

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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October 31, 2014

Mr. Richard Murdock, Executive Director  
Mountain Valley EMS Agency  
1101 Standiford Avenue, Suite #D1  
Modesto, CA 95350

Dear Mr. Murdock:

This letter is in response to your 2011 Mountain Valley EMS Plan submission to the EMS Authority.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Mountain Valley's 2011 EMS Plan Update and cannot approve this plan as submitted.

**II. History and Background:**

Historically, we have received EMS Plan documentation from Mountain Valley for its 1996, 1999-2002, 2004, 2005, and 2007-2010 plan submissions, and most current, its 2011 plan submission.

Mountain Valley's last Five-Year Plan approval was a partial approval for its 2005 plan submission, and its last annual Plan Update approval was for its 2010 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, pursuant to H&S Code § 1797.105(b).

### **III. Analysis of EMS System Components:**

Following are comments related to Mountain Valley's 2011 EMS Plan Update. Areas that indicate the plan submitted is or is not concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S § 1797.103 are indicated below:

A.                  System Organization and Management

#### 1. Progress/Objectives Assessment

The following standards do not meet the established minimum standards.

- Standard 1.22. The objective is to draft a policy for suspected SIDS deaths, and the timeframe for meeting the objective is referenced as long-range, whereas Table 1 references short-range. In your next plan submission, please provide an update on the progress for developing the policy while also ensuring the timeframes on the System Assessment Forms, Progress/Objectives Assessment, and Table 1 are consistent.
- Standard 4.05. The objective is to create a mechanism to measure response times from receipt of call, to primary PSAP, to arrival on-scene. In your next plan submission, please provide an update on the progress for developing response time standards.
- Standard 5.06. The objective is to work with hospitals to develop a standardized hospital evacuation plan. In your next plan submission, please provide an update on the progress for developing the plan.

#### 2. Progress/Objectives Assessment / Table 1 (Minimum Standards and Recommended Guidelines)

- Standard 1.09. The standard is identified as not meeting the established minimum standard. Based on the information provided in the Progress/Objectives Assessment, it has been determined that the minimum standard is now met. In your next plan submission, please change the System

Assessment Forms, Progress/Objectives Assessment, and Table 1 to reflect this.

3. Table 2 (System Organization and Management)

- The total expense amount identified in the budget does not accurately reflect the sum of the expenses listed. In your next plan submission, please ensure the expense amounts are correct.
- The organizational chart was not included as part of the plan submission. In your next plan submission, please ensure the chart is included as part of Table 2.

- B.            Staffing/Training
- C.            Communications
- D.            Response/Transportation

1. Table 8 (Response/Transportation/Providers)

- Please ensure that Providers identified as "Transport" document the number of emergency/non-emergency transports, as well as the number of emergency/non-emergency responses, and that Providers identified as "Non-Transport" document the number of emergency/non-emergency responses. In your next plan submission, please provide the response and transport data for each provider.
- When your agency has revised the data collection process for monitoring response and transports, please submit a Table 8 for each Provider by county.

2. Ambulance Zone Summary Forms

- Amador County: Based upon the Butte County decision, there is insufficient evidence to show that all interfacility transports have been solely done by American Legion Ambulance. The Authority will recognize American Legion Ambulance as exclusive for Emergency Ambulance, 9-1-1 Response, 7-Digit Response, ALS Transport.

- Stanislaus County: Zones 1, 3, 4, 5, and 6: There is insufficient evidence that interfacility transport and critical care transports were done exclusively by stated providers. The Authority will recognize the providers as exclusive for Emergency Ambulance, 9-1-1, and 7-Digit, ALS Transport.

E.   Facilities/Critical Care

1. Table 6 (Facilities/Critical Care)

- The number of EMS patients meeting trauma triage who were not treated at a trauma center is reflected as 'unknown.' In your next plan submission, please provide the data.
- The data provided for basic emergency services is inconsistent with the information presented for the facilities in Table 9. In the next plan submission, please ensure the data contained in both tables is consistent.

2. Table 9 (Facilities)

- All service categories are checked for each facility. In the next plan submission, please check only one service category, as applicable. This information should then be referenced in Table 6.

F.   Data Collection/System Evaluation

G.   Public Information and Education

1. Table 10 (Approved Training Program)

- The cost of the EMT program is not identified for Murphy's Fire Protection District. In the next plan submission, please include the associated cost.
- The costs of the refresher EMT programs are not identified for Ceres Adult Education-ROP Program and Abrams College. In the next plan submission, please include the associated costs.

H.   Disaster Medical Response

**IV. Conclusion:**

Based on the information identified, Mountain Valley may not implement areas of the 2011 EMS Plan Update that have not been approved. Pursuant to H&S Code § 1797.105(b):

*“After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority.”*

**V. Next Steps:**

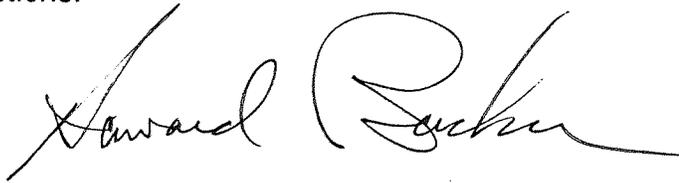
Within four (4) months from the date of this notification, Mountain Valley has the option to submit a revised EMS plan correcting all disapproved items identified in this letter, or to appeal the Authority's determination. Per H&S Code § 1797.105(c):

*“A local EMS agency may appeal a determination of the Authority pursuant to subdivision (b) to the Commission.”*

Please let the EMS Authority know within the established timeframe if you wish to appeal the EMS Authority's disapproval of your EMS Plan.

Please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Howard Backer". The signature is written in a cursive style with a large, looped initial "H".

Howard Backer, MD, MPH, FACEP  
Director

## EXECUTIVE SUMMARY

The Mountain-Valley EMS Agency (MVEMSA) was formed through a joint powers agreement in 1981 and currently serves the counties of Alpine, Amador, Calaveras, Mariposa, and Stanislaus. MVEMSA's primary responsibility is to plan, implement, and evaluate an emergency medical services (EMS) system which meets the minimum standards developed by the California EMS Authority.

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components: manpower and training, communications, transportation, assessment of hospitals and critical care centers, system organization and management, data collection and evaluation, public information and education, and disaster response.

Major changes have taken place in the EMS system since the MVEMSA first adopted an EMS plan in 1985. Among these changes are: the availability of advanced life support (paramedic) and 9-1-1 services in all parts of the EMS system, the development of specialized policies and services for critically ill and injured children, the formation of exclusive operating areas (EOAs) for ambulance service in Amador, Calaveras, and Stanislaus Counties, the implementation of Emergency Medical Dispatch in all counties, the implementation of first response AEDs region wide, the adoption of a regional Policy and Procedure Manual, the designation of a formal trauma care system designed to triage and transport major trauma victims to designated trauma care hospitals, and the designation of three STEMI Receiving Facilities to facilitate cardiac patients into an approved cardiac catheterization interventional lab.

The process of assessing system needs and developing plan objectives revealed that although major improvements have been made in EMS system since 1985, some components of the EMS system still have a long range goal for completion.

## A. SYSTEM ORGANIZATION AND MANAGEMENT

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

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
1.20	DNR Policy		X	N/A	X	
1.21	Determination of Death		X	N/A	X	
1.22	Reporting of Abuse	X		N/A	X	
1.23	Interfacility Transfer		X	N/A	X	
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X			X
1.25	On-Line Medical Direction		X	X	X	
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X	N/A	X	
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X	N/A	X	
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X	N/A		X

## B. STAFFING/TRAINING

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

**C. COMMUNICATIONS**

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

## D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries		X	X		X
4.02	Monitoring		X	X		X
4.03	Classifying Medical Requests		X	N/A	X	
4.04	Prescheduled Responses		X	N/A	X	
4.05	Response Time	X		X		X
4.06	Staffing		X	N/A		X
4.07	First Responder Agencies		X	N/A		X
4.08	Medical & Rescue Aircraft		X	N/A	X	
4.09	Air Dispatch Center		X	N/A	X	
4.10	Aircraft Availability		X	N/A	X	
4.11	Specialty Vehicles		X	X	X	
4.12	Disaster Response		X	N/A		X
4.13	Intercounty Response		X	X	X	
4.14	Incident Command System		X	N/A	X	
4.15	MCI Plans		X	N/A	X	
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X	X	
4.17	ALS Equipment		X	N/A	X	
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X	N/A	X	
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X	N/A	X	
4.20	"Grandfathering"		X	N/A	X	
4.21	Compliance		X	N/A	X	
4.22	Evaluation		X	N/A	X	

**E. FACILITIES/CRITICAL CARE**

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

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

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

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.09	Inventory of Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agency is working with Stanislaus County PH in utilization and tracking of inventory through Sydion iCam (Inventory resource tracking/ordering). An inventory of resources has been created and is available to Agency staff.	Update the resource directories periodically
1.22	Reporting of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agency has developed Policy 560.10 (Reporting of child and elder abuse) and is working on a draft for suspected SIDS death.	Revise as needed to ensure policy meets system needs.
4.05	Response Time Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agency has outsourced with data collection and analysis service to collect unadjusted response time data from CAD in order to measure contract response time compliance. Working towards mechanism to collect first responder response times.	Create mechanism in Mariposa and Stanislaus to measure response times from receipt of call to primary PSAP to arrival on scene.
5.06	Hospital Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agency needs to work with local hospitals to develop a standardized hospital evacuation	Work with hospitals to standardize hospital evacuation plans
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

Reporting Year: **2011**

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

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

County: **Alpine**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Amador**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Calaveras**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Mariposa**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Stanislaus**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

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	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	

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

Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
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: _____	

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

**5.      EXPENSES**

Salaries and benefits (All but contract personnel)	\$	908,605.
Contract Services (e.g. medical director)		169,845.
Operations (e.g. copying, postage, facilities)		167,662
Travel		22,400
Fixed assets		0
Indirect expenses (overhead)		_____
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: Pass Through		57
Other: _____		_____
Other: _____		_____
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>1,325,515</b>

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

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		359,301
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		297,270
Certification fees		28,000
Training program approval fees		1,500
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		150,000
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees (SRC x 3)		15,000
Type: STEMI Receiving Center (SRC) Fees		
Other critical care center designation fees (SRC x 3)		48,000
Type: STEMI Receiving Center		
Ambulance service/vehicle fees		305,994
Contributions		_____
EMS Fund (SB 12/612)		_____
Other grants: HPP LEMSA Coordinator		65,000
Other fees: Workshops/Misc		23,950
Other (specify): Pass Thru		57,000
Other (specify): Fund Interest		5,000
<b>SUBTOTAL</b>		
Net Income (Amount of Operating Reserve Required to Balance Budget)		<u>-30,500</u>
<b>TOTAL REVENUE</b>	\$	<b>1,325,515</b>

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

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

**7. Fee structure**

We do not charge any fees

Our fee structure is:

First responder certification	\$	30.
EMS dispatcher certification		_____
EMT-I certification		105.
EMT-I recertification		67.
EMT-defibrillation certification		_____
EMT-defibrillation recertification		_____
AEMT certification		_____
AEMT recertification		_____
EMT-P accreditation		75.
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		50.
MICN/ARN recertification		30.
EMT-I training program approval		300.
AEMT training program approval		_____
EMT-P training program approval		5,000.
MICN/ARN training program approval		150.
Base hospital application		_____
Base hospital designation		_____
Trauma center application		25,000.
Trauma center designation		75,000.
STEMI Receiving Center application		5,000.
STEMI Receiving Center designation		30,000.
Other critical care center application Type: Air Ambulance Authorization		5,000.
Other critical care center designation Type: Special Event Coverage		75.
Ambulance service license	(Emergency)	5.35/Transport
	(Non-Emergency)	2.00/Transport
Ambulance vehicle permits		_____

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1 FTE	46.06	34%	Effective 07/06/11
Asst. Admin./Admin. Asst./Admin. Mgr.	Deputy Director	0.7 FTE	37.48	34%	Effective 03/01/12
ALS Coord./Field Coord./ Training Coordinator	Certification and Training/Communications Coordinator	0.3 FTE	37.48	34%	Effective 03/01/12
Program Coordinator/ Field Liaison (Non-clinical)	Transportation Coordinator	1 FTE	31.05	34%	
Trauma Coordinator	Trauma/Medical Coordinator	0.3 FTE	43.63	N/A	
Medical Director	Medical Director	0.2 FTE	120.20	N/A	July 2011 – June 2012
Disaster Medical Planner	Disaster Coordinator	0.1 FTE	53.03	34%	Effective 08/29/11
Field Liaison	Field Liaison	1 FTE	23.57	34%	Effective 07/09/11

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
Data Evaluator/Analyst	Information Systems Analyst	1 FTE	29.46	34%	Effective 10/03/11
QA/QI Coordinator	Quality Improvement and Facilities Coordinator	1 FTE	43.63	34%	Effective 03/05/12
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.5 FTE	20.76	34%	Combined Financial Services Assistance effective 09/05/11
Other Clerical	Receptionists/Secretary I	1 FTE	17.13	34%	
Data Entry Clerk	Data Registrar	1 FTE	20.69	34%	
Management Services Assistant	Financial Services Assistant	0.5 FTE	20.76	34%	Combined with Executive Secretary effective 09/05/11
EMS Duty Officer Stipend		.15 FTE	46.06	34%	Effective 08/29/11
Certification Stipend		.15 FTE	20.69	34%	Effective 08/29/11

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: Mountain-Valley EMS Agency

Reporting Year: FY 2011/2012

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	1172	n/a		261
Number newly certified this year	276	n/a		55
Number recertified this year	896	n/a		206
Total number of accredited personnel on July 1 of the reporting year	n/a	n/a	278	n/a
Number of certification reviews resulting in:				
a) formal investigations	5	n/a		0
b) probation	4	n/a	0	0
c) suspensions	0	n/a	0	0
d) revocations	0	n/a		0
e) denials	0	n/a		0
f) denials of renewal	0	n/a		0
g) no action taken	1	n/a	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

1172  
125

2. Do you have an EMR training program

yes  no

**\*The Agency does have a First Responder Training Program**

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

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

County: **Alpine County**

Reporting Year: FY 2011/12

1. Number of primary Public Service Answering Points (PSAP)	1
2. Number of secondary PSAPs	0
3. Number of dispatch centers directly dispatching ambulances	0
4. Number of EMS dispatch agencies utilizing EMD guidelines	0
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies? _____	Alpine County Sheriff
7. Who is your primary dispatch agency for a disaster? _____	Alpine County Sheriff
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency 154.100/153.800	
b. Other methods RACES	
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

County: **Amador County**

Reporting Year: FY 2011/12

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>1</u>  |
| 2. Number of secondary PSAPs  | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br>_____   | Amador<br>County<br>Sheriff   |
| 7. Who is your primary dispatch agency for a disaster?<br>_____   | Amador<br>County<br>Sheriff   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency    467.975/462.975   |   |
| b. Other methods                RACES   |   |
| c. Can all medical response units communicate on the same disaster<br>communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System<br>(OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services<br>(RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

County: **Calaveras County**

Reporting Year: FY 2011/12

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br>_____  | Calaveras<br>County<br>Sheriff                                      |
| 7. Who is your primary dispatch agency for a disaster?<br>_____  | Calaveras<br>County<br>Sheriff                                      |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 468.950/462.950   |   |
| b. Other methods RACES   |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

County: **Mariposa County**

Reporting Year: FY 2011/12

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>1</u>  |
| 2. Number of secondary PSAPs  | <u>1</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br>_____   | CalFire<br>Emergency<br>Communications                              |
| 7. Who is your primary dispatch agency for a disaster?<br>_____   | CalFire<br>Emergency<br>Communications                              |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <b>159.390/151.460</b>   |   |
| b. Other methods                 RACES  |   |
| c. Can all medical response units communicate on the same disaster<br>communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System<br>(OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services<br>(RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

County: **Stanislaus County**

Reporting Year: FY 2011/12

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>4</u>  |
| 2. Number of secondary PSAPs   | <u>1</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br>_____  | LifeCom<br>Fire/EMS<br>Dispatch                                     |
| 7. Who is your primary dispatch agency for a disaster?<br>_____  | LifeCom<br>Fire/EMS<br>Dispatch                                     |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <b>157.6125/463.00</b>  |   |
| b. Other methods <b>RACES</b>  |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: **Mountain-Valley EMS Agency**

Reporting Year: FY 2011/12

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 36

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

<b>Alpine County</b>	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	ASAP	ASAP	ASAP	ASAP

<b>Amador County</b>	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12/16	20/30	ASAP	N/A

**Calaveras County**

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	-	-	-	20

**Mariposa County**

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8	12/20	ASAP	N/A

**Stanislaus County**

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A

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

Reporting Year: 2011

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	2154
2. Number of major trauma victims transported directly to a trauma center by ambulance	1955
3. Number of major trauma patients transferred to a trauma center	345
4. Number of patients meeting triage criteria who were not treated at a trauma center	Unknown

**Emergency Departments**

Total number of emergency departments	8
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	6
4. Number of comprehensive emergency services	0

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	8

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

Reporting Year: 2011/12

County: Alpine

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **N/A**
  - b. How are they staffed? **N/A**
  - 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  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  
  - c. Are they available for statewide response?  Yes  No
  
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  
  - b. At what HazMat level are they trained? \_\_\_\_\_
  
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  
  - d. Do you have the ability to do decontamination in the field?  Yes  No

## OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes  No
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
  
3. Have you tested your MCI Plan this year in a:
  - a. real event?  Yes X No
  - b. exercise? X Yes  No
  
4. List all counties with which you have a written medical mutual aid agreement.  
El Dorado, Douglas County, NV
  
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes X No
  
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes X No
  
7. Are you part of a multi-county EMS system for disaster response? X Yes  No
  
8. Are you a separate department or agency? X Yes  No
  
9. If not, to whom do you report? \_\_\_\_\_
  
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes  No

Reporting Year: 2011/12

County: Amador

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **lone**
  - b. How are they staffed? **County staff/mutual aid**
  - 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  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  
  - c. Are they available for statewide response?  Yes  No
  
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  
  - b. At what HazMat level are they trained? N/A
  
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  
  - d. Do you have the ability to do decontamination in the field?  Yes  No

## OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes  No
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
  
3. Have you tested your MCI Plan this year in a:
  - a. real event? X Yes  No
  - b. exercise? X Yes  No
  
4. List all counties with which you have a written medical mutual aid agreement.  

---
  
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes  No
  
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes X No
  
7. Are you part of a multi-county EMS system for disaster response? X Yes  No
  
8. Are you a separate department or agency? X Yes  No
  
9. If not, to whom do you report? \_\_\_\_\_
  
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes  No

Reporting Year: 2011/12

County: Calaveras

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **N/A**
  - b. How are they staffed? **N/A**
  - 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  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  
  - c. Are they available for statewide response?  Yes  No
  
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  
  - b. At what HazMat level are they trained? N/A
  
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  
  - d. Do you have the ability to do decontamination in the field?  Yes  No

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes  No
  
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
  
- 3. Have you tested your MCI Plan this year in a:
  - a. real event? X Yes  No
  - b. exercise? X Yes  No
  
- 4. List all counties with which you have a written medical mutual aid agreement.  
\_\_\_\_\_
  
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes  No
  
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes X No
  
- 7. Are you part of a multi-county EMS system for disaster response? X Yes  No
  
- 8. Are you a separate department or agency? X Yes  No
  
- 9. If not, to whom do you report? \_\_\_\_\_
  
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes  No

Reporting Year: 2011/12

County: Mariposa

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

### **SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **N/A**
  - b. How are they staffed? **N/A**
  - 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  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  
  - c. Are they available for statewide response?  Yes  No
  
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  - b. At what HazMat level are they trained? N/A
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

## OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8
3. Have you tested your MCI Plan this year in a:
- a. real event?  Yes  No
- b. exercise?  Yes  No
4. List all counties with which you have a written medical mutual aid agreement.
- \_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes  No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes  No
7. Are you part of a multi-county EMS system for disaster response?  Yes  No
8. Are you a separate department or agency?  Yes  No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  Yes  No

Table 8: Resource Directory

Response/Transportation/Providers  
Alpine County

County: Alpine      Provider: Alpine County EMS      Response Zone: East slope of Alpine County

Address: 75 Pine Avenue      Number of Ambulance Vehicles in Fleet: 2  
Markleeville, CA 96120

Phone Number: 530-694-2159      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> X Yes <input type="checkbox"/> No		<u>Medical Director:</u> <input type="checkbox"/> Yes X No		<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No		<u>Service:</u> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> X Public <input type="checkbox"/> Private		<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<u>If Public:</u> <input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
						<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency responses  
 \_\_\_\_\_ Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency responses  
 \_\_\_\_\_ Number of non-emergency transports

The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.

County: Amador      Provider: American Legion Post 108      Response Zone: Amador County

Address: P.O. Box 100      Number of Ambulance Vehicles in Fleet: 7  
 Sutter Creek, CA 95685

Phone Number: 209-267-5320      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<p><u>Written Contract:</u></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p>X Transport   X ALS   X Ground  <input type="checkbox"/> Non-Transport   <input type="checkbox"/> BLS   <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public  X Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire   <input type="checkbox"/> Law   <input type="checkbox"/> Other  Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City   <input type="checkbox"/> County  <input type="checkbox"/> State   <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary   <input type="checkbox"/> Fixed Wing</p> <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.



**Response/Transportation/Providers**  
Calaveras County

County: Calaveras      Provider: Ebbetts Pass Fire Department      Response Zone: East Zone

Address: P.O. Box 66      Number of Ambulance Vehicles in Fleet: 4

Arnold, CA 95223

Phone Number: 209-795-1646      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing  <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

634 \_\_\_\_\_ Total number of responses  
 549 \_\_\_\_\_ Number of emergency responses  
 85 \_\_\_\_\_ Number of non-emergency responses

Air Ambulance Services  
 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

\*The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.

**Response/Transportation/Providers  
Mariposa County**

County: Mariposa      Provider: Mercy Ambulance      Response Zone: Mariposa County

Address: P.O. Box 5004      Number of Ambulance Vehicles in Fleet: 5  
Mariposa, CA 95338  
 Phone Number: 209-966-7337      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> X Transport    X ALS    X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public X Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

* _____	Total number of responses	1,853	Total number of transports
* _____	Number of emergency responses	1,397	Number of emergency transports
* _____	Number of non-emergency responses	456	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**\*The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.**

**Response/Transportation/Providers  
Stanislaus County**

**County:** Stanislaus      **Provider:** American Medical Response      **Response Zone:** 1, 3, 8 & B

**Address:** P.O. Box 4397      **Number of Ambulance Vehicles in Fleet:** 35  
Modesto, CA 95352

**Phone Number:** 209-567-4000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

<p><b><u>Written Contract:</u></b> X Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b> X Yes   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b> X Yes   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b> X Transport   X ALS   X Ground X Non-Transport   X BLS   <input type="checkbox"/> Air   <input type="checkbox"/> Water</p>
<p><b><u>Ownership:</u></b> <input type="checkbox"/> Public X Private</p>	<p><b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><b><u>If Public:</u></b> <input type="checkbox"/> City   <input type="checkbox"/> County <input type="checkbox"/> State   <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>
		<p><b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>	

**Transporting Agencies**

\*24,968      Total number of responses      \*20,087      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

\*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

County: Stanislaus      Provider: Oak Valley Ambulance      Response Zone: 4 & D

Address: 350 So. Oak      Number of Ambulance Vehicles in Fleet: 6

Oakdale, CA 95361

Phone Number: 209-847-3011      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<p><b>Written Contract:</b></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><b>Service:</b></p> <p>X Transport   X ALS   X Ground  <input type="checkbox"/> Non-Transport   X BLS   <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>
<p><b>Ownership:</b></p> <p>X Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input checked="" type="checkbox"/> Other                  Explain: Hospital District</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> City   <input type="checkbox"/> County  <input type="checkbox"/> State   <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\*2,438      Total number of responses      \*1,878      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

\*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

County: Stanislaus      Provider: Patterson District Ambulance      Response Zone: 5 & B

Address: P. O. Box 187      Number of Ambulance Vehicles in Fleet: 3  
 Patterson, CA 95353

Phone Number: 209-892-2618      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p><b>Written Contract:</b>                  X Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b>                  X Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b>                  X Yes <input type="checkbox"/> No</p>	<p><b>Service:</b>                  X Transport X ALS X Ground                  X Non-Transport X BLS <input type="checkbox"/> Air <input type="checkbox"/> Water</p>
<p><b>Ownership:</b>                  X Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b>  <input type="checkbox"/> Fire  <input type="checkbox"/> Law                  X Other                  Explain: Hospital District</p>	<p><b>If Public:</b>  <input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b>  <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>
		<p><b>Air Classification:</b>  <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>	

Transporting Agencies

\*1,067      Total number of responses      \*595      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

\*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

**Response/Transportation/Providers  
Stanislaus County**

County: Stanislaus      Provider: Pro Transport One      Response Zone: C

Address: 2633 Tully Road, Suite A-1      Number of Ambulance Vehicles in Fleet: 7  
Hughson, CA 95326

Phone Number: \_\_\_\_\_      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing  <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

\*418      Total number of responses      \_\_\_\_\_      \*343      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      \_\_\_\_\_      Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports  
 \_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      \_\_\_\_\_      Number of emergency transports  
 \_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      \_\_\_\_\_      Number of non-emergency transports

**\*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.**

County: Stanislaus      Provider: WestSide Ambulance      Response Zone: A

Address: 151 So. Highway 33      Number of Ambulance Vehicles in Fleet: 3

Newman, CA 95360

Phone Number: 209-862-2951      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

\_\_\_\_\_

<p><b>Written Contract:</b></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p>X Yes   <input type="checkbox"/> No</p>	<p><b>Service:</b></p> <p>X Transport   X ALS   X Ground</p> <p><input type="checkbox"/> Non-Transport   <input type="checkbox"/> BLS   <input type="checkbox"/> Air   <input type="checkbox"/> Water</p>
<p><b>Ownership:</b></p> <p>X Public</p> <p><input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Law</p> <p>X Other</p> <p>Explain: Hospital District</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> City   <input type="checkbox"/> County</p> <p><input type="checkbox"/> State   <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p><b>If Air:</b></p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p> <p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\*458      Total number of responses      \_\_\_\_\_      \*299      Total number of transports

\_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      \_\_\_\_\_      Number of emergency transports

\_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      \_\_\_\_\_      Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports

\_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports

\_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

\*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

**Response/Transportation/Providers  
Stanislaus County**

County: Stanislaus      Provider: Priority One      Response Zone: Stanislaus County

Address: Granger Avenue      Number of Ambulance Vehicles in Fleet: 3  
Modesto, CA

Phone Number: 1-800-650-2501      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

Air Ambulance Services

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**The Agency is working towards implementation of a new data collection process for monitoring BLS interfacility transports. The current process can't be validated.**

**Response/Transportation/Providers  
Stanislaus County**

County: Stanislaus      Provider: Modesto Regional Fire Authority      Response Zone: Modesto City

Address: 3705 Oakdale Road      Number of Ambulance Vehicles in Fleet: 0  
Modesto, CA 95357

Phone Number: 209-552-3600      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

Air Ambulance Services

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**The Agency is working with contractor to implement collection of CAD data for monitoring Fire ALS First Response.**

**Table 9: Resources Directory**

**Facilities**

**County:** Amador

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Sutter Amador Hospital Telephone Number: 209-223-7500

**Address:** 200 Mission Boulevard  
Jackson, CA 95642

<p><b><u>Written Contract:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p>X Referral Emergency X Standby Emergency X Basic Emergency X Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
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<p><b>Pediatric Critical Care Center<sup>1</sup></b> EDAP<sup>2</sup> PICU<sup>3</sup></p> <p><input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Calaveras

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Mark Twain St. Joseph's Hospital  
**Address:** 768 Mountain Ranch Rd  
 San Andreas, CA 95249  
**Telephone Number:** 209-754-3521

<p><b><u>Written Contract:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p>X Referral Emergency X Standby Emergency          X Basic Emergency X Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
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<p><b>Pediatric Critical Care Center<sup>4</sup></b>  <b>EDAP<sup>5</sup></b>  <b>PICU<sup>6</sup></b></p> <p><input type="checkbox"/> Yes X No  <input type="checkbox"/> Yes X No  <input type="checkbox"/> Yes X No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
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<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Mariposa

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** John C Fremont Hospital  
**Address:** 5189 Hospital Road  
 Mariposa, CA 95338  
**Telephone Number:** 209-966-3631

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Oak Valley Hospital  
**Address:** 350 South Oak Avenue  
 Oakdale, CA 95361  
**Telephone Number:** 209-847-3011

<p><b><u>Written Contract:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p>X Referral Emergency    X Standby Emergency          X Basic Emergency        X Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
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<p><b>Pediatric Critical Care Center<sup>10</sup></b>  <b>EDAP<sup>11</sup></b>  <b>PICU<sup>12</sup></b>          No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I    <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes    X No</p>
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<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>12</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Emanuel Medical Center

Telephone Number: 209-667-4200

Address: 825 Delbon Avenue  
Turlock, CA 95382

<p><b><u>Written Contract:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p>X Referral Emergency    X Standby Emergency  X Basic Emergency        X Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
---	--	--	--

<p><b>Pediatric Critical Care Center<sup>13</sup></b>  <b>EDAP<sup>14</sup></b>  <b>PICU<sup>15</sup></b>  No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I    <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes    X No</p>
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<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>15</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Foundation Hospital

**Address:** 4601 Dale Road

Modesto, CA 95356

**Telephone Number:** 209-735-5000

<p><b><u>Written Contract:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p>X Referral Emergency    X Standby Emergency  X Basic Emergency        X Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>
<p><b>Pediatric Critical Care Center<sup>16</sup></b>  <b>EDAP<sup>17</sup></b>  <b>PICU<sup>18</sup></b>  No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes X No  <input type="checkbox"/> Yes X No  <input type="checkbox"/> Yes X</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I    <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes X No</p> <p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes    X No</p>			

<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>18</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Memorial Medical Center  
**Address:** 1700 Coffee Road  
 Modesto, CA 95355  
**Telephone Number:** 209-526-4500

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> X Referral Emergency X Basic Emergency X Standby Emergency X Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center</b> <sup>19</sup> <b>EDAP</b> <sup>20</sup> <b>PICU</b> <sup>21</sup>	<u>Trauma Center:</u> X Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
---	--	--

<u>STEMI Center:</u> X Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>21</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Doctor's Medical Center  
**Address:** 1441 Floyd Road  
 Modesto, CA 95350  
**Telephone Number:** 209-578-1211

<b><u>Written Contract:</u></b> X Yes <input type="checkbox"/> No	<b><u>Service:</u></b> X Referral Emergency X Basic Emergency X Standby Emergency X Comprehensive Emergency	<b><u>Base Hospital:</u></b> X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>22</sup></b> <b>EDAP<sup>23</sup></b> <b>PICU<sup>24</sup></b>	<b><u>Trauma Center:</u></b> X Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	---

<b><u>STEMI Center:</u></b> X Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>22</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>23</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>24</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: SOURCES DIRECTORY -- Approved Training Program**

County: Amador

Reporting Year: 2011/12

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Consumnes River College Telephone Number: 916-691-7906  
 Address: 11350 American Legion Drive  
Sutter Creek, CA

Student Eligibility\*: OPEN \*\*Program Level EMT

Cost of Program: \_\_\_\_\_  
 Basic: Varies Number of students completing training per year:  
 Refresher: \_\_\_\_\_ Initial training: 42  
 \_\_\_\_\_ Refresher: 0  
 \_\_\_\_\_ Continuing Education: \_\_\_\_\_  
 \_\_\_\_\_ Expiration Date: 12/31/11  
 \_\_\_\_\_ Number of courses: \_\_\_\_\_  
 \_\_\_\_\_ Initial training: 1  
 \_\_\_\_\_ Refresher: 0  
 \_\_\_\_\_ Continuing Education: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Student Eligibility\*: \_\_\_\_\_ \*\*Program Level \_\_\_\_\_

Cost of Program: \_\_\_\_\_  
 Basic: \_\_\_\_\_ Number of students completing training per year:  
 Refresher: \_\_\_\_\_ Initial training: \_\_\_\_\_  
 \_\_\_\_\_ Refresher: \_\_\_\_\_  
 \_\_\_\_\_ Continuing Education: \_\_\_\_\_  
 \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 \_\_\_\_\_ Number of courses: \_\_\_\_\_  
 \_\_\_\_\_ Initial training: \_\_\_\_\_  
 \_\_\_\_\_ Refresher: \_\_\_\_\_  
 \_\_\_\_\_ Continuing Education: \_\_\_\_\_

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

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

County: Amador

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Jackson Rancheria Fire Department	Telephone Number:	209-304-1159
Address:	12222 New York Ranch Rd Jackson, CA 95642		
Student Eligibility*:	Restricted to Fire Personnel Only	**Program Level	EMT
	Cost of Program:	Number of students completing training per year:	
	Basic: N/A	Initial training:	7
	Refresher:	Refresher:	0
		Continuing Education:	
		Expiration Date:	12/31/15
		Number of courses:	
		Initial training:	1
		Refresher:	0
		Continuing Education:	

Training Institution:		Telephone Number:	
Address:			
Student Eligibility*:		**Program Level	
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:	Refresher:	
		Continuing Education:	
		Expiration Date:	
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

County: Calaveras

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Murphy's Fire Protection District	Telephone Number:	209-728-3864
Address:	37 Jones Street P.O. Box 1260 Murphys, CA 95247		
Student Eligibility*:	OPEN	**Program Level	EMT
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	68
	Refresher:	Refresher:	0
		Continuing Education:	
		Expiration Date:	10/31/16
		Number of courses:	
		Initial training:	2
		Refresher:	0
		Continuing Education:	

Training Institution:		Telephone Number:	
Address:			
Student Eligibility*:		**Program Level	
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:	Refresher:	
		Continuing Education:	
		Expiration Date:	
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Fresno ROP Program – Mariposa Telephone Number: 209-742-0260  
 Address: 5074 Old Highway N., P.O. Box 127  
Mariposa, CA 95338

Student Eligibility\*: Open to Mariposa High School Students Only \*\*Program Level EMT

Basic: 325 Number of students completing training per year:  
 Refresher: \_\_\_\_\_ Initial training: 32  
 Refresher: 0  
 Continuing Education: \_\_\_\_\_  
 Expiration Date: 07/31/13  
 Number of courses: \_\_\_\_\_  
 Initial training: 1  
 Refresher: 0  
 Continuing Education: \_\_\_\_\_

Training Institution: Mariposa County Fire Department Telephone Number: 209-966-4880  
 Address: 2281 Sierra Vista Way  
Mariposa, CA 95338

Student Eligibility\*: OPEN \*\*Program Level EMT

Cost of Program: \_\_\_\_\_ Number of students completing training per year:  
 Basic: Varie s Initial training: 31  
 Refresher: Varie s Refresher: 7  
 Continuing Education: \_\_\_\_\_  
 Expiration Date: 10/31/15  
 Number of courses: \_\_\_\_\_  
 Initial training: 1  
 Refresher: 1  
 Continuing Education: \_\_\_\_\_

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

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

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Mountain Valley EMS Agency – Yosemite Program</u>	Telephone Number:	<u>209-529-5085</u>
Address:	<u>1101 Standiford Ave, Suite D1</u> <u>Modesto, CA 95350</u>		
Student Eligibility*:	<u>OPEN</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>325.</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>11/30/11</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Ceres Adult Education – ROP Program	Telephone Number:	209-609-1554
Address:	2503 Lawrence Street P.O. Box 307 Ceres, CA 95307		
Student Eligibility*:	OPEN	**Program Level	EMT
		Student Eligibility*:	OPEN
Cost of Program:		Number of students completing training per year:	
Basic:	420.00	Initial training:	210
Refresher:	0	Refresher:	7
		Continuing Education:	1/30/14
		Number of courses:	2
		Initial training:	1
		Refresher:	
		Continuing Education:	

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

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

Training Institution:	Abrams College	Telephone Number:	209-527-7777
Address:	201 East Rumble Road, Suite E Modesto, CA 95350		
Student Eligibility*:	OPEN	**Program Level	EMT
		Number of students completing training per year:	
Cost of Program:		Initial training:	416
Basic:	775.00	Refresher:	32
Refresher:		Continuing Education:	06/30/16
		Number of courses:	7
		Initial training:	3
		Refresher:	
		Continuing Education:	

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Hughson Fire Department	Telephone Number:	209-883-9177
Address:	2300 Tully Rd Hughson, CA 95326-0037		
Student Eligibility*:	OPEN	**Program Level	EMT
	Cost of Program:		
	Basic: <u>Varies</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	26
		Refresher:	0
		Continuing Education:	
		Expiration Date:	4/30/13
		Number of courses:	
		Initial training:	2
		Refresher:	0
		Continuing Education:	

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

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

Training Institution:	Modesto Jr. College	Telephone Number:	209-549-7030
Address:	1220 Fire Science Lane Modesto, CA 95350		
Student Eligibility*:	OPEN	**Program Level	EMT
	Cost of Program:		
	Basic: <u>Varies</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	118
		Refresher:	28
		Continuing Education:	
		Expiration Date:	11/30/14
		Number of courses:	
		Initial training:	2
		Refresher:	2
		Continuing Education:	

**TABLE 11: SOURCES DIRECTORY -- Dispatch Agency**

County: Amador

Reporting Year: FY 2011/12

Name:		Amador County Sheriff Department, EMS		Bryan Middleton	
Address:		Communications Center		Primary Contact:	
Telephone Number:		Amador, CA			
209-233-6369					
Written Contract:		Medical Director:		Number of Personnel Providing Services:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day	<input type="checkbox"/> EMT-D
<input type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/> X	<input type="checkbox"/> Disaster	<input type="checkbox"/> BLS	<input type="checkbox"/> LALS
Ownership:		If Public:		<input type="checkbox"/> State	
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

County: Calaveras

Reporting Year: FY 2011/12

Name:		Calaveras County Sheriff Department, EMS		Rachelle Whiting	
Address:		Communications Center		Primary Contact:	
Telephone Number:		Government Center			
209-754-6500		San Andreas, CA. 95249			
Written Contract:		Medical Director:		Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day	<input type="checkbox"/> EMT-D
<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/> X	<input type="checkbox"/> Disaster	<input type="checkbox"/> BLS	<input type="checkbox"/> LALS
Ownership:		If Public:		<input type="checkbox"/> State	
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

County: Missoula

Reporting Year: FY 2011/12

Name: CalFire, Emergency Communications Center Steven Ward 209-  
 Address: 5366 Highway 49 North Primary Contact: 966-3803  
Mariposa, CA. 95338

Telephone Number: \_\_\_\_\_

Written Contract:  Yes  No Medical Director:  Day-to-Day  Disaster  
 Yes  No

Number of Personnel Providing Services:  
 \_\_\_ 15 \_\_\_ EMD Training \_\_\_ EMT-D \_\_\_ ALS  
 \_\_\_ \_\_\_ BLS \_\_\_ LALS \_\_\_ Other

Ownership:  Public  Private  
 If Public:  City  County  State  Fire District  Federal

If Public:  
 Fire  Law  Other  
 Explain: \_\_\_\_\_

County: Stanislaus

Reporting Year: FY 2011/12

Name: LifeCom Fire and EMS Communications Jared Bagwell  
 Address: 4701 Stoddard Rd Primary Contact: 209-236-8302  
Modesto, CA. 95367

Telephone Number: 1-800-913-9113

Written Contract:  Yes  No Medical Director:  Day-to-Day  Disaster  
 Yes  No

Number of Personnel Providing Services:  
 \_\_\_ 72 \_\_\_ EMD Training \_\_\_ EMT-D \_\_\_ ALS  
 \_\_\_ \_\_\_ BLS \_\_\_ LALS \_\_\_ Other

Ownership:  Public  Private  
 If Public:  City  County  State  Fire District  Federal

If Public:  
 Fire  Law  Other  
 Explain: \_\_\_\_\_

**EMS PLAN**  
**AMBULANCE ZONE SUMMARY FORM**  
**Alpine County**

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

<b>Local EMS Agency or County Name:</b> Mountain-Valley EMS/Alpine County
<b>Area or subarea (Zone) Name or Title:</b> Alpine County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties.
<b>Area or subarea (Zone) Geographic Description:</b>  Alpine County
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  There is no ALS or emergency ambulance service exclusivity in Alpine County
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  None
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Exclusivity will be granted upon completion of RFP process.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM  
Amador County**

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Amador County

**Area or subarea (Zone) Name or Title:**

Amador County

**Name of Current Provider(s):**

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

American Legion Ambulance Service. This provider has provided emergency ambulance services without interruption since 1929.

**Area or subarea (Zone) Geographic Description:**

Amador County

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

Include intent of local EMS agency and Board action.

The ambulance provider agreement between the LEMSA and American Legion Ambulance Services specifies that American Legion Ambulance Service is the exclusive operator of ALS ground ambulance and emergency ground ambulance services for that County.

**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.).

All emergency ground ambulance services and Advanced Life Support ground ambulance services. "Emergency ground ambulance services" shall mean all services originating in Amador County that require the use of an ambulance, including but not limited to interfacility transfers or scene calls whether Advanced Life Support, Basic Life Support, or Critical Care Transports as defined in Amador County Ambulance Ordinance. The term "emergency ground ambulance services" is used to differentiate between air and ground ambulance services, and its meaning is equivalent to "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85.

**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.

American Legion Ambulance was "grandfathered" into Amador County as the sole provider of ALS and emergency ground ambulance services due to no changes in manner and scope of service to the area other than upgrading to LALS and then ALS services in the early 1990s. In November 1999, the Amador County Board of Supervisors approved a county ambulance ordinance that further defined "emergency ground ambulance services" to reflect the maximum level of exclusivity allowed according to recent court decisions. These court cases, "Schaefer v. San Bernardino County" and "Redwood Empire v Sonoma County" define 'emergency ambulance services' as found in the Health and Safety Code, Division 2.5, Section 1797.85, to include all ambulance services.

## Calaveras County - South Zone

<b>Local EMS Agency or County Name:</b> Mountain-Valley EMS/Calaveras County
<b>Area or subarea (Zone) Name or Title:</b> <b>South Zone</b>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> American Legion Post Number 108 began providing service in the South Zone on July 1, 2005 after winning a competitive bid process.
<b>Area or subarea (Zone) Geographic Description:</b> The South Zone is generally the southwestern portion of the county, including the towns of Murphys, Copperopolis, Altaville, Milton, and the City of Angels Camp. It is bounded on the northeast by the Ebbett's Pass Fire District, southeast by the Stanislaus county line, southwest by the Tuolumne county line, and the north by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>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.).</small>  "All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.  "Interfacility Transfer" is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.  "Scene Call" is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

## **Types of Exclusivity Adopted for Calaveras County EOAs**

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph's Hospital.

### **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.

Competitive Bid Process

## Calaveras County – East Zone

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Calaveras County

**Area or subarea (Zone) Name or Title:**

**East Zone**

**Name of Current Provider(s):**

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

As of July 1, 2005, the provider of ALS service in the east zone is Ebbetts Pass Fire District. They earned the right to provide service through a competitive bid process.

**Area or subarea (Zone) Geographic Description:**

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, the north by the Amador county line, and the west generally on a line beginning at a point due north of Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy. 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road.

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

Include intent of local EMS agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County

**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.).

**Definition of Terms**

"All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

"Interfacility Transfer" is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

"Scene Call" is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

### **Types of Exclusivity Adopted for Calaveras County EOAs**

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph's Hospital.

### **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.

Competitive Bid Process

## Calaveras County – North Zone

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Calaveras County

**Area or subarea (Zone) Name or Title:**

**North Zone**

**Name of Current Provider(s):**

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

American Legion Ambulance began providing service in the north zone on July 1, 2005. They obtained the right to provide exclusive service by being the winning bidder in a competitive bid process.

**Area or subarea (Zone) Geographic Description:**

The North Zone is generally the north and northwest portions of the county, including the towns of West Point, Valley Springs, Mokulemne Hill, Jenny Lind, and San Andreas. It is bordered on the north and west by Amador San Joaquin, and Stanislaus county lines, the southeast by the border of the Ebbett's Pass Fire District, and on the south by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

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

Include intent of local EMS agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

**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.).

**Definition of Terms**

"All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

"Interfacility Transfer" is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

"Scene Call" is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

## **Types of Exclusivity Adopted for Calaveras County EOAs**

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph's Hospital.

### **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.

Competitive Bid Process

**Mariposa County**

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Mariposa County

**Area or subarea (Zone) Name or Title:**

**Mariposa County**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.

**Area or subarea (Zone) Geographic Description:**

All of Mariposa County

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

Include intent of local EMS agency and Board action.

There is no ALS or emergency ambulance service exclusivity in Mariposa County.

**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.).

None

**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.

Exclusivity will be determined by RFP

**Stanislaus County – Zone 5**

**Local EMS Agency or County Name:**  
Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**  
**Zone 5**

**Name of Current Provider(s):**

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

Del Puerto Health Care District has provided Paramedic level emergency ground ambulance services from 1978 to the present.

**Area or subarea (Zone) Geographic Description:**

Zone 5 is in northwestern Stanislaus County encircling the City of Patterson and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**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.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and staffed at the EMT level. In 1978, their medical scope of practice changed to Paramedic. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present.

## Stanislaus County – Zone 1

**Local EMS Agency or County Name:**  
Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**  
**Zone 1**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance services in this zone is American Medical Response, Inc. 911 Emergency Medical Services, Inc provided emergency ambulance services without interruption from 1958 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

**Area or subarea (Zone) Geographic Description:**

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**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.

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, which reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present.

## Stanislaus County – Zone 3

**Local EMS Agency or County Name:**  
Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**  
**Zone 3**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance services in this zone is American Medical Response, Inc. 911 Emergency Medical Services, Inc provided emergency ambulance services without interruption from 1958 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

**Area or subarea (Zone) Geographic Description:**

Zone 3 is in the central area of Stanislaus County encircling the City of Ceres and is specifically described as follows:

Commencing at Carpenter and Taylor Roads; then easterly on Taylor Road to Moffet Road; then northerly on Moffett Road to Keyes Road; then easterly on Keyes Road to Washington Road; then northerly on Washington Road to Service Road; then westerly on Service Road to Faith Home Road; then northerly on Faith Home Road to the Tuolumne River; then westerly along the Tuolumne River to a point just northwest of Broyle Road; then south to Grayson Road; then easterly on Grayson Road to Laird Road; then southerly on Laird Road to Keyes Road; then easterly on Keyes Road to Carpenter Road; then southerly on Carpenter Road to Taylor Road.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**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.

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

## Stanislaus County – Zone 8

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**

**Zone 8**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance services in this zone is American Medical Response (AMR). Turlock Ambulance Service, Inc (TAS) provided service without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995, through the present.

**Area or subarea (Zone) Geographic Description:**

Zone 8 is in the south central area of Stanislaus County encircling the City of Turlock and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**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.

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

## Stanislaus County – Zone 4

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**

**Zone 4**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

**Area or subarea (Zone) Geographic Description:**

Zone 4 is in the northern apex of the Stanislaus County encircling the City of Oakdale.

Commencing on the border of Stanislaus County at the apex adjacent to Amador County and San Joaquin County; the line proceeds southerly and then westerly along the Stanislaus and San Joaquin borders to a point just northwest of the City of Riverbank; then proceeding southerly along Oakdale Road; then easterly along Claribel Road; then southeasterly along the Santa Fe tracks to Milnes Road; then east along Milnes Road to Crow Road; then north along Crow Road to Clarabel Road; then easterly along Claribel Road to Tim Bell Road; then northeasterly along Tim Bell Road to Warnerville Road; then easterly along Warnerville Road/Cooperstown Road to the border of Stanislaus County to the apex adjacent to Amador and San Joaquin County.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**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.

Oak Valley Hospital District was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

## Stanislaus County – Zone A

**Local EMS Agency or County Name:**  
Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**  
**Zone A**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

**Area or subarea (Zone) Geographic Description:**

Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows:

Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

There is no ALS or emergency ambulance service exclusivity in Zone 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.

Memorial Hospital Association provided emergency ground ambulance services in Zone A between 1982 and 1985. West Side District Ambulance became the provider of emergency ground ambulance services in 1985. Zone A will only become an exclusive operating area following a competitive bid process.

## Stanislaus County – Zone B

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**

**Zone B**

**Name of Current Provider(s):**

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

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

**Area or subarea (Zone) Geographic Description:**

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Juncture.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process.

**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.).

There is no ALS or emergency ambulance service exclusivity in Zone B

**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.

Turlock Ambulance Service and Mobile Life Support provided emergency ground ambulance services in different sections of Zone B prior to 1980 and until 1988. Del Puerto Hospital District became the provider of emergency ground ambulance services for the area of Zone B in 1988. In November 2007, American Medical Response became responsible for also responding to portions of Zone B. Zone B will only become an exclusive operating area following a competitive bid process.

## Stanislaus County – Zone C

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**

**Zone C**

**Name of Current Provider(s):**

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

The Provider in Zone C is Pro Transport-I, Inc. who began service in November 2008

**Area or subarea (Zone) Geographic Description:**

Zone C is in the east central area of Stanislaus County encircling the City of Hughson and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process. Zone C will become an exclusive operating area only following a competitive bid process.

**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.).

There is no ALS or emergency ambulance service exclusivity in Zone C

**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.

Zone C will become an exclusive operating area following a competitive bid process. Prior to 1990, parts of Zone C were served by providers adjacent to the zone: Waterford Community Ambulance, Turlock Ambulance Service and 911 Emergency Medical Services

## Stanislaus County – Zone D

**Local EMS Agency or County Name:**

Mountain-Valley EMS/Stanislaus County

**Area or subarea (Zone) Name or Title:**

**Zone D**

**Name of Current Provider(s):**

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

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital

**Area or subarea (Zone) Geographic Description:**

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Warnerville Road; then westerly along Cooperstown/Warnerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road; then southerly along Hickman Road to Keyes Road; then easterly along Keyes Road to the County line.

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

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process. Waterford Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

**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.).

There is no ALS or emergency ambulance service exclusivity in Zone C

**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.

Due to changes in ambulance providers that occurred in May 1996, this zone must be a non-exclusive area until such time as a competitive bid process is completed