner. This data can then be forwarded to applicable committees for presentations and recommendations.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

7.01

The local EMS agency shall promote the development and dissemination of information materials for the public which address:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS:

The counties in the S-SV region have retained the responsibility for public information and education. Fire and Law Enforcement agencies, Public Health, OES, hospitals and ambulance services have public education programs. CHP has a public education program that includes bike safety, helmets, etc.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

Continue to work toward implementation of a coordinated county wide public education program involving all EMS system participants.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level 7.02 Injury Control

STANDARD:

7.02

The local EMS agency , in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

The county EMCC's should establish a public education subcommittee to focus on injury prevention. CHP is actively involved in injury prevention.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

S-SV will continue to encourage fire and law enforcement to include injury prevention.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD:

7.03

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen preparedness activities.

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

Disaster preparedness is involved in existing public information and education programs. Each county's Office of Emergency Services is responsible for disaster preparedness.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

7.04

The local EMS agency shall promote the availability of first aid and CPR training for the general public,

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

The counties in the S-SV region have retained responsibility for first aid and CPR training. Hospitals, the American Red Cross and most fire agencies offer community first aid and CPR training programs.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

S-SV EMS Agency should implement a coordinated county wide program involving all EMS system participants.

OBJECTIVES:

To coordinate efforts at the county level.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning*

STANDARD:

8.01

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

CURRENT STATUS:

S-SV works closely with Placer County OES which is the agency responsible for organizing, coordinating and directing medical and health services in the event of a disaster. YCCESA is responsible for Yolo County Disaster Planning. Nevada County has retained the responsibility for disaster medical response. Sutter and Yuba County OES are responsible for disaster preparedness.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

There is a need for coordination of disaster efforts between Nevada County and OES.

OBJECTIVES:

S-SV shall aid Nevada County in coordinating disaster efforts between Nevada County and OES.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level 8.02 Response Plans

STANDARD:

8.02

Medical response plans and procedures for catastrophic disaster shall be applicable to incidents caused by a variety of hazards, including toxic substances.

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

S-SV is in compliance. SEMS training for all personnel who may participate in a disaster response were required by December, 1996, per state law.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level 8.03 Hazmat Training

STANDARD:

8.03

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

CURRENT STATUS:

There is a Placer County Haz Mat Response Team system in place. The system includes multiple fire agencies. County Haz Mat units are located in the Auburn and North Tahoe areas. OES coordinates the system and oversees its response. Roseville Fire staffs its own Haz Mat Unit. A hazardous materials response team system is being developed that includes the UCD Fire Department and other fire agencies. County Public Health and Environmental Health have a role in the response to Haz Mat incidents. AMR responds to these incidents and must be prepared to fully integrate into the emergency operations.

Sutter County Fire has a Haz Mat Team and responds throughout Sutter County regardless of jurisdiction. In Sutter and Yuba Counties there is interest in further developing Haz Mat Response Team capabilities. Marysville has a Haz Mat Response Team that will respond in Yuba County. Yuba City has a limited number of Haz Mat trained specialists. Yuba City and Sutter County Fire are interested in a joint effort. Beale AFB has Haz Mat response team capabilities.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

OBJECTIVES:

Nevada County should aggressively address a Hazardous Materials Area Plan that identifies a level of service and ensures a timely response by trained Haz Mat responders. Assign a lead agency. Continue to develop a county-wide Haz Mat Response Team system. The system should include an EMS component for both team members and impacted civilians. Medical monitoring of team members before entry into a hazardous zone and after exit should be included. EMS personnel should be integrated into the response system.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

STANDARD:

8.04

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

The S-SV EMS Agency has adopted the OES Region 4 MCI Plan, the Incident Command System (ICS) and the Standardize Emergency Management System (SEMS) and has included these as regional policy. Fire and Law Enforcement agencies use the ICS. AMR, Bi-County Ambulances, SNMH Ambulance and the Foresthill Safety Club integrates their activities into the local jurisdiction=s ICS.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Continued ICS training and real incident utilization must occur in order to have well coordinated emergency incident management, and to provide for civilian and emergency worker safety.

OBJECTIVES:

Conduct annual county drills of the ICS operations ensuring interagency participation. Advise all fire agencies and other responders to implement the ICS and coordinate with each other and ambulance services on emergency incidents.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties*

STANDARD:

8.05

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area. The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS:

Sutter Roseville Medical Center (SRMC), Sutter Auburn Faith Hospital (SAFH) and Tahoe Forest Hospital (TFH) Sierra Nevada Memorial Hospital (SNMH), Woodland Memorial Hospital (WMH), and Rideout Memorial Hospital (RMH) function as local DCFs. DCFs provide patient treatment direction and coordination assistance during disasters/MCIs.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

8.06

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

This has been accomplished through each operating area and Region 4 MCI plan.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications*

STANDARD:

8.07

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

CURRENT STATUS:

The med-net radios have been upgraded with funding through the HRSA grants.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources

STANDARD:

8.08

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

A coordinated network of disaster medical supply inventories and/or caches have been established with HRSA funding for each county.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

There is a need to develop and implement a disaster medical supply cache and inventory system.

OBJECTIVES:

To work with the counties and OES towards development and implementation of medical caches.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level 8.09 DMAT Teams

STANDARD:

8.09

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

S-SV EMS Agency supports the development and maintenance of DMAT teams in the six county region.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

There is some interest in exploring a regional DMAT as part of the federal response by the National Disaster Medical System to a major disaster.

OBJECTIVES:

To develop a regional DMAT program. The DMAT would be part of the National Disaster Medical System (NDMS) federal response to a major disaster.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements*

STANDARD:

8.10

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during period of extraordinary system demand.

CURRENT STATUS:

S-SV EMS Agency participates in the Region 4 MCI Plan.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level 8.11 CCP Designation*

STANDARD:

8.11

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

S-SV EMS Agency has established caches through HRSA funding for the region.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

N/A

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

S-SV EMS Agency has established caches through HRSA funding.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

STANDARD:

8.13

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

The local EMS agency should ensure that EMS responders, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

The S-SV agency has included the OES Region 4 MCI Plan as part of its regional policy. When casualties are exposed to hazardous substances providers are required to follow the procedures are required to follow the procedures in S-SV Policy No. 891, Reference No. E-7.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level
8.14 Hospital Plans

STANDARD:

8.14

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

County drills do occur. Multi-agency drills occur annually at all levels of a disaster response. The drills include all service providers drilling together.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

OBJECTIVES:

To facilitate annual county disaster drills.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.15 Interhospital Communications

STANDARD:

8.15

The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

CURRENT STATUS:

Hospitals within the S-SV region are currently linked by EMS systems.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

OBJECTIVES:

N/A

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

8.16

The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospital in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staff in their use.

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital in its service area.

CURRENT STATUS:

All prehospital providers and hospitals have developed guidelines for the management of significant medical incidents.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

OBJECTIVES:

To follow the Region 4 MCI plan.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Enhanced Level: Advanced Life Support

8.17 ALS Policies

STANDARD:

8.17

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

CURRENT STATUS:

S-SV permits EMT-Ps not licensed in California to temporarily perform his/her scope of practice in California on a mutual aid response or disaster. There is a mutual aid agreement with surrounding counties and/or regions.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles

STANDARD:

8.18

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

CURRENT STATUS:

S-SV currently has a Level I, a Level II & Level III and a Pediatric Critical Care Center in the region. Policies are in place which determine their role during a major medical emergency or disaster, unless they are directly impacted by the disaster.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Enhanced Level: Specialty Care Systems

8.19 Exclusive Operating Areas/Ambulance Regulation

STANDARD:

8.19

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

CURRENT STATUS:

S-SV has exclusive operating area contracts with AMR Placer County, AMR Yolo County, South Placer Fire, Foresthill Fire, Sierra Nevada Ambulance, Penn Valley Fire, Donner Summit Fire, North Tahoe Fire and Bi-County Ambulance.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

N/A

OBJECTIVES:

N/A

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Sierra-Sacramento Valley EMS Agency
 Reporting Year: 2010/11

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

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

County: Placer, Yolo, Nevada, Yuba, Sutter, Colusa, Butte, Shasta, Siskiyou & Tehama

- | | |
|---|-------------|
| A. Basic Life Support (BLS) | _____% |
| B. Limited Advanced Life Support (LALS) | _____% |
| C. Advanced Life Support (ALS) | <u>100%</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)	___X___
Designation of trauma centers/trauma care system planning	___X___
Designation/approval of pediatric facilities	___X___
Designation of other critical care centers	___X___
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	___X___
Enforcement of ambulance service contracts	___X___
Operation of ambulance service	_____

SEE Attached budget

Table 2 - System Organization & Management (cont.)

Continuing education	_____x_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 10/11
EXPENSES

Salaries and benefits	\$ _____
(All but contract personnel)	
Contract Services	
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	_____
Travel	
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____ →
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TOTAL EXPENSES \$ _____

Table 1 – System Organization & Management (cont.)

5. Expenses

Salaries and benefits (All but contract personnel)	\$ 1178505
Contract Services (e.g., medical director)	1066149
Operations (e.g., copying, postage, facilities)	629861
Travel	20000
Fixed Assets	0
Indirect Expenses (overhead)	0
Ambulance Subsidy	0
EMS Fund Payments to Physicians/Hospital	0
Dispatch Center Operations (non-staff)	0
Training Program Operations	0
Other:	0
Other:	0
Other:	0
Total Expenses	\$ 2874515

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA}	
Preventive Health and Health Services (PHHS) Block Grant	\$ 0
Office of Traffic Safety (OTS)	202738
State general fund	510332
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	670612
Certification fees	30000
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	248000
Pediatric facility approval fees	0
Pediatric facility designation fees	
Other critical care center application fees	
Type: STEMI	20000
Other critical care center designation fees	
Type: _____	
Ambulance service/vehicle fees	4000
Contributions	
EMS Fund (SB 12/612)	0
Other grants: _____	0
Other fees: __AMB ordinance__	55000
Other (specify): cert _____	
TOTAL REVENUE	\$ 1310
	\$1,820,682

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY __10/11__

____ We do not charge any fees

____ Our fee structure is:

First responder certification	\$	0
EMS dispatcher certification		0
EMT-I certification		103.00
EMT-I recertification		65.00
EMT-defibrillation certification		0
EMT-defibrillation recertification		0
EMT-II certification		0
EMT-II recertification		0
EMT-P accreditation		60.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		60.00
MICN/ARN recertification		35.00
EMT-I training program approval		\$500.00
EMT-II training program approval		0
EMT-P training program approval		\$5000.00
MICN/ARN training program approval		0
Base hospital application		0
Base hospital designation		0
Trauma center application	Level I & II	\$20,000 Initial
Trauma center designation	Level III	\$10,000 Initial
Pediatric facility approval		0
Pediatric facility designation		0
Other critical care center application		
Type: STEMI & Stroke Center Initial		\$20,000
STEMI & Stroke annual monitoring		\$10,000
ALS/BLS Provider Application Initial		\$500
ALS/BLS Provider Application Renewal		\$200
Ambulance vehicle permits		
Other: Aeromedical initial application		\$5000
Aeromedical annual monitoring		\$3000
Other: _____		
Other: _____		

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

Sierra Sacramento Valley EMS Agency				
FINAL BUDGET F/Y 2010/2011				
Combined Estimated Revenues				
Account No.	State Revenue		2009/10	2010/11
7396	General Fund Grant		329,330	510332
	Data Grant		120,900	100000
	RDMHS		86,604	86604
	CEMSIS EMS/Trauma		31,978	0
	HPP YR 8/9		477,395	246413
	HPP YR 6		40,250	0
	HPP YR 7		108,885	0
	Trauma Data Project		71,625	10000
	Total State and Grant Revenues		1,266,967	953349
Account No.	Local Revenue			
7284	Member County Shares		451,971	670612
8193	Certification Fees		20,000	30,000
8306	Ambulance Ordinance		45,000	45,000
8307	UCD Trauma Center - Yolo Co.		17,144	17,658
8307	SRMC Trauma Center		90,219	95,632
	Enloe Trauma Center		45,000	45,000
	Mercy Medical Center - Redding		0	45,000
6950	Interest		35,392	38,000
8255	Air Dispatch Fee		38,000	30,000
	ALS application fees		4,000	4,000
8764	Miscellaneous		4,200	4,200
	Contract Fees	KH salary plus benefits	90,447	90,447
	STEMI Center Fees		20,000	20000
	Total Local Revenue		861,373	1135549
	Total Combined Revenue		2,128,340	2,088,898
Total Projected Funding				
	State Revenue		1,266,967	953,349
	Local Revenue		861,373	1,135,549
	Net Asset (Fund Balance) designation			
	Total Revenues		2,128,340	2,088,898
	Total Expenditures		2,128,339	2,088,898
			1	0

Table 2 - System Organization & Management (cont.)

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting year 2010/11

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Regional Executive Director	100%	\$96,845	38%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Regional Executive Director	100%	\$79,872	38%	
Asst. Admin./Admin. Asst./Admin. Mgr	Associate Regional Executive Director	100%	\$79,872	38%	
Trauma Coordinator					
Medical Director	Medical Director	.5 FTE	\$100.00 per hr		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Emergency Preparedness/Disaster Coordinator	100%	\$67,757	38%	

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	Data Analyst	100%	\$67,909	38%	
QA/QI Coordinator	Quality Assurance/Education Coordinator	100%	\$72,940	38%	
Executive Secretary	Administrative Secretary	100%	\$41,752	38%	
Other Clerical	Records Analyst	100%	39,286	38%	Vacant
Other	Contracts Compliance Monitor	100%	\$58,054	38%	
Other	Information Technology Analyst	100%	73,528	38%	

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: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2010/11 – See State General Fund

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	1217		494	255	
Number newly certified this year					
Number recertified this year					
Total number of accredited personnel on July 1 of the reporting year			494	255	
Number of certification reviews resulting in:					
a) formal investigations	0				
b) probation	0				
c) suspensions	0				
d) revocations	0				
e) denials	0				
f) denials of renewal	0				
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: _____
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified _____ 1217 _____
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program yes no
In process of developing

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Butte

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
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? Yes No _____
 - a. Radio primary frequency _____
 - b. Other methods Web EOC, EMsystems, med net, warn system, CAHAN
 - 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. Who is your primary dispatch agency for day-to-day emergencies? Butte County SO & Fire
7. Who is your primary dispatch agency for a disaster? Butte County SO & Fire

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Colusa

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency Colusa County SO
 - b. Other methods, EMsystems, med net, warn system,
 - 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. Who is your primary dispatch agency for day-to-day emergencies?
7. Who is your primary dispatch agency for a disaster? Colusa County SO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Nevada

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) _____4_____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____2_____
4. Number of designated dispatch centers for EMS Aircraft _____1_____
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency Nevada County SO
 - b. Other methods EMsystems, med net, warn system, CAHAN_____
 - 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. Who is your primary dispatch agency for day-to-day emergencies? Nevada County SO & GVECC
7. Who is your primary dispatch agency for a disaster? Nevada County SO_

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Placer

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances 2
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency Placer County Fire/Law
 - b. Other methods Web EOC, EMsystems, med net, warn system, CAHAN
 - 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. Who is your primary dispatch agency for day-to-day emergencies? See attached table PCSO, GVECC _____
7. Who is your primary dispatch agency for a disaster? PCSO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Shasta

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency __Colusa County SO
 - b. Other methods, EMsystems, med net, warn system, __
 - 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. Who is your primary dispatch agency for day-to-day emergencies? Shascom 530-245-6500 Redding CA
7. Who is your primary dispatch agency for a disaster? Shascom 530-245-6500 Redding CA

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Siskiyou

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____1_____
4. Number of designated dispatch centers for EMS Aircraft _____
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency _____
 - b. Other methods Web EOC, EMsystems, med net, warn system, CAHAN
 - 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. Who is your primary dispatch agency for day-to-day emergencies? Siskiyou County Sheriff
530-842-8300 Yreka CA
7. Who is your primary dispatch agency for a disaster? ___? Siskiyou County Sheriff

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Sutter

Reporting Year: 2010/11

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 _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft _____
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency Sutter Co Fire & Law _____
 - b. Other methods Med Net & CAHAN _____
 - 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. Who is your primary dispatch agency for day-to-day emergencies? Sutter County SO & City of Yuba
7. Who is your primary dispatch agency for a disaster? Sutter County SO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Tehama

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency __ Colusa County SO
 - b. Other methods, EMS systems, med net, warn system, __
 - 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. Who is your primary dispatch agency for day-to-day emergencies? Tehama County Sheriff 530-529-7900 Red Bluff CA
7. Who is your primary dispatch agency for a disaster?

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Yolo

Reporting Year: 2010/11

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 _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft _____
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency YECA Green Fire (Co.), Law (S.O.)
 - b. Other methods EMsystems, med net, warn system, CAHAN
 - 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. Who is your primary dispatch agency for day-to-day emergencies? YECA, Davis PD, UCD Fire
7. Who is your primary dispatch agency for a disaster? YECA _____

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Yuba

Reporting Year: 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) ___3___
2. Number of secondary PSAPs _____
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 _____ No _____
 - a. Radio primary frequency Yuba County Fire/Law__
 - b. Other methods __CAHAN, EMsystems, Mednet
 - 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 x No _____
 - 1) Within the operational area? Yes x No _____
 - 2) Between the operational area and the region and/or state? Yes x No _____
6. Who is your primary dispatch agency for day-to-day emergencies? Yuba Co SO & GVECC City of Marysville
7. Who is your primary dispatch agency for a disaster? Yuba County SO

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2010/11

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	_____ 9 _____
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	_____ %
3.	Total number responses	89823
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	
	b) Number non-emergency responses (Code 1: normal)	
4.	Total number of transports	62517
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	54472
	b) Number of non-emergency transports (Code 1: normal)	8045

Early Defibrillation Providers – See attached tables

5.	Number of public safety defibrillation providers	_____
	a) Automated	_____
	b) Manual	_____
6.	Number of EMT-Defibrillation providers	<u>35</u>
	a) Automated	<u>35</u>
	b) Manual	

Air Ambulance Services

7.	Total number of responses	
	a) Number of emergency responses	289
	b) Number of non-emergency responses	9
8.	Total number of transports	
	a) Number of emergency (scene) responses	289
	b) Number of non-emergency responses	9

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

See attached policies.

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: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2010/11

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria 2043
- b) Number of major trauma victims transported directly to a trauma center by ambulance 1443
- c) Number of major trauma patients transferred to a trauma center
- d) Number of patients meeting triage criteria who weren't treated at a trauma center 136

Emergency Departments

- Total number of emergency departments _____ 19 _____
- a) Number of referral emergency services _____
- b) Number of standby emergency services _____
- c) Number of basic emergency services _____
- d) Number of comprehensive emergency services _____

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements _____ 10 _____
- 2. Number of base hospitals with written agreements _____ 9 _____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sierra-Sacramento Valley EMS Agency

County: Placer, Nevada, Sutter, Yuba, Yolo, Colusa, Butte, Shasta, Siskiyou & Tehama

Reporting Year: 2010/11

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? NA
 - b. How are they staffed? NA
 - c. Do you have a supply system for supporting them for 72 hours? yes ___ no ___

- 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 teams? yes x no ___
 - 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 jurisdiction EOCs you will need to interact with in a disaster? _____

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes x no
 - _____ b. exercise? yes x no
 - _____

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yolo

Reporting Year: 2010/11

Name, address & telephone: American Medical Response 545 Jefferson Blvd, Suite 1 West Sacramento CA 916-374-8431			Primary Contact: Dennis Carter		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<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 Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <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 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? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>11</u>

Name, address & telephone: Capay Valley Fire PO Box 6 Brooks 95606 (530) 796-3300 16881 CR 59 (volunteer)			Primary Contact: Clay Eubank		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u> </u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2010/11

Comment [Comment1]: Place cursor inside of the brackets that applies to you. Type in an 'X'. Use your cursor to move around the document. If you need to input information for the "EXPLAIN" option, place your cursor on the "UND OFF" in your REVEAL CODES. These same instruction will be applied for tables 8 and 10.

Name, address & telephone: Sutter Co. Fire. 1160 Civic Center Blvd., Yuba City 530-822-7400			Primary Contact: Dan Yager		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Pleasant Grove Fire 3100 Howsley, Pleasant Grove, 916-655-3937			Primary Contact: Thomas Reese		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: Auburn Fire Dept. 1225 Lincoln Way Auburn 95603 (530) 823-4211			Primary Contact: Mark D'Ambrogi		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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: [20] PS <input type="checkbox"/> PS-Defib [15] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [1] 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 checked="" 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>0</u>

Name, address & telephone: CDF - Nevada/Yuba/Placer 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact: Tony Clarebut		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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:permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [2/5] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Reporting Year: 2010/11

Name, address & telephone: Bi-County Ambulance Service PO Box 3130 Yuba City 95992-3130 (530) 674-2780			Primary Contact: Ron Welch		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <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 Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D [51] 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>15</u>

Name, address & telephone: Beale AFB FD 6451 B Street 9th CES/CEF Beale AFB 95903-1708 (530) 634-8672			Primary Contact: Karen Vilander		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <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 Defib [68] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D [x] 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 type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 2010/11

Name, address & telephone: CALSTAR Primary Contact: David Osuna 13750 Lincoln Wy Auburn 95603 (530) 887-8259					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [7] PS [7] PS-Defib [7] BLS [7] EMT-D [7] LALS [7] 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

Name, address & telephone: REACH Primary Contact: Jeff Kennedy 5010 Flight Line Dr. Santa Rose 95403 (707) 4959989					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [5] PS [] PS-Defib [] BLS [] EMT-D [] LALS [23] 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2010/11

Name, address & telephone: Davis Fire Dept. 530 5th Street Davis, CA 95616 (530) 757-5684			Primary Contact: Rose Conroy		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input type="checkbox"/> BLS EMT-D <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input 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 type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u> <input type="checkbox"/> PS-Defib <input type="checkbox"/> [36] EMT-D <input type="checkbox"/> ALS

Name, address & telephone: Dunnigan FPD PO Box 69 Dunnigan 95937 (530) 724-3315 (volunteer)			Primary Contact: David Hunt		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [24] PS Defib [1] BLS D <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u> <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2010/11

Name, address & telephone: Dobbins Oregon House FPD PO Box 164 Oregon House 95962 (530) 692-1175				Primary Contact: Mike Butler	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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: [1] PS <input type="checkbox"/> PS-Defib [10] BLS [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (530) 675-2383				Primary Contact: Rick Cunningham	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [10] PS <input type="checkbox"/> PS-Defib [12] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: Dutch Flat Fire Dept. PO Box 83 Dutch Flat 95714 (530) 389-2287			Primary Contact: C.L. Bridges		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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: [2] PS <input type="checkbox"/> PS-Defib [4] BLS <input type="checkbox"/> EMT-D [2] LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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: 0

Name, address & telephone: Lincoln Fire Dept. 472 E Street Lincoln 95648 (530) 645-4040			Primary Contact: Dave Whitt		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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: [9] PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2010/11

Name, address & telephone: Elkhorn Volunteer Fire 18350 Old River Road West Sacramento 95691 (530) 371-4541			Primary Contact: Richard Young		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib [5] BLS <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input 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 type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Esparto FPD PO Box 366 Esparto 95627 (530) 787-3300			Primary Contact: Barry Burns		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [21] PS Defib [6] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2010/11

Name, address & telephone: Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (530) 675-2343			Primary Contact: Rick Cunningham		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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: [20] PS <input type="checkbox"/> PS-Defib [20] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>0</u>

Name, address & telephone: Linda Fire Dept. 1286 Scales Marysville (530) 743-1553			Primary Contact: Rich Webb		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [10] PS <input type="checkbox"/> PS-Defib [12] BLS [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2010/11

Name, address & telephone: Forty-Niner FPD PO Box 354 Nevada City 95959 (530) 265-4431			Primary Contact: Daniel Kopp		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" 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 Defib [30] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>0</u>

Name, address & telephone: Grass Valley FD 125 E. Main St. Grass Valley 95945 (530) 274-4370			Primary Contact: Jim Marquis		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib [28] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2010/11

Name, address & telephone: Wheatland Fire Dept. PO Box 395 Wheatland 95692 (530) 633-2930			Primary Contact: Art Paquette			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib [10] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- [5] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input 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 Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input 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> </u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: U.S. Forest Service 22830 Auburn Foresthill Road Foresthill 95631 (530) 367-2224			Primary Contact: Paula Nelson		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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: [4] PS Defib [2] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 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: 0

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input 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 Defib <input type="checkbox"/> BLS D <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input 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:

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: South Placer Fire 6900 Eureka Road Granite Bay 95661 (916) 791-7059			Primary Contact: Tony Corrado		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<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 Defib <input type="checkbox"/> BLS [36] EMT-D <input type="checkbox"/> LALS [12] 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: Foresthill Fire PO Box 557 Foresthill 95631 (530) 367-2509			Primary Contact: Kurt Snyder		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<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 Defib <input checked="" type="checkbox"/> BLS [9] D <input type="checkbox"/> LALS [6] 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 checked="" 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>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: Rocklin Fire Dept PO Box 1380 Rocklin 95677 (916) 632-4150			Primary Contact: Bill Mikesell		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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 Defib [30] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 checked="" 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: 0

Name, address & telephone: Squaw Valley Fire Dept. PO Box 2522 Olympic Valley 96146 (530) 583-6111			Primary Contact: Peter Bansen		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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: [4] PS Defib [2] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: Placer Consolidated FPD 11645 Atwood Road Auburn 95603 (530) 889-7991			Primary Contact: Randy Smith		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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 Defib <input type="checkbox"/> BLS [30] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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: 0

Name, address & telephone: Placer Hills Fire PO Box 308 Meadow Vista 95722 (530) 878-0405			Primary Contact: Ian Gow		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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: [10] PS <input type="checkbox"/> PS- Defib [48] BLS [13] EMT-D <input type="checkbox"/> LALS [5] ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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:

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: Penryn FPD PO Box 219 Penryn 95663 (916) 663-3389			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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: [12] PS <input type="checkbox"/> PS-Defib [10] BLS [12] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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: 0

Name, address & telephone: Placer County Fire 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [39] PS <input type="checkbox"/> PS-Defib [40] BLS [12] EMT-D <input type="checkbox"/> LALS [1] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

Name, address & telephone: North Tahoe FPD PO Box 5879 Tahoe City 96145 (530) 583-6913			Primary Contact: Duane Whitelaw		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib [48] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D [22] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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: 0

Name, address & telephone: Northstar Fire Dept. PO Box 210 Truckee 96160 (530) 562-1212			Primary Contact: Mark Shadowens		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib [15] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2010/11

Name, address & telephone: Loma Rica/Browns Valley CDF PO Box 8153 Marysville (530) 749-2316			Primary Contact: Gary Kavanagh		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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: [2] PS <input type="checkbox"/> PS-Defib [5] BLS <input type="checkbox"/> [3] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>0</u>

Name, address & telephone: Marysville Fire Dept. 107 Ninth St. Marysville (530) 741-6622			Primary Contact: Curt Williges		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2010/11

Name, address & telephone: Knights Landing FD 6th & Grove St. Knights Landing 95645 (530) 735-6590 (volunteer)			Primary Contact: Jeff Gilbert		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input type="checkbox"/> BLS [11] EMT-D <input type="checkbox"/> LALS <input 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 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 type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Madison FPD PO Box 12 Madison 95653 (530) 662-5745			Primary Contact: Vernon Green		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib [7] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2010/11

Name, address & telephone: Higgins FPD 10106 Combie Road Auburn 95602 (530) 269-2488			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" 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: [7] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>0</u>

Name, address & telephone: Nevada City FD 317 Broad St. Nevada City 95959 (530) 265-2351			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [1] PS <input type="checkbox"/> PS-Defib [22] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2010/11

Name, address & telephone: Winters FD 10 Abbey St. Winters 95694 (530) 795-4131			Primary Contact: Scott Dozier		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib [18] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances:

Name, address & telephone: Woodland FD 532 Court St. Woodland 95695 (530) 661-5844			Primary Contact: Mike Cahill		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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: [20] PS <input type="checkbox"/> PS- Defib [46] BLS <input type="checkbox"/> EMT- D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: 0

TABLE 8. RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2010/11

Name, address & telephone: Sacramento River FPD 235 Market St Colusa CA 95932 530-458-0239			Primary Contact: Jeff Winters		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Williams FPD PO Box 755 Williams CA 95987 530-473-2269			Primary Contact: Jeff Gilbert		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS D <input type="checkbox"/> LALS
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 checked="" 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2010/11

Name, address & telephone: Princeton FPD PO Box 176 Princeton CA 95970 530-439-2235			Primary Contact: Andy Ferrendelli		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Colusa FPD 750 Market St Colusa CA 95932 530-458-7721			Primary Contact: Randy Dunn		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS D <input type="checkbox"/> LALS
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 checked="" 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2010/11

Name, address & telephone: Cal Fire Colusa 1199 Big Tree Road, Saint Helena CA 94574 707-994-2441			Primary Contact: Ernie Loveless		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Maxwell FPD 260 Oak St Maxwell CA 95955 530-438-2320			Primary Contact: David Wells		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 checked="" 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2010/11

Name, address & telephone: Arbuckle-College City FPD PO Box 727 Arbuckle CA 95912 530-476-2231			Primary Contact: Casey Cox		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Bear Valley Indian Valley FPD PO Box 127 Stonyford CA 95979 530-963-3231			Primary Contact: Barney Cook		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2010/11

Name, address & telephone: Paradise Fire Department 767 Burch St Paradise CA 95969			Primary Contact: Mark Haunschild			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2010/11

Name, address & telephone: Gridley Fire Department PO Box 1119 176 Nelson Ave Oroville CA 95917 530-538-7111			Primary Contact: Henri Brachais		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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: 0

Name, address & telephone: Oroville City Fire 2055 Lincoln St Oroville CA 95966			Primary Contact: David Pittman		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 checked="" 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2010/11

Name, address & telephone: Gridley Fire Department PO Box 1119 176 Nelson Ave Oroville CA 95917 530-538-7111			Primary Contact: Henri Brachais		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Oroville City Fire 2055 Lincoln St Oroville CA 95966			Primary Contact: David Pittman			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 checked="" 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>0</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2010/11

Name, address & telephone: Yuba City Fire Dept. 824 Clark Avenue Yuba City 95991 (530) 741-4691			Primary Contact: Mark Boomgaarden		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input type="checkbox"/> BLS [28] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input 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 Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2010/11

Name, address & telephone: Yuba City Fire Dept. 824 Clark Avenue Yuba City 95991 (530) 741-4691			Primary Contact: Mark Boomgaarden		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" 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 Defib <input type="checkbox"/> BLS EMT-D <input type="checkbox"/> LALS	<input type="checkbox"/> PS- [28] <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input 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 Defib <input type="checkbox"/> BLS D <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT- D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input 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>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: Anderson FPF Primary Contact: Chief Joe Piccinini 1925 Howard St Anderson CA 96007 530-378-6699					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Bella Vista VFC Primary Contact: Chief Rick Sherman PO Box 220 Bella Vista CA 96008 530-294-5720					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: Burney FPD Primary Contact: Chief Larry Russell 37072 Hwy 299 E 530-335-2212					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: CAL Fire Northern Region Primary Contact: William Hoehman 6105 Airport Rd Redding CA 96002 530-224-2460					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: CAL Fire Shasta Primary Contact: Chief Mike Chuchel 875 Cypress Ave Redding CA 96001 530-225-2418					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Cassel VFC Primary Contact: Chief Don Chaix PO Box 77 Cassel CA 96016 530-335-3074					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: Cottonwood Fire Primary Contact: Chief James Flaherty PO Box 618 Cottonwood CA 96022 530-347-4737					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Falls River Mills FPD Primary Contact: Chief Chuck Bethel PO Box 582 Fall River Mills CA 96028 530-336-6117					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: French Gulch VFC Primary Contact: Chief Richard Laughlin PO Box 220 French Gulch Ca 96033 530-359-2003					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Happy Valley Fire Primary Contact: Chief Joe Vazquez 17441 Palm Ave Anderson CA 96007 530-357-2345					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: Redding Fire Primary Contact: Chief Duane Fry PO Box 496071 Redding CA 96049 530-225-4141					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Shasta County Fire Primary Contact: Chief Mike Chuchel 875 Cypress Ave Redding CA 96001 530-225-2418					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS D <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 10/11

Name, address & telephone: Shasta Lake FPD Primary Contact: Chief Adrian Rogers 4126 Ashby Ct Shasta Lake Ca 96019 530-275-7474					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Shingletown Fire Primary Contact: Chief David Hedrick PO Box 266 Shingletown CA 96088 530-474-4583					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 10/11

Name, address & telephone: Butte Valley Fire Primary Contact: Chief Dian Anderson PO Box 103 MacDoel CA 96058 530-398-4332					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: CAL Fire Siskiyou Primary Contact: PO Box 128 Yreka Ca 96097 530-842-3516					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 10/11

Name, address & telephone: Dorris Fire Primary Contact: Chief Gene Hurst PO Box 786 Dorris CA 96023 530-397-2121					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone: Dusmuir Fire Primary Contact: Chief Daniel Padilla PO Box 196 Dunsmuir CA 96025 530-2352551					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
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 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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 10/11

Name, address & telephone: Montague Fire Primary Contact: Chief Robert McKnight PO Box 281 Montague CA 96064						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>	

Name, address & telephone Mt Shasta Fire Primary Contact: Chief Joe Spini 305 N Mt Shasta Blvd Mt Shasta CA 96067						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Tehama

Reporting Year: 10/11

Name, address & telephone: Capay FPD Primary Contact: Chief Iam Turnbull 50 4th Ave Orland CA 95963 530-865-2070						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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>0</u>	

Name, address & telephone: Gerber VFD Primary Contact: Chief Dave Patterson 327 San Benito Ave Gerber CA 96035 530-385-1549						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> 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>0</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Tehama

Reporting Year: 10/11

Name, address & telephone: Red Bluff FD Contact: Chief Gerry Gray 555 Washington St Red Bluff CA 96080 530-527-1126					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" 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>0</u>

Name, address & telephone:		Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" 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 Defib <input checked="" type="checkbox"/> BLS D <input type="checkbox"/> LALS
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 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>_</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2010/11

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	NCTI	Contact Person telephone no.	Lawson Stuart 916-960-6284
Address	333 Sunrise Ave Ste 300, Roseville Ca 95661		

Student Eligibility: *	Cost of Program Basic: unknown Refresher unknown	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>05/31/2011</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name	Sierra College 5000 Sierra College Blvd Rocklin CA	Contact Person telephone no.	Neal Albee 916-781-6250
Address			

Student Eligibility: *	Cost of Program Basic <u>20.00 per unit</u> Refresher <u>20.00 per unit</u>	**Program Level: EMT- 1 Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2012</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Reporting 2010/11

Training Institution Name	Sierra College Ext. Truckee 5000 Sierra College Blvd Rocklin CA	Contact Person telephone no.	Dave Sinclair 916-781-6250
Address			

Student Eligibility:	Cost of Program Basic <u> 20.00</u> per unit _____ Refresher 20.00 per unit _____	**Program Level: <u>EMT- 1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>06/30/2013</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2010/11

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Butte Community College	Contact Person telephone no.	David Brockman 530-895-2407
Address	3536 Butte Campus Drive, Oroville CA 95965		

Student Eligibility: *	Cost of Program Basic: unknown Refresher unknown	**Program Level: <u>EMT-1 Program</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: _____
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2010/11

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Yuba Community College	Contact Person telephone no.	Gary Schoessler 530-7416984
Address	2088 N. Beale Road Marysville CA		

Student Eligibility: *Employees only	Cost of Program Basic __Unk____ Refresher __unk____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2011</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2010/11

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	UC Davis	Contact Person telephone no.	Jordy Margid 530-752-4362
Address	One Shields Dr Davis CA 95616		

Student Eligibility: *	Cost of Program Basic <u> </u> Unk <u> </u> Refresher <u> </u> unk <u> </u>	**Program Level: EMT-1 Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 06/30/2013
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name	Yuba Community College Woodland California St Woodland CA	Contact Person telephone no.	Marian Shivers 530-661-5710
Address			

Student Eligibility: *	Cost of Program Basic <u>26.00</u> per unit Refresher <u>26.00</u> per unit	**Program Level: EMT- 1 Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 05/31/12
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 2010/11

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Shasta College	Contact Person telephone no.	Art Coda 530-225-4702
Address	PO Box 496006 Redding CA 96049		

Student Eligibility: *	Cost of Program Basic: unknown Refresher unknown	**Program Level: EMT-1 Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 12/31/2014
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Chico, Oroville, Paradise
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. First Responder Ambulance Service
Area or subarea (Zone) Geographic Description: The city of Chico is located within Butte County. It is in the northern Sacramento Valley, although some of the city does extend into the nearby foothills. There are several creeks that flow within Chico including Big Chico Creek, Little Chico Creek and Lindo Channel, all of which are tributaries of the Sacramento River. It lies between the Sierra Nevada Mountain Range and the Cascade Range.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Emergency Ambulance ALS
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.). Butte County is exclusive pending litigation.
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. Butte County is not exclusive pending litigation.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Colusa County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Enloe Ambulance Service
Area or subarea (Zone) Geographic Description: Colusa County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Colusa County Board action 1997
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 ALS
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. As of December 2009, the Colusa Board of Supervisors granted exclusivity to Enloe Ambulance Service following a competitive bid process.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Nevada County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Donner Summit Public Utility district
Area or subarea (Zone) Geographic Description: Donner Summit
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
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. Uninterrupted ambulance transport service since 1979 documented by patient care reports and statements of EMT-Is employed at the time.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Chico
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Enloe Ambulance Service
Area or subarea (Zone) Geographic Description: The city of Chico is located within Butte County. It is in the northern Sacramento Valley, although some of the city does extend into the nearby foothills. There are several creeks that flow within Chico including Big Chico Creek, Little Chico Creek and Lindo Channel, all of which are tributaries of the Sacramento River. It lies between the Sierra Nevada Mountain Range and the Cascade Range.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Butte County is not exclusive pending litigation.
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 ALS
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. Butte County is not exclusive pending litigation.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Placer County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Foresthill Fire
Area or subarea (Zone) Geographic Description: Foresthill, Todd Valley Estates, Baker Ranch -Foresthill is located on a broad ridge between the North and Middle Forks of the American River.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
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. Uninterrupted ambulance transport service since 1955 documented by news articles, patient care records and board minutes.

**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.

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Chico, Oroville, Paradise</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. First Responder Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: The city of Chico is located within Butte County. It is in the northern Sacramento Valley, although some of the city does extend into the nearby foothills. There are several creeks that flow within Chico including Big Chico Creek, Little Chico Creek and Lindo Channel, all of which are tributaries of the Sacramento River. It lies between the Sierra Nevada Mountain Range and the Cascade Range.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Emergency Ambulance ALS</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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Butte County is not exclusive pending litigation.</p>
<p>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. Butte County is not exclusive pending litigation.</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. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency

Area or subarea (Zone) Name or Title:

Nevada County

Name of Current Provider(s):

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

Sierra-Nevada Hospital Ambulance Service

Area or subarea (Zone) Geographic Description:

Grass Valley, Nevada City and surrounding rural areas. Sierra Nevada Rural and Nevada County Consolidated Fire District, Ophir Hill FPD, Highway 49 through Higgins FPD to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines Sierra Nevada, those portions of Higgins FPD not contained in the 15 min response zone. Peardale-Chicago Park FPD.

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

Include intent of local EMS agency and Board action.

10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

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.

Sierra-Nevada Hospital bought Lincoln's ambulance transport service in 1988. Documented renewal of Lincoln's Ambulance permit in board minutes dated 1980. Sierra-Nevada Hospital has been providing ambulance transport since 1988.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Placer County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. North Tahoe Fire Protection District
Area or subarea (Zone) Geographic Description: The NTFPD protects an area of 31 square miles on the north and west shores of Lake Tahoe. There are six fire stations within the District which are located in Alpine Meadows, Tahoe City, Homewood, Dollar Hill, Carnelian Bay and Kings Beach, that are staffed by 50 uniformed and support personnel to nearly 20,000 people within the area we serve.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
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. See attached affidavit

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Placer County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response
Area or subarea (Zone) Geographic Description: – I-80 corridor Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas All of the City of Auburn and County area – ½ mile West of Hwy 49 from the City of Auburn to Dry Creek Road. East of Hwy 49 up to and including Interstate 80 North to include Bell Road. In addition, ½ mile East of Hwy 49 from Bell Road to Dry Creek Road.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
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. See attached affidavit

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Nevada County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Penn Valley Fire
Area or subarea (Zone) Geographic Description: Penn Valley proper and Lake Wildwood. Six miles from Grass Valley.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
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. Uninterrupted ambulance transport service since 1977 documented by patient care reports and statements of EMT-Is employed at the time.

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Shasta County 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response, Mercy Ground Ambulance, Shasta Regional Medical Center
Area or subarea (Zone) Geographic Description: North: 1-5 to Pollard Flat; east along Fenders Ferry Rd to Montgomery Creek East: SR 299E to Fenders Ferry Rd; east of Oak Run and Whitmore to Lassen Park SR 44 to Lassen Park entrance; approximately 25 miles into the park, Summit Lake, and southwest to Tehama County Line South: 1-5 to Tehama County Line, then following Cottonwood Creek West: Western horn of Shasta County, Platina from Tehama County Line north; Western boundary of Shasta County, including SR 299 to Buckhorn Summit to the area of Dog Creek Rd. and Trinity Mountain Rd.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): N/A
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.). N/A
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. N/A

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Shasta County 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Burney Fire
Area or subarea (Zone) Geographic Description: North: Hwy 89 at Dana cutoff East: Hwy 299 E at the Pit River bridge Southeast: SR 44 at the Lassen County Line Southwest: Hwy 44 at the Lassen Park turnoff West: Hwy 299 E x Halcumb Cemetery
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA
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.). NA
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. NA

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Shasta County 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mayers Memorial Hospital Ambulance
Area or subarea (Zone) Geographic Description: From the top of Big Valley Mountain on the Fall River Valley side to the Pit River Bridge on Highway 299E to the junction of SR 89 and the county road which goes through Dana; The Day Road area, the Little Valley area and some of the back roads toward Hat Creek Rim.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na
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.). NA
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. NA

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<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Siskiyou County 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Happy Camp Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: North: A line from the Oregon Border at the Del Norte County line to SR 96 at Horse Creek East: Lines from Horse Creek to Scotts Bar, then southwest South: SR 96 at Somes Bar West: A line from the Oregon Border at the Del Norte County line, passing SSW to approximately the latitude of Somes Bar And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA</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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>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. NA</p>

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Siskiyou County 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Northern Siskiyou Ambulance service
Area or subarea (Zone) Geographic Description: North: Oregon State Line East: West Siskiyou Mountains South: 1-5 at Parks Creek West: SR 96 to Horse Creek; SR 3 to Fort Jones Rd. And those wilderness areas best accessed by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA
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.). NA
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. NA

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Siskiyou County 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Butte Valley Ambulance
Area or subarea (Zone) Geographic Description: North: Oregon State Line East: Approximately from the West Klamath Wildlife Refuge to toe Modoc Plateau South: SR 97 at Grass Lake West: Refuge Unit on Highway 161 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA
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.). NA
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. NA

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Siskiyou County 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. McCloud Community Services District
Area or subarea (Zone) Geographic Description: North: Military Pass Road, 1 mile south of Medicine Lake East: SR 89 to the Modoc County Line South: Southwest Gerard Ridge east of Sims/So Grizzly Peak! SE Ponderosa @ SR 89 West: Mt. Shasta peak! Snowman Summit / SR 89 at Gerard Ridge And those wilderness areas best accessed by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. a
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.). NA
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. NA

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 5 Mount Shasta and surrounding areas</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mt Shasta Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: North: 1-5 to Parks Creek, US 97 to Grass Lake East: SR 89 to Siskiyou County Line South: 1-5 at Pollard Flat West: Mt. Eddy Range And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. Siskiyou County Board of Supervisors recommended that Nor-Cal EMS proceed to determine the eligibility of Mt. Shasta Ambulance to be grandfathered under 1797.224, H&SC.</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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance service, ALS</p>
<p>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. The existing ambulance service in this zone will be granted exclusive operating rights under the grandfather clause. Mt. Shasta Ambulance Service has provided ambulance service in County Service Area 5 in the same scope and manner since the required date for grandfathering under 1797.224, H&SC. There have been no other ambulance services operating within this area. Mt Shasta Ambulance became incorporated in November 1981. The corporation continues as the successor organization to the previously existing provider and has continued uninterrupted the emergency transportation service previously provided. The Castella area of Shasta County is served by Mt. Shasta Ambulance, INC. but is not a part of CSA #5 and is not part of this exclusive operational area.</p>

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Siskiyou County 6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Etna Ambulance
Area or subarea (Zone) Geographic Description: North: SR 3 to Forest Mountain Summit East: Gazelle-Callahan Road to Gazelle Summit South: SR 3 to Scott Mountain Summit Southwest: Cecilville Rd. to Cecilville Summit West: Sawyers Bar Rd. to Etna Summit Northwest: Scott River Rd. to Thompson Creek And those wilderness areas best accessed by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na
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.). NA
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. NA

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Siskiyou County 7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cecilville Volunteer Fire and Hose DBA Salmon River Volunteer Fire
Area or subarea (Zone) Geographic Description: Northeast: Mile Marker 23, Cow Creek Southeast: Salmon River at 6 Mile Creek Southwest: To SR 96 And those wilderness areas best accessed by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na
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.). NA
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. NA

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Placer County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Placer Fire District since 1962
Area or subarea (Zone) Geographic Description: Granite Bay Granite Bay is a primarily residential suburb of Sacramento located just east of Roseville and west of Folsom Lake.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.
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. Uninterrupted ambulance transport service since 1962 documented by board minutes and newspaper articles.

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Tehama County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. St. Elizabeth Community Hospital Ambulance
Area or subarea (Zone) Geographic Description: All of Tehama county
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na
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.). na
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. na

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Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Nevada County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Truckee Fire Protection District
Area or subarea (Zone) Geographic Description: Truckee area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive based on EMSAs decision.
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.

JUL 11 2011

EMERGENCY MEDICAL SERVICES AUTHORITY

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



July 11, 2011

Vickie Pinette
Regional Executive Director
Sierra-Sacramento Valley EMS Agency
5995 Pacific Street
Rocklin, CA 95677

Dear Ms. Pinette:

We have completed our review of *Sierra-Sacramento Valley'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*. Following are comments on your EMS plan update:

Standard 4.18 – Compliance – Your “current status” refers to seven counties in the Sierra-Sacramento Valley region. Please update this standard to reflect the ten counties currently in the Sierra-Sacramento Valley region.

Trauma System Status Report - The EMS Authority requested your Trauma System Status Report be submitted with your EMS Plan Update. 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. Please expedite the submission of Sierra-Sacramento Valley's current Trauma System Status Report.

Your next annual update will be due on July 11, 2012. Please submit Sierra-Sacramento Valley's Trauma System 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.

Sincerely,

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

Daniel R. Smiley,
Interim Director

DRS:ss