



Northern California
Emergency Medical Services, Incorporated

*EMS System Plan Update
2011*

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TABLE 1

SUMMARY OF SYSTEM STATUS

ASSESSMENT OF THE SYSTEM

Table 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT (1.00)	2.1
B. STAFFING/TRAINING (2.00)	2.4
C. COMMUNICATIONS (3.00)	2.6
D. RESPONSE/TRANSPORTATION (4.00)	2.7
E. FACILITIES/CRITICAL CARE (5.00)	2.9
F. DATA COLLECTION/SYSTEM EVALUATION (6.00)	2.10
G. PUBLIC INFORMATION AND EDUCATION (7.00)	2.11
H. DISASTER MEDICAL RESPONSE (8.00)	2.12

System Assessment Forms

1.00 SYSTEM ORGANIZATION AND MANAGEMENT	2.14
2.00 STAFFING/TRAINING	2.42
3.00 COMMUNICATIONS	2.55
4.00 RESPONSE/TRANSPORTATION	2.65
5.00 FACILITIES CRITICAL CARE	2.87
6.00 DATA COLLECTION/SYSTEM EVALUATION	2.101
7.00 PUBLIC INFORMATION AND EDUCATION	2.112
8.00 DISASTER MEDICAL RESPONSE	2.116

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Board composition was restructured in May to include a Supervisor representative from each contracting county. A Medical Advisory Committee meets bi-monthly to review protocols and provide direction to the Medical Director and clinical staff.	
1.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS system evaluation is ongoing through a number of methods including broad direction from the Board of Directors, the Medical Advisory Committee and specific QI reviews.	
1.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.	
1.05		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This Standard is being met by the completion and submittal of this plan.	
1.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan is formally updated when requested by the Authority.	
1.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has developed a Trauma Plan that was originally approved in 1990. With the departure of counties from the region, a revision was submitted in July 2011.	
1.09		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventories are updated as site inspections are periodically conducted, as prehospital updates are requested by EMSA and as resource capabilities change.	
1.11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While the geographical scope of the agency has been lessened and past special populations have been addressed, we continue to be mindful of special population needs and the ability to meet those needs.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.	
1.14		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.	
1.15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Medical Advisory Committee and others. Ambulance services, non-transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statues. We are made aware of needed actions by the review of QI reports, patient care forms or complaints.	
1.17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Control is well defined and functions well. Base Hospitals and Alternative Base Stations provide on-line control. Protocols are followed in the event of radio failure.	
1.18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals and providers. A skills usage form is utilized in addition to data retrievable from ePCRs.	
1.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing physicians and MICNs, the Nor-Cal EMS region has eight acute care facilities providing medical control.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Nor-Cal EMS Trauma Plan was first approved in 1989. Challenges of the system deal with low volume and extended transport times, which are compounded in winter months. At Levels III and IV, Trauma center designation is not competitive. There are no hospitals in the area that meet Level I or II designation criteria.	
1.27		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.	Determine opportunities for pediatric care enhancement that include training and equipment deployment.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Exclusive Area has been approved in Lassen County, Plumas County and Modoc County. Another submittal has been made for a Plumas County zone that is pending.	
2.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT basic course.	
2.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All EMS education programs in the region, including EMT, AEMT, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction. Program approvals are for a two-year period, at which time they are reevaluated.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.	
2.04		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This responsibility has not been delegated by contract counties, however we have maintained involvement with agencies considering the establishment of an EMD program. This has occurred through close communication between the PSAP and the agency's Medical Director specific to protocols.	
2.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherences to policies are not followed.	
2.12		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulations require Public Safety personnel to be trained in CPR. Current CPR training includes protocols and the use of AEDs	
2.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use. Currently there are no approved MICN training programs in the region.	
3.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency participates in the Regional Communication Advisory and Planning Committee, which convenes quarterly.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	While the agency no longer maintains the region-wide UHF communications system, the systems of advisory groups provide opportunity to review communications issues including multi-casualty events. Handheld radios have been distributed to counties for rapid deployment in the event of a mass casualty event.	
4.01		X			These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan.	
4.04		X			Pre-scheduled transportation has little or no effect on system operations. Responsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.	
4.05		X			Nor-Cal EMS has adopted the state's response time guidelines.	
4.07		X			Nor-Cal EMS supports the participation of first responder agencies into the EMS system and facilitates their participation through approval of First Responder instructors, certification of course graduates and development of provider agreements for services utilizing advanced personnel, AEDs and/or airway devices.	
4.09		X			The region is served by one air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.12		X			The agency has a disaster and MCI plan and works with the RDMHS, and state offices during disasters. This includes mobilization of response and transport vehicles including coordination with Ambulance Strike Teams.	
4.13		X			Units and personnel can and do operate throughout the region without regard for county boundaries. Regional approval of providers, certification/ accreditation of personnel and a regional communications system facilitate this flexibility.	
4.19		X			Exclusive operating areas exist in Lassen, Plumas and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc and Plumas counties EOAs through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.	
4.2		X			This has been done and accepted in Modoc and Plumas Counties. Two services were denied EOA status through grandfathering in Plumas County. Materials regarding an additional service in Plumas County have been resubmitted.	
5.01		X			The agency periodically assesses and reassesses the EMS capabilities of various acute care facilities as a part of the designation of Trauma Centers, Base Hospitals and Alternative Base Stations. Written agreements exist between the agency and these facilities, which require adherence to local policies and state regulation.	
5.04		X			The agency has designated receiving hospitals, which are monitored through a variety of visits, audits and QI activities.	

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

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.06		X		X	The agency remains active in pursuing the best means of improving its evaluation program including the exploration of improved data systems.	
6.07		X			For those agencies not utilizing an electronic system, they are required, as all agencies with provider agreements, to provide patient records, either routinely or as requested.	
6.08		X			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	
6.1		X			Through the CEMSIS System, trauma data provides opportunities to measure system compliance and determine system improvements.	
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency has been involved in several injury and illness prevention effort in the past including Think First for Kids, First There/First Care and the Northstate Prehospital Conference.	
8.01		X			The agency has been involved with regional and local OES agencies, including the LEPC.	
8.05		X			Regional policies identify the control facility for the distribution of mass casualty patients.	
8.11		X			This activity has occurred in conjunction with HPP projects.	
8.12		X			This activity has occurred in conjunction with HPP projects.	
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	

TABLE 2:

BUDGET
FEE STRUCTURE
ORGANIZATION/MANAGEMENT
ORGANIZATIONAL CHART

TABLE 2: SYSTEM RESOURCES AND OPERATIONS - System Organization and Management

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

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

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

County: Glenn

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Lassen

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Modoc

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Plumas

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Sierra

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Trinity

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

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

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

Table 2 - System Organization & Management (cont.)

5. EMS agency budget for FY 2011-2012

A. EXPENSES

Salaries and benefits (all but contract personnel)		511,238.48
Contract Services (e.g. medical director)	(Medical Director) (Other Contractual)	50,000.00 29,918.00
Operations/Indirect Expenses (e.g. copying, postage, facilities, overhead)		107,787.25
Travel		10,000.00
Fixed assets		
Ambulance subsidy		N/A
EMS Fund Payments to physicians/hospital	(See Note Below)	41,362.59
Dispatch center operations (non-staff)		N/A
Training program operations		Included in numbers above
Other:		
<u>TOTAL EXPENSES</u>		\$750,306.32

Note: Used 2010-2011 fiscal year for Plumas County as a projection for the 2011-2012 fiscal years.

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	210,044.74
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	137,150.00
Certification fees	24,000.90
Training program approval fees	
Programs/Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base Hospital /Non-Base Hospital Provider Fee	16,478.00
Base hospital designation fees	
Trauma Center Annual Fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center designation fees	N/A
Ambulance service/vehicle fees (Provider Fee)	8,520.00
Contributions	
EMS Fund (SB 12/612) administration fees *	45,696.02
Other grants: Products/Interest Inc.	2,000.00
Other fees: Prehospital Conference	5,000.00
Other (specify): Operating Revenue from Nor-Cal to Balance Budget	196,699.83
Miscellaneous (Other)	
<u>TOTAL REVENUE</u>	<u>\$645,589.49</u>

* Includes administration fee and payments to physicians and hospitals (used 2010-2011 as Projections for 2011-2012).

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 2011

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

(a) Fee based on formula

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: Figures are as of the start of fiscal year 2011-2012

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary) Employer Taxes not Included	COMMENTS
EMS Admin./Coord./Director	Chief Executive Officer	100.00%	47.91	22.42%	
Asst. Admin.	Director Business Administration	100.00%	24.50	28.56%	
ALS Coord./Field Coord./ Training Coordinator	EMS System Director	100.00%	31.25	26.04%	
Program Coord./Field Liaison (Non-clinical)	Certification/Testing Manager Project Coordinator	100.00% 100.00%	19.26 15.92	35.11% 30.97%	
Trauma Coordinator					
Medical Director	Medical Director	30.00%	85.00	--	Contract position
Other MD/Med. Consult./ Training Medical Director					
Disaster Medical Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	Director of Information Technology	100.00%	34.20	41.94%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Secretary	100.00%	13.04	38.65%	
Other Clerical					
Data Entry Clerk					
Other					

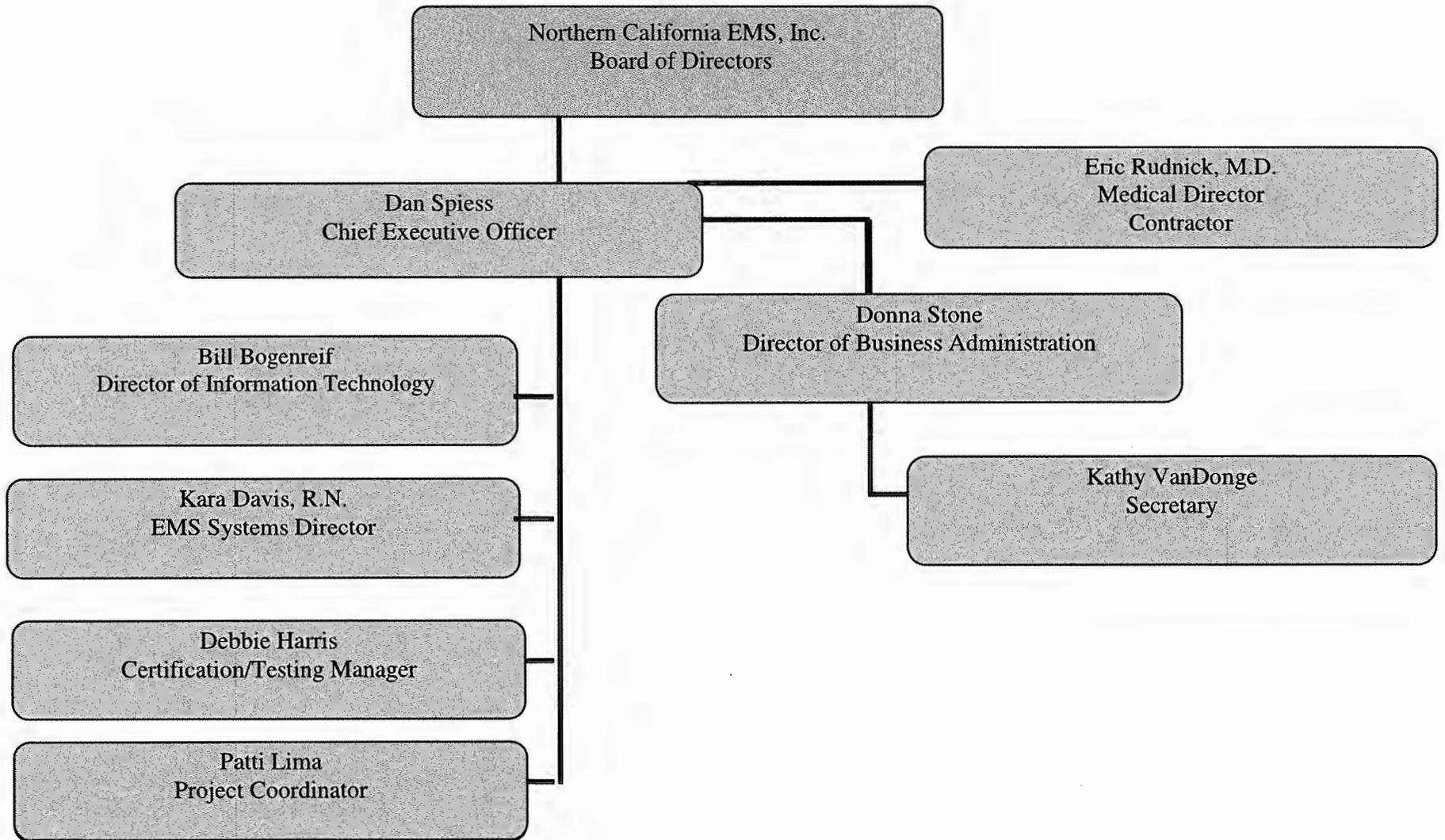


TABLE 3

PERSONNEL/TRAINING

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

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

NOTE: Table 3 is to be reported by agency.

	EMTs	AEMTs	EMT - Ps	MICN
Total certified	894	17		67
Number newly certified this year	57	0		0
Number recertified this year	290	11		9
Total number of accredited personnel on July 1 of the reporting year			204	
Number of certification reviews resulting in:				
a) formal investigations	7	1	0	0
b) probation	3	0	0	0
c) suspensions	1	0	0	0
d) revocations	0	0	0	0
e) denials	1	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	3	1	0	0

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

2. Early defibrillation:

a) Number of EMT (Defib) certified

894

b) Number of public safety (Defib) certified (non-EMT)

657

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

TABLE 4
COMMUNICATIONS

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2011

County: Glenn

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Lassen

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Modoc

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? Yes
 - a. Radio primary frequency 153.920, 153.860
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
 Yes 153.920, 153.860
 - d. Do you participate in OASIS? Yes
 - e. Do you have a plan to utilize RACES as a back-up communication system? No
 - 1) Within the operational area? No
 - 2) Between the operational area and the region and/or state? No
6. Primary dispatch agency for day-to-day emergencies: OES
7. Primary dispatch agency for a disaster: OES

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Plumas

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system?
 Yes, as part of a Tactical Interoperable Communications Plan
 - a. Radio primary frequency: Assigned as needed from TICP
 - b. Other methods: Use of predefined TAC channels
 - c. Can all medical response units communicate on the same disaster communications system?
 Yes
 - d. Do you participate in OASIS? Yes
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes
 - 1) Within the operational area? Yes
 - 2) Between the operational area and the region and/or state? Yes
6. Primary dispatch agency for day-to-day emergencies: Sheriff
7. Primary dispatch agency for a disaster: Sheriff

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

County: Sierra

- | | | |
|----|--|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 2 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 0 |
| 5. | Do you have an operational area disaster communication system? Yes | |
| | a. Radio primary frequency: 153.785 RX 155.785 TX | |
| | b. Other methods: Reverse 9-1-1 | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Primary dispatch agency for day-to-day emergencies: Sheriff | |
| 7. | Primary dispatch agency for a disaster: Sheriff | |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2011

County: Trinity

- | | | |
|----|--|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 0 |
| 3. | Number of dispatch centers directly dispatching ambulances | 2 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 0 |
| 5. | Do you have an operational area disaster communication system? Yes | |
| | a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX | |
| | b. Other methods: County has multi-agency radio communication system and Reverse 9-1-1 | |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes | |
| | d. Do you participate in OASIS? Yes | |
| | e. Do you have a plan to utilize RACES as a back-up communication system? Yes | |
| | 1) Within the operational area? Yes | |
| | 2) Between the operational area and the region and/or state? Yes | |
| 6. | Primary dispatch agency for day-to-day emergencies: Sheriff | |
| 7. | Primary dispatch agency for a disaster: Sheriff | |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	3
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	42%
3.	Total number responses	10,400
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	Data Unavailable
	b) Number non-emergency responses (Code 1: normal)	Data Unavailable
	c) Interfacility transfers	Data Unavailable
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	Data Unavailable
	b) Number of non-emergency transports (Code 1: normal)	Data Unavailable

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	48
6.	Number of EMT-Defibrillation providers	NA
	a) Automated	
	b) Manual	

Air Ambulance Services

7.	Total number of responses	**	398
	a) Number of emergency responses		133
	b) Number of non-emergency responses		265
8.	Total number of transports		226
	a) Number of emergency (scene) responses		82
	b) Number of non-emergency responses		144

** These numbers reflect the first nine months of 2011

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers: 66

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE) **

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance				

** Currently developing mechanism to retrieve response time data

TABLE 6

FACILITIES/CRITICAL CARE

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Northern California EMS, Inc.

Reporting Year: 2011

NOTE: Table 6 is reported by agency.

Trauma Care System

Trauma patients:

a) Number of patients meeting trauma triage criteria_____	5
b) Number of major trauma victims transported directly to a trauma center by ambulance_____	0
c) Number of major trauma patients transferred to a trauma center_____	5
d) Number of patients meeting triage criteria who were not treated at a trauma center_____	0

Emergency Departments

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

Receiving Hospitals

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

TABLE 7
DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Glenn

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Incident scene or Glenn Medical Center
 - b. How are they staffed? Incident sites staffed with EMS personnel. Hospital staffed by 2 RN's, 2-4 LVN's, 1-3 Medical Doctors. MOU in place with the Health Department for more staff.
 - c. Do you have a supply system for supporting them for 72 hours? MOU with Health Department, utilization of the Disaster Healthcare volunteers.

2. CISD

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2011

County: Lassen

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Unofficially at Susanville Tennis Courts and County road shops. This plan is still in progress and is not yet approved by Lassen County BOS.

b. How are they staffed?

c. Do you have a supply system for supporting them for 72 hours?

2. CISD

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

3. Medical Response Team

a. Do you have any team medical response capability? Yes – Medical branch of DOC

b. For each team, are they incorporated into your local response plan? No

c. Are they available for statewide response? No

d. Are they part of a formal out-of-state response system? No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? County contracts with Sierra Cascade

b. At what HazMat level are they trained? Type A

c. Do you have the ability to do decontamination in an emergency room? Yes

d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

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

OPERATIONS (Cont.)

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

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

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

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

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

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

8. Are you a separate department or agency? No

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Modoc

SYSTEM RESOURCES

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

2. CISD

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Plumas

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs? Chester, Quincy, Portola
 - b. How are they staffed? Hospital Personnel
 - c. Do you have a supply system for supporting them for 72 hours? Yes
2. CISD

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Sierra

SYSTEM RESOURCES

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

OPERATIONS

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

OPERATIONS (Cont.)

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Northern California EMS, Inc. Reporting Year: 2011
 County: Trinity

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Veterans Hall, Trinity Hospital Parking Lot (Weaverville), Hayfork fairgrounds, various schools and churches.
 - b. How are they staffed? Disaster Health Department (2 local volunteers only)
 - c. Do you have a supply system for supporting them for 72 hours? Yes, state support (CD HOM/MOM)

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?	Yes
b. At what HazMat level are they trained?	First Responder Operational, WMD, Medical, DECON
c. Do you have the ability to do decontamination in an emergency room?	No
d. Do you have the ability to do decontamination in the field?	Yes

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 8

APPROVED TRAINING PROGRAMS

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC.

County: Glenn

Reporting Year: 2011

Training Institution Name / Address		Contact Person / Phone Number
Absolute Safety Training @ Glenn Medical Center 1133 W. Sycamore, Willows, CA 95988		Dan Layne, MICP 530-521-6520
Student Eligibility: *	Cost of Program	**Program Level: EMT & Paramedic
Open	Basic EMT \$600	Number of students completing training per year:
Current CPR	Paramedic \$7,000	Initial training: EMT-20 Paramedic-30
	Refresher N/A	Refresher: N/A
		Cont. Education
		Expiration Date: 8-11-2014
		Number of courses: EMT Paramedic
		** Initial training: 20 students 1 (30 students)
		Refresher:
		Cont. Education:
		** As Needed

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC.

County: Lassen

Reporting Year: 2011

Training Institution Name / Address		Contact Person / Phone Number
Lassen Community College PO Box 3000 Susanville, CA 96130		Debbie Kincaid 530 – 310-1154 Program Director: Ross Stevenson
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year: Initial training: 20 Refresher: 10 Cont. Education Expiration Date: 11-1-2014 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education:
Open Current CPR	Basic \$239 Refresher \$ 46	

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NORTHERN CALIFORNIA EMS, INC.

County: Trinity

Reporting Year: 2011

Training Institution Name / Address		Contact Person / Phone Number
Shasta College Outreach PO Box 6006 Redding, CA 96009		Serena Brown 530-351-4439
Student Eligibility: *	Cost of Program	**Program Level: EMT Number of students completing training per year:
Open	Basic 128.50 Refresher None	Initial training: 30 Refresher: 20 Cont. Education 0 Expiration Date: 9-16-2014 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person / Phone Number
Southern Trinity Area Rescue Post Office Box 4 Mad River, CA 95552		Mike Gladding, EMT-P, EMS Coordinator (707) 574-6616
Student Eligibility: *	Cost of Program	**Program Level: EMT-I Number of students completing training per year:
Open to general public Current CPR	Basic EMT \$50.00 Refresher varies	Initial training: 12-20 Refresher: 6-10 Cont. Education Yes Expiration Date: 08/31/2013 Number of courses: EMT-I Initial training: 1 Refresher: 1 Cont. Education: yes

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

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

TABLE 9
DISPATCH AGENCIES

TABLE 9: Dispatch Agency

EMS System: Northern California EMS

County: Glenn

Reporting Year: 2011

Name, address & telephone: Glenn County Sheriff 's Office 543 W. Oak St, Willows, CA 95988		Primary Contact: Larry Jones, Sheriff/Coroner 530-934-6431		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year: 2011

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

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

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year: 2011

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St, Alturas, CA 96101		Primary Contact: Mike Poindexter, Sheriff 530-233-4416	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 12 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 6 Fire Department: 14 PSAP for County	

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year: 2011

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

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

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year: 2011

Name, address & telephone: Sierra County Sheriff's Office PO Box 66 Downieville, CA 95936		Primary Contact: John Evans, Sheriff 530-289-3700		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0 Presently does not dispatch for any ambulance service but anticipates doing so for Eastern Plumas Health Care in the future for service to the East side of Sierra County.

TABLE 9: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year: 2011

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

EMS PLAN

AMBULANCE ZONE SUMMARY FORMS

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

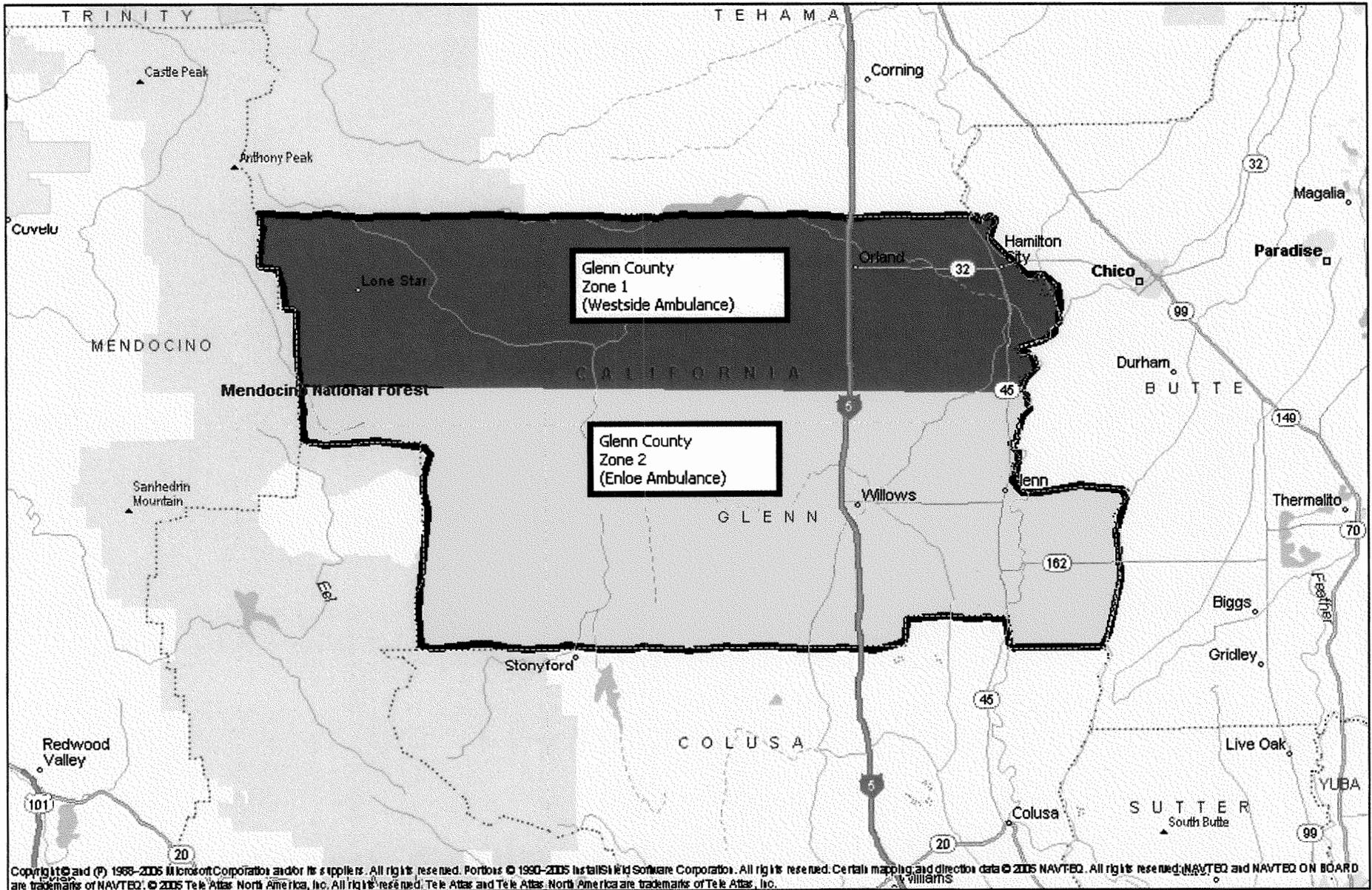
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Glenn County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Westside Ambulance</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">All of Glenn County north of County Road 33</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Glenn County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Enloe Hospital Emergency Services</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">All of Glenn County south of County Road 33</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

GLENN COUNTY MAP



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

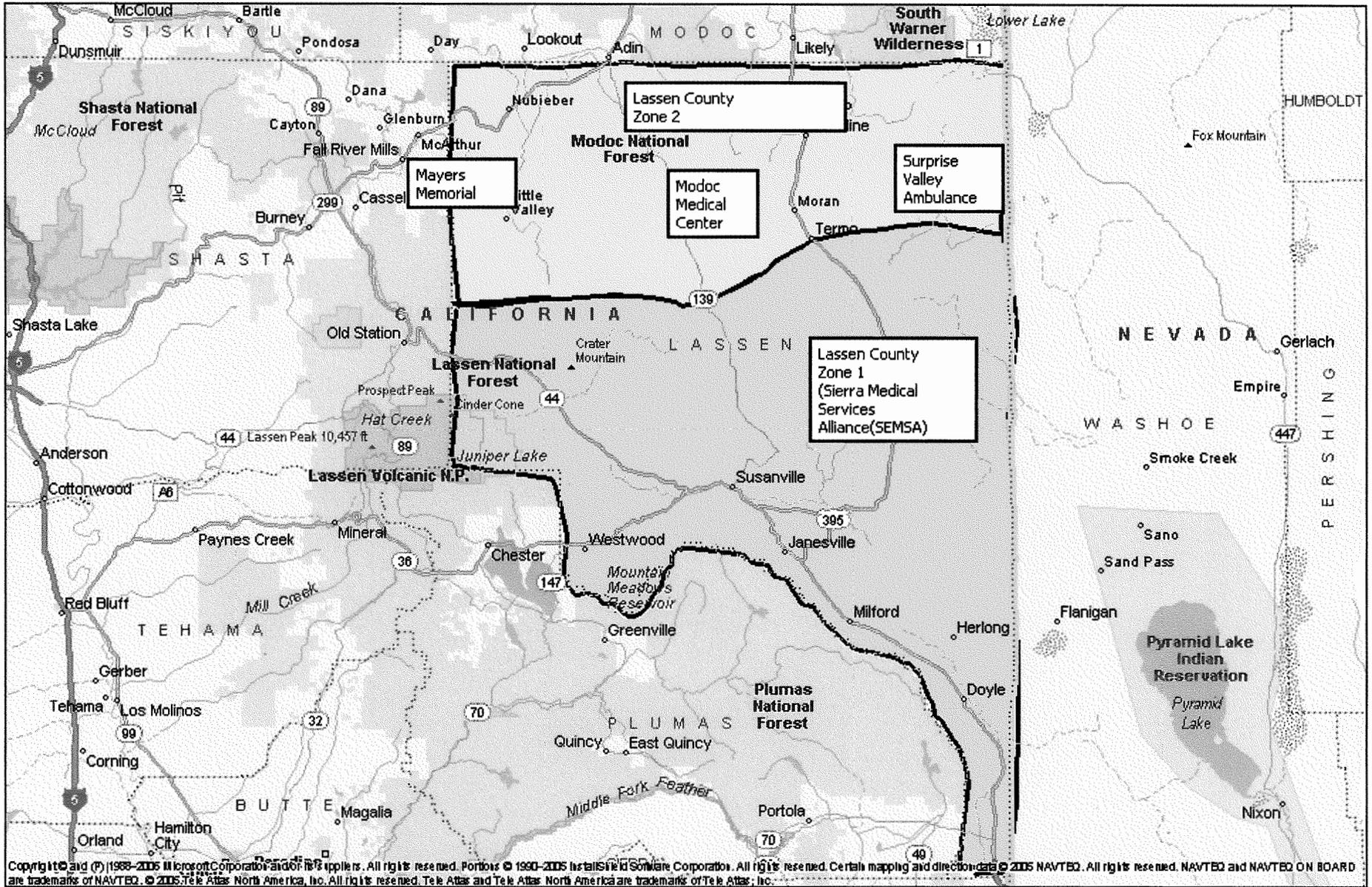
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1 (Central, West and East County Areas)</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">SEMSA</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Refer to map</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">All emergencies</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">Competitively determined by RFP process</p>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2 (North County Area)</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;"> Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Adin Ambulance (west-central) since the 1940s Modoc Medical Center Ambulance (east-central) since the 1940s Surprise Valley Hospital Ambulance eastern extreme </p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

LASSEN COUNTY MAP



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

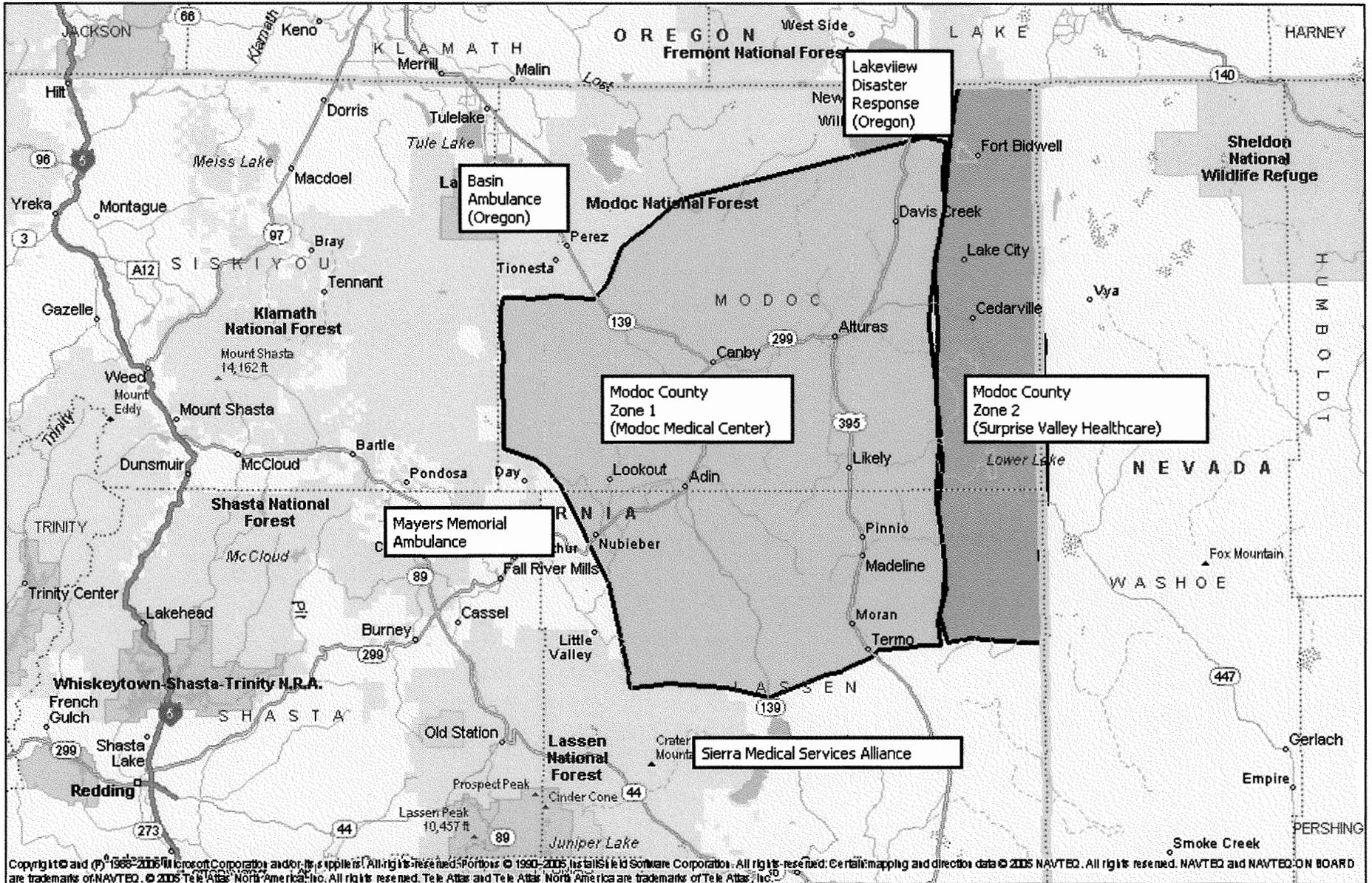
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Modoc County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Modoc Medical Center</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Central area of Modoc County—see map</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>This ambulance service has been granted exclusive operating rights under the grandfather clause and recognized by EMSA in the previous plan approval.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Modoc County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Surprise Valley Healthcare</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Eastern extreme of Modoc County—see map</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>

MODOC COUNTY MAP



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Chester Fire Protection District</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="margin-left: 40px;"> North: Lassen National Park including Highway 89 to Summit Lake. East: SR 36 to Johnson's Grade South: SR 89 to the area of Rocky Point Campground Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line West: SR 36 to the SR 89 (north) intersection. </p> <p style="margin-left: 40px;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Peninsula Fire Protection District</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;"><u>Peninsula Primary Response Area</u></p> <p>East: Highway 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade North: Lassen County line – wilderness area. South: Highway 147 to the area of Highway 89</p> <p style="text-align: center;">See attached map</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p style="text-align: center;">ALS</p>
<p>Method to achieve Exclusivity, if Applicable (HS 1797.224):</p> <p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">South Lassen Ambulance</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greenville and areas surrounding Greenville</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if Applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Plumas District Hospital Ambulance</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: Highway 89/70 junction at the Greenville Wye West: Highway 70 to the Butte County Line East: Highway 70/89 to Mt.Tomba on the east end of Crombert West: Quincy Oroville Highway to the Butte County Line Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal) </p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p style="text-align: center;">Grandfathered</p>
<p>Method to achieve Exclusivity, if Applicable (HS 1797.224):</p> <p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Eastern Plumas Health Care Ambulance</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p style="text-align: center;">ALS</p>
<p>Method to achieve Exclusivity, if Applicable (HS 1797.224):</p> <p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Grandfathered</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Sierra County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Downieville Fire Department Ambulance</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: To the Plumas County Line East : SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors </p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if Applicable (HS 1797.224):</p> <p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

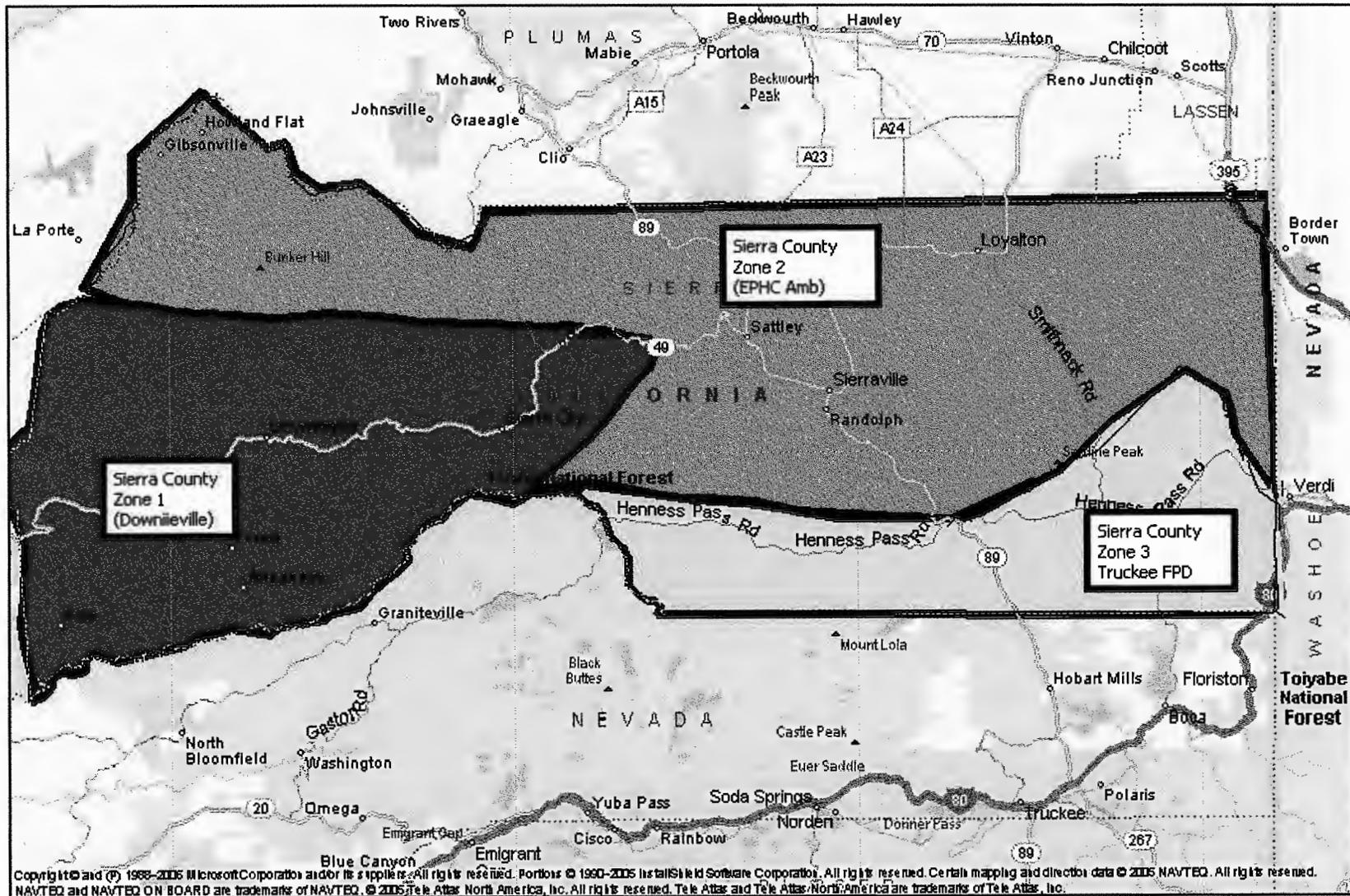
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Sierra County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Eastern Plumas Healthcare Ambulance</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: Approximately 10-15 miles north of French Men Lake East : To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors </p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if Applicable (HS 1797.224):</p> <p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">N/A</p>

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

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Sierra County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Truckee Fire Protection District</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="margin-left: 40px;">North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860</p> <p style="margin-left: 40px;">East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection)</p> <p style="margin-left: 40px;">South: Nevada/Sierra County line</p> <p style="margin-left: 40px;">West: Nevada/Sierra County line up to the USFS 07 Road</p> <p style="margin-left: 40px;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p style="margin-left: 40px;"><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

SIERRA COUNTY MAP



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Trinity County Life Support</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;"> North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors </p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2- BLS. ALS covered by TCLS</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Coffee Creek VFD Trinity Center VFD</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

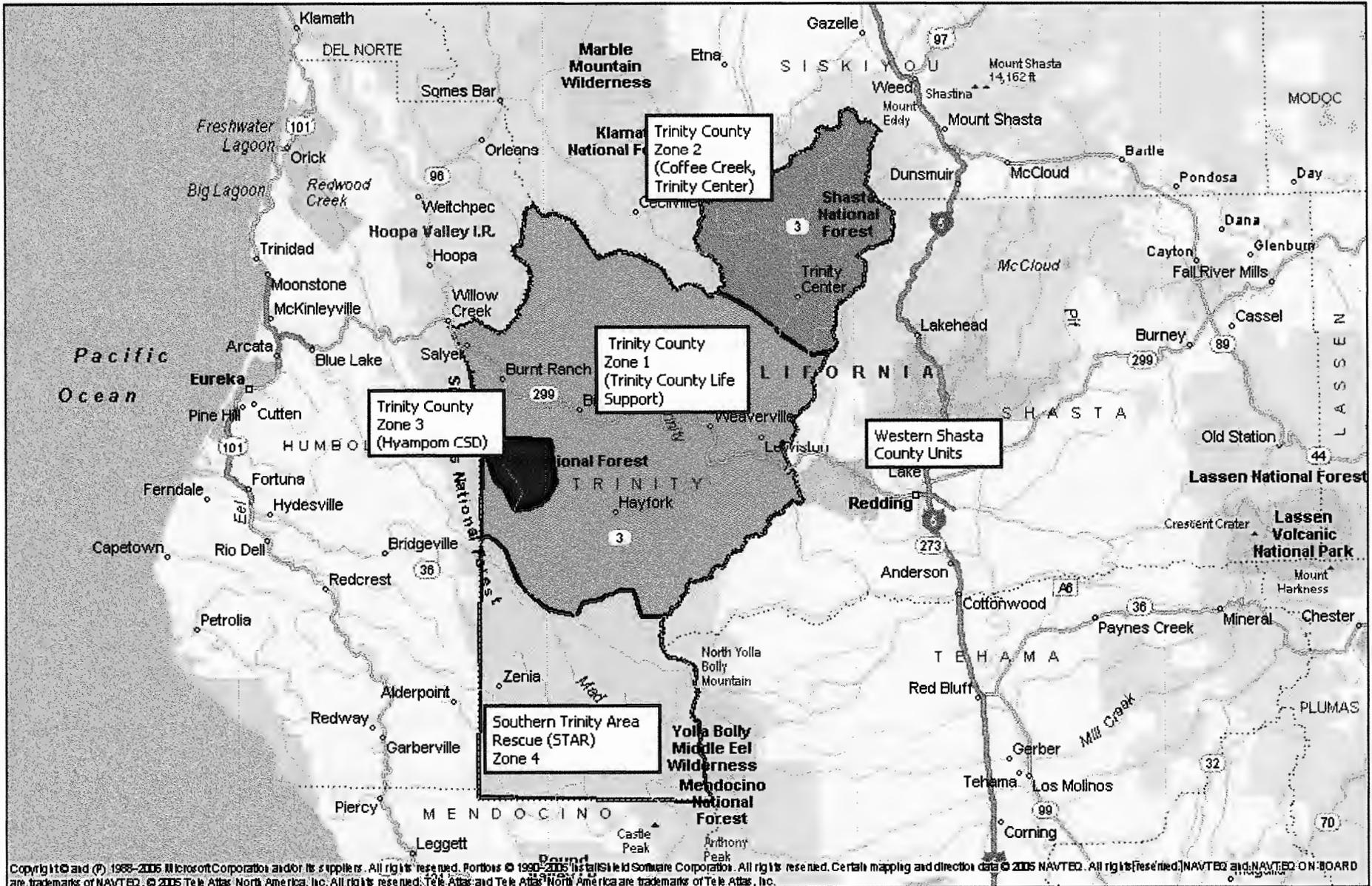
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3-BLS. ALS covered by TCLS</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Hyampom CSD</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Describe Area North: Grapevine Creek Road to Corral Bottom Road South: Corral Bottom Road to Hyampom Road East: Hyampom Road to NF-3N10 West: NF-3N10 to Grapevine Creek Road</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 4 – STAR (Southern Trinity Area Rescue)</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Southern Trinity Area Rescue</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">See attached map and specific response locations</p> <p>Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">ALS</p>

TRINITY COUNTY MAP



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APR 11 2012

EMERGENCY MEDICAL SERVICES AUTHORITY

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



April 2, 2012

Dan Spiess
Chief Executive Officer
Northern California EMS Agency
457 Knollcrest
Redding, CA 96002

Dear Mr. Spiess:

We have completed our review of *Northern California's (Nor Cal) 2011 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

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

Standard 5.11 - Emergency Departments - In your 2010 EMS plan update your agency was going to reassess the pediatric capability of Nor Cal's emergency departments. In your next EMS plan update please show Nor Cal's progress in the reassessment of the pediatric capability of Nor Cal's emergency departments.

Standard 5.12 Public Input - In your 2010 EMS plan update your agency was going to reactivate the planning for pediatric emergencies that are beyond the scope of trauma care. In your next EMS plan update please show Nor Cal's progress in meeting this standard.

Standard 5.13 - Specialty System Design - This standard has been accomplished for trauma patients, please show progress for meeting this standard for other specialty care patients.

Table 5 - Response/Transportation - Need data for the number of emergency responses, number of non-emergency responses, number of interfacility transfers, total number of transports, number of emergency transports and number of non-emergency transports. Please resend Table 5 as soon as you collect this data.

Dan Spiess
April 2, 2012
Page 2

Transportation Plan - Modoc County - Zone 1 and Plumas County - Zone 4:

The EMS Authority received your email dated February 28, 2012, regarding the clarification of IFT as a level of exclusivity for these zones. After conferring with the ambulance managers for Modoc Medical Center and Plumas District Hospital, you stated that both providers have provided all IFT services with the exception of rare instances. The concern is related to "rare instances" where other providers may have provided IFT level service and there being no way to validate the number or frequency the other providers have in fact provided. There is insufficient documentation to support that both Modoc Medical Center and Plumas District Hospital have been the only entities providing IFT services within these zones since January 1, 1981. The EMS Authority will recognize IFT services as being non-exclusive. A competitive process would be required for IFT services to be exclusive.

Based on the documentation you provided please see the attachment on the EMS Authority's determination of the exclusivity of Nor Cal's ambulance zones.

Your 2012 annual update will be due on April 2, 2013. Please submit Nor Cal EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

HB:ss

Attachment

