

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	<p>NCEMS continued as the LEMSA on behalf of Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board.</p> <p>Although staff and contractor time and travel reductions were necessary to balance the budget, we continued all positions to ensure appropriate staff and contractor expertise.</p> <p>NCEMS recently initiated a process to amend county contracts as required by the EMSA to eliminate obsolete wording and ensure that each county more clearly designates us as the LEMSA.</p> <p>With EMSA & Trinity County Board of Supervisors approval, NCEMS negotiated a subcontract with the designated LEMSA, Nor Cal EMS, Inc., to continue services in southern Trinity County.</p>	<p>Continue process to amend county contracts with NCEMS by September.</p> <p>Continue to convene JPA meetings to ensure oversight of NCEMS and utilize existing committees to ensure region-wide input.</p> <p>Establish new Pediatric Regional Council as part of the EMSC Regionalization subcontract with UC-Davis, and re-establish as needed of the Cardiac and Trauma Committees within Humboldt County to provide local and region-wide specialty physician expertise.</p>

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					<p>NCEMS continued to utilize numerous committees and as needed, local and state specialty resources to ensure technical and clinical expertise in our decision making process.</p> <p>Thanks to Supervisor Mark Lovelace and Health Officer Ann Lindsay, M.D. for service as the Humboldt County member and alternate respectively, and welcome to Supervisor Ryan Sundberg and Public Health Director, Susan Buckley.</p> <p>Thanks also to the EMSA for selecting NCEMS to oversee the STEMI-Stroke regulation development process, the EMSC conference and for suggesting and supporting the EMSC Regionalization grant. We also appreciate EMSA leadership that helped structure the subcontract with Nor Cal EMS, Inc. relative to southern Trinity County.</p>	
1.02	LEMSA Mission	X	X	X	<p>NCEMS implementation of a new Cardiac (STEMI) EMS subsystem and Trauma Center designation process in Humboldt County continued</p>	<p>Designate STEMI Receiving Center & additional Trauma Centers with JPA approved fees when hospitals elect to proceed with designation.</p>

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					<p>to be delayed by hospital request.</p> <p>NCEMS administered the EMSA process to develop STEMI and Stroke regulations and participated in the review of EMSC regulations and EMS System Standards and Guidelines. The Executive Director was appointed to the STEMI Work Group.</p>	<p>Initiate first year of EMSC Regionalization grant with UC-Davis to enhance the EMSC system and implement new EMSC regulations.</p> <p>Continue to participate in state process to develop STEMI, Stroke and EMSC regulations and revise the EMS System Standards and Guidelines.</p>
1.03	Public Input	X	X	X	<p>Staff consistently attended Medical Advisory (MAC), Trauma Advisory (TAC), Emergency Medical Care Committee (EMCC) and other local committees to ensure region-wide input into plan, policy and procedure development processes utilized by NCEMS.</p> <p>The Humboldt County Cardiac Committee did not convene due to the delay in the STEMI Receiving Center designation process.</p>	<p>Continue to attend and utilize existing EMCC, TAC and MAC committees; establish Pediatric Regional Council and, when appropriate, re-instate Cardiac Committee in Humboldt County.</p> <p>Continue to work with Nor Cal EMS, Inc. and southern Trinity County to provide LEMSA services there.</p>
1.04	Medical Director	X	X	X	<p>Dr. Ken Stiver continued as the Regional Medical Director.</p> <p>Bertha Russ Lytel Foundation funding was secured last year at the same level and annual</p>	<p>Dr. Stiver will receive a fee increase of \$5,000 beginning this year as part of the EMSC Regionalization grant through UC-Davis. This will be his first fee increase in</p>

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					grant proposal was recently submitted for this fiscal year.	decades.
1.05	EMS Plan	X	X	X	NCEMS continued to be involved with process to revise State EMS System Guidelines and Standards.	Continue to work with EMSA to develop useful, streamlined State EMS System Standards and Guidelines and LEMSA EMS Plans.
1.06	Annual EMS Plan Update	X	X		EMSA approved 2011 EMS Plan update. This 2012 update was late due to other priorities.	Secure EMSA approval of 2012 Regional EMS Plan annual update
1.07	Trauma Planning	X	X	X	EMSA approved the 2011 and 2012 Trauma Plan updates. Trauma registry CEMSIS- Trauma data continues to be submitted to EMSA from both designated Trauma Centers and staff & contractors periodically attend and help coordinate TAC meetings in Lake and Del Norte Counties. Plan for designation of additional Trauma Centers delayed in Humboldt by request. St Joseph Hospital conducted professional survey to assess future interest in Trauma Center designation & NCEMS participated. Executive Director withdrew from State TAC.	Utilize CEMSIS-Trauma data & TAC review to help evaluate Trauma System; designate additional Trauma Centers when possible and implement fees; continue Regional Trauma Coordinator position; assess need for and co-conduct joint Oregon/NCEMS site-visit @ Sutter-Coast Hospital; re-invigorate North RTCC with EMSC Regionalization grant if possible; attend TAC meetings in Lake and Del Norte Counties (and in Oregon & in Shasta County if possible).

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1.08	ALS Planning	X	X	X	<p>Briceland Fire process delayed by request.</p> <p>Humboldt Fire District #1 was approved as a Non-Transporting ALS Provider and assigned to St Joseph Hospital via contract.</p> <p>Cal-Ore Life Flight merged with REACH and NCEMS authorized Humboldt based fixed wing ALS unit to Mad River Community Hospital for inter-facility transfers only.</p> <p>NCEMS added Blood Products and Ativan to regional paramedic scope of practice with EMSA approval.</p>	<p>Designate Briceland Fire as an ALS Provider when compliance is confirmed if they proceed with request.</p> <p>Reassess and modify as needed scope of practice when revised EMT –P regulations are adopted.</p> <p>Continue to work with providers and hospitals to help ensure that necessary medications, including narcotics, are available during the national drug shortage.</p>
1.12	Review & Monitoring	X	X	X	<p>NCEMS continued to submit CEMSIS – Trauma and EMS data to EMSA; quarterly QIP Plans were received from all hospitals and providers, reviewed & summarized; STEMI outcome data was received from out-of-region STEMI Centers and flight data was received specific to REACH units located in Lake County.</p> <p>Site visit was conducted at Sutter-Lakeside Hospital as a</p>	<p>Continue to submit CEMSIS-Trauma & EMS data to EMSA & evaluate for system improvement; acquire & use Cardiac data for subsystem improvement after designation; and, monitor, review and summarize submitted QIP reports from hospitals and providers.</p> <p>Conduct site visits to approved training programs, designated hospitals and</p>

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					<p>Level IV Trauma Center, staff worked with several facilities to ensure compliance with base hospitals and EDAP designation contracts. Several training programs were monitored as limited staff time allowed.</p> <p>NCEMS reviewed a few patient care related cases, numerous Patient Care Records, EPCIS data reports, patient charts and other records to help evaluate and enhance the EMS System. We also monitored designated EMD programs.</p>	<p>ALS Providers as needed and as staff time allows.</p> <p>Continue to monitor EMD programs.</p>
1.14	Policy and Procedures Manual	X	X	X	<p>The NCEMS Policy and Procedures Manual was periodically updated and expanded through an ongoing process of region-wide review. We recently revised the web-based version to ensure that all policies over ten years old were updated and all electronic policies were executed by the Medical and Executive Directors.</p>	<p>Continue to revise and add new policies as needed through the region-wide public input process.</p>
1.15	Compliance with Policies	X	X	X	<p>See 1.12 and Section 6.</p> <p>NCEMS conducted a site visit to Sutter-Lakeside Hospital to ensure compliance with the</p>	<p>Continue to ensure that potential base hospital non-compliance issues are addressed.</p>

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					<p>Level IV Trauma Center contract, and requested and received status reports from all EDAPs and EMDs verifying compliance to policy.</p> <p>Potential non-compliance issues were identified at two of the seven base hospitals and steps were taken for those to be addressed.</p>	<p>A primary issue continues to be resistance, despite state regulation and local policy, to the requirement to ensure that a mechanism exists for the supply and replacement of controlled substances for assigned ALS providers. This is a very important issue for our smaller rural providers who find it increasingly difficult to obtain narcotics during the national drug shortage.</p>
1.16	Funding Mechanism	X	X	X	<p>State General Fund allocation increased with the loss of eligibility by Coastal Valley's EMS with the withdrawal of Napa County. This replaces the state GF annual reductions experienced since 1999 and helps stabilize our budget.</p> <p>In addition, other new state sources of revenue did so as well last fiscal year, including first year EMSA funding as part of the GF contract to administer the state's STEMI/Stroke regulatory development process, and funding from the EMSA to administer the annual EMS for Children conference and</p>	<p>Continue efforts to increase and stabilize funding, such as: secure additional grants; implement the JPA Board approved fee for STEMI Receiving Center designation upon the designation of St Joseph Hospital in Eureka (the latter has been postponed by request); JPA approval of Trauma Center designation fees by the JPA Board if Humboldt County hospitals decide to move forward; and, consideration of other fees.</p> <p>Execute contracts with EMSA for the General Fund allocation including the STEMI/Stroke regulatory</p>

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				<p>meetings. The latter contract was recently executed and returned.</p> <p>Local funds were received as projected, with ongoing increases in the Maddy Fund (which was fortunately not discontinued at the State level as we thought in the last update) and continuation of the full county share by all counties. Humboldt County proposed a reduction that was later reversed. No other new fees were implemented & we submitted the BRLF local grant request to help support Dr. Stiver's fee.</p> <p>NCEMS received a portion of state GF allocation received by Nor Cal EMS, Inc. as part of the subcontract with Nor Cal EMS, Inc. to provide services for the southern portion of Trinity County. The subcontract was again executed for a second year.</p> <p>We collaborated with UC-Davis Medical Center to submit a federal EMSC Regionalization grant proposal but no additional Humboldt</p>	<p>development process.</p> <p>Help develop and execute subcontract with UC-Davis and implement the EMSC Regionalization grant. The latter will include funding for the Nurse Contractor position and Dr. Stiver, and cover a portion of the Executive Directors salary. It will also add a staff and contractor position.</p> <p>Ensure with EMSAAC and other partners that Pediatric Maddy Fund is continued before 1/1/2014 sunset.</p>
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					Area Foundation funds were allocated to assist with the STEMI system development process.	
1.17	Medical Direction	X	X	X	NCEMS updated and re-executed all base hospital contracts as needed, modified Patient Destination Policy #2309, assigned CAL-ORE Life Flight stationed in Eureka to Mad River Community Hospital, assigned Humboldt Fire District # 1 to St Joseph Hospital, and with EMSA approval designated Jerold Phelps Community Hospital Garberville as an Alternate Modified Base Hospital. We also received a request and sent the contract for St. Helena Clearlake Hospital (SHCH) in Clearlake to become a Modified Base Hospital. A Modified Base is the same as a Base Hospital but without the use of authorized Mobile Intensive Care Nurses.	Execute contract with SHCH upon receipt.
1.18	QA/QI	X	X	X	See 1.12, 1.15 and Section 6.	See 1.12, 1.15 and Section 6
1.19	Policies, Procedures, Protocols	X	X	X	See 1.14	See 1.14
1.21	Determination of Death	X			NCEMS updated policy to include recognition of the POLST form a few years ago.	

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1.24	ALS Systems	X	X	X	See 1.08. All providers utilizing paramedics are authorized by NCEMS via ongoing contracts.	See 1.08
1.25	On-line Medical Control	X	X	X	See 1.15 & 1.17. All seven hospitals within the region are NCEMS designated Base or Modified Base Hospitals via ongoing contracts.	See 1.15 & 1.17.
1.26	Trauma System Plan	X	X	X	See EMSA approved annual Regional Trauma Plan update & 1.07	See EMSA approved annual Regional Trauma Plan update & 1.07
1.27	Pediatric System Plan	X	X	X	See 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section 5. Mad River Community, Sutter-Coast, Redwood Memorial, Sutter-Lakeside, St Joseph and St. Helena-Clearlake Hospitals are all NCEMS designated Emergency Departments Approved for Pediatrics (EDAPs). The EDAP policy was updated to match current EMSA Pediatric Emergency Dept. Guidelines, and all but one of the six EDAPs verified current compliance. Close to \$200,000 in pass through Maddy funding has been dispensed to designated EDAPs for purchase of pediatric supplies and equipment, and MD and RN	Distribute accrued Maddy Funds proportionally within each county to designated EDAPs following review of status reports and verification of contract compliance. Initiate first year of EMSC Regionalization grant with UC-Davis to enhance the EMSC system and implement new EMSC regulations. Implement forthcoming state EMCS regulations as part of the above project. Ensure with EMSAAC and other partners that Pediatric Maddy Fund is continued before 1/1/14 sunset.

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				<p>pediatric training. All EDAP contracts were updated as needed.</p> <p>NCEMS collaborated with UC-Davis Medical Center to submit a federal EMSC Regionalization grant proposal</p> <p>NCEMS reviewed and submitted comments to EMSA specific to the forthcoming EMSC regulations.</p> <p>We just received results of the Pediatric Survey for Sutter-Coast Hospital – they scored very high (95%).</p>	<p>Establish Pediatric Regional Council</p>
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2.01	Assessment of Needs	X	X	X	NCEMS assessed EMS system needs through a variety of mechanisms and targeted best practices and current EMS system enhancements.	Continue to assess EMS system needs, implement best practices and EMS system enhancements.
2.02	Approval of Training	X	X	X	NCEMS re-approved the nationally accredited North Coast Paramedic Program at College of the Redwoods and continued approval of EMD, First Responder, EMT, MICN, FTO and other training programs according to state regulations, guidelines and local policy. Monitoring of training programs and CE Providers was limited by available staff time. The Executive Director served on the Emergency Medical Responder (EMR) Work Group as an EMSAAC representative, and we commented on several state regulatory changes.	Update First Responder policies & programs relative to new state EMR regulations when available. Assess need for and feasibility of implementing NREMT Transition Course, EMT Advanced training program, tactical and community paramedic programs.
2.03	Personnel	X	X	X	See 2.02	See 2.02

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					Overall reduction in the number of certified EMTs continued although at a slower pace. NCEMS preliminarily assessed costs to implement an Advanced EMT program and responded to the EMSA request assessing interest in a state conducted training program.	
2.04	Emergency Medical Dispatch (EMD) Training	X	X	X	See 1.12. Requested and received EMD status reports from Eureka Police Dept and CALFIRE and continued designation.	See 1.12 Monitor EMD Program as staff time allows.
2.05	First Responder Training	X	X	X	See 2.02 & 2.03	See 2.02 & 2.03
2.07	Medical Control	X			See 1.04, 1.12, 1.15, 1.17, 1.24 & 1.25. All non-transporting ALS Providers are authorized by NCEMS and are assigned to a designated base hospital by contract.	
2.08	EMT-I Training	X			All county permitted or contracted ambulances predominantly utilize at least one currently certified EMT-I and one NCEMS accredited paramedic. Occasional exceptions occur within the region for a non-EMT driver with local approval according to state law.; two EMTs only	

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					in Del Norte County due to staffing problems; and the addition of an interning paramedic to the normal crew	
2.10 2.13	Advanced Life Support Base Hospital Personnel	X	X	X	See 1.08, 1.12, 1.15, 1.17, 1.25 & 2.07.	See 1.08 1.12, 1.15, 1.17, 1.25 & 2.07. Assess feasibility of Advanced EMT-I Program as staff time allows.
3.01	Communication Plan	X	X		CAL-FIRE continued periodic random testing of the WIDE-AREA Med-Network in Humboldt and reported results to NCEMS, who included that information in periodic mailings. NCEMS continued to assess progress in the process to ensure that the Regional Med Net Communications System will be narrow banded before the 1/1/13 federal deadline. At this time, Del Norte County is narrow banded or narrow band ready; all hospital and vehicular radios in Humboldt are narrow band ready; and, hospital and vehicular radios in Lake County are narrow band ready or will be soon. Of the 7 Med Net Mt Top Repeaters, the only repeater in Del Norte County and one	Continue to review WIDE-AREA testing on periodic basis. Request utilization of the NCEMS Mt Top Med Net Repeater Replacement Trust Fund by the JPA Governing Board and with their approval, utilize existing fund to replace two of the three repeaters in Humboldt County and the two repeaters in Lake County before inclement weather occurs. Assuming Gang of Five funding will cover the other repeater replacement in Humboldt, the entire Med Net Communications System should be narrow banded before the federal deadline.

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					of 4 in Humboldt are narrow band capable. Three repeaters in Humboldt and the two in Lake need to be replaced. NCEMS recently requested that the Humboldt County "Gang of Five" utilize funds to replace one of the Mt Top Med Net Repeaters.	
3.02, 3.04, 3.06, 3.10	Radios; Dispatch Center, MCI/Disaster Communications, Integrated Dispatch	X	X		See 2.02, 2.04, and 3.01. Each of the three counties continued to utilize a single dispatch center for all emergency ambulances, with the exception of occasional dispatch of Hoopa (K'ima:w) Ambulance by the Hoopa Tribal Dispatch Center. Communications interoperability & radio testing for MCIs and disasters continued in all three counties	See 3.01
4.02	Monitoring	X			NCEMS continued to monitor authorized ALS Providers and work with JPA member counties as needed to help monitor ambulance services through the existing QI and data collection programs.	
4.06	Ambulance Staffing	X	X		See 2.08 No additional grant funding for field 12-leads was	Meet with AHA and the Humboldt Area Foundation to determine if funding will be available for purchase of

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					available via the Humboldt Area Foundation to AHA.	additional field 12-leads and other related equipment, training & PR
4.07	First Responder Agencies	X	X	X	See 2.02 & 2.05 NCEMS participated in the EMSA process to revise the Public Safety regulations and develop new Emergency Medical Responder (EMR) regulations	Continue to represent rural interests including state addition of training and use of O2, air adjuncts etc to the Public Safety scope of practice, and adoption of national EMR standards in California without substantially increasing costs or barriers to rural volunteer participation
4.08	Medical & Rescue Aircraft	X			Assessed need to modify to revise Medial Aircraft policies. No revision was needed.	
4.10	Aircraft Availability	X			REACH aero medical unit continued to be located in Lake County by arrangement for oversight with Coastal Valley's EMS. Continued ALS approval of REACH and CAL-ORE Life Flight by NCEMS.	
4.15	MCI Plans	X		X	Assessed need to update the Regional MCI Plan	Update the MCI Plan as staff time allows
4.16	ALS Staffing	X	X	X	See 1.08 & 2.10	See 1.08 & 2.10
4.17	ALS Equipment	X	X	X	See 1.08 & 4.06. Added Ventilator Policy for paramedics and with EMSA approval, Blood Products for IFTs (not implemented yet), Zofran and Lorazepam.	See 1.08 & 4.06

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5.01	Assessment of Facilities Capabilities	X	X	X	<p>See 1.07, 1.17, 1.25, 1.26 & 1.27 .</p> <p>Administered process to develop state STEMI and Stroke regulations.</p> <p>Process to designate STEMI Receiving Center, implement Cardiac Subsystem Plan & Trauma Plan Subsystem in Humboldt Co. delayed by hospital request.</p> <p>Encouraged hospitals to participate in the State's Pediatric Readiness Project, received results for Sutter-Coast Hospital, assessed all EDAPs but one, and received with UC-Davis the EMSC Regionalization grant.</p>	<p>See 1.07, 1.17, 1.25, 1.26 & 1.27</p> <p>Continue to administer process to develop state STEMI and Stroke regulations.</p> <p>Review, comment and implement forthcoming state STEMI & EMSC regulations.</p> <p>Designate STEMI Receiving Center and develop STEMI Referral Center Policy, and proceed with Trauma Center designation when hospitals are ready and NCEMS is able to proceed.</p> <p>Review Pediatric Readiness Surveys from each hospital & proceed with hospital assessment and adoption of new EMSC regulations</p>
5.02	Triage & Transfer Protocols	X	X		See 1.08	See 1.08

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					Initiated review with CVEMS and Napa County of NCEMS & CVEMS Trauma Triage Criteria relative to CDC model	Revise Trauma and STEMI Triage protocols as needed. Expand scope practice as appropriate with training and protocols
5.04	Specialty Care Facilities	X	X	X	See 5.01	See 5.01
5.07	Base Hospital Designation	X	X	X	See 1.07, 1.12, 1.15, 1.17, 2.10 & 5.01	See 1.07, 1.12, 1.15, 1.17, 1.25, 2.10 & 5.01
5.08	Trauma System Design	X	X	X	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan
5.10 5.11	Pediatric System Design Emergency Departments Approved for Pediatrics	X	X		See 1.27 & 5.01	See 1.27 & 5.01
5.13	<u>Specialty System Design – Cardiac Plan:</u> A) 31 System Participants & Roles include: <u>Del Norte & Lake Counties</u> – 8 ALS Providers & 3 Hospitals to coordinate rapid patient ID, transport &/or transfer of STEMI patients to 5 outside STEMI Centers. <u>Humboldt County:</u> The AHA – grant administrative oversight, Cardiac Plan implementation assistance; Humboldt Area Foundation – dispensation of funds; 2 Cardiac Contractors – coordinate acquisition of 12-leads, training, draft triage and STEMI center criteria; North Coast EMS – oversee development of Cardiac System, develop policies: triage, training, STEMI Center criteria & designation contracts, designate STEMI Center in	X	X	X	<u>Region:</u> JPA Governing Board approved initial STEMI Center Receiving fee of \$15,000. <u>Del Norte County</u> – continued STEMI program. <u>Lake County</u> – additional ALS Providers acquired 12-leads; continue assessing direct aeromed transport to STEMI Centers outside county & reviewing process at Sutter-Lakeside Hospital to evaluate direct transport of STEMI patients to distance STEMI Receiving Centers.	Continue to assist with STEMI Program expansion, evaluation & enhancement. Continue to administer the state process to adopt STEMI regulations. Help secure additional AHA grant from Humboldt Area Foundation if possible. Implement Cardiac Subsystem and designate STEMI Receiving Center in Humboldt County. Implement state STEMI regulations, acquire &

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<p>Eureka; evaluate program, etc; Humboldt Cardiac Coordinating Committee, the Humboldt-Del Norte Medical Advisory Committee and Lake EMCC – advise AHA and North Coast EMS, secure Disclosure Protection, Conduct Case Review & assist in Quality Review and Improvement of Cardiac Program, etc; 4 ALS Providers – cost-share acquisition of 12-leads to maximize use of funds, ensure training of medics, participate in planning; 4 Hospitals – participate in process to develop Cardiac Program; St. Joseph Hospital – demonstrate compliance to STEMI standards and secure designation; All – evaluate and improve Cardiac System.</p> <p><u>B. Design of Catchment Areas: Del Norte County</u> – all cardiac patients will be transported to Sutter-Coast Hospital for rapid ED assessment & treatment, and as appropriate, transfer usually to Medford, Oregon.</p> <p><u>Lake County</u> – field identified STEMI patients will generally be transported by air from within the St. Helena Clearlake Hospital catchment area directly to surrounding STEMI centers, and from within the Sutter-Lakeside Hospital catchment area, to the ED for rapid assessment, as needed treatment by on-call Cardiologists and/or direct transport or transfer to surrounding STEMI Centers in Coast Valleys EMS</p>				<p><u>Humboldt County</u> – met with AHA & the Humboldt Area Foundation and determined that no new grant funding was available; provided STEMI Receiving Center Pre-site Visit Survey tool for completion by St. Joseph Hospital; Cardiac Plan implementation & STEMI Center designation on hold until St. Joseph Hospital completes the survey tool, etc.</p>	<p>evaluate STEMI patient data from EPCIS and outcome data from STEMI Receiving Centers; assess need for STEMI Referral Centers; monitor Cardiac Program and modify as needed.</p> <p>Select Cardiac Contractor to coordinate implementation of Cardiac Subsystem & help administer designation and evaluation process.</p>
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<p>or Sacramento County. <u>Humboldt County</u> – final catchment area will be determined, but field identified STEMI patients will generally bypass closest hospitals for direct transport to the designated STEMI center at St. Joseph Hospital. <u>C. Targeted Patients for Triage or Transfer to a Designated STEMI Center</u> are those whose signs, symptoms and 12-lead reading indicate a potential ST Elevation Myocardial Infarction; the volume and mix of STEMI patient transports within the region has not yet been determined (estimate <u>around 100 per year in region</u>).</p> <p>D. <u>Role of Non-Designated Hospitals</u> – all 7 hospitals within the region will continue to function as Base Hospitals & provide pre-hospital oversight and medical control. All Non-designated STEMI Centers that receive STEMI patients will rapidly assess, treat and transfer to a designated STEMI center as medically appropriate, or will allow direct aero medical transport (Lake County) or direct ground transport to a designated center (Humboldt County).</p> <p>E. <u>Plan for Monitoring & Evaluating the Subsystem</u>: ensure that medics document and flag all STEMI patient PCRs; request and receive outcome data from each STEMI receiving center; review times to PCI, outcome and other</p>					
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	relevant information; assess over-triage and under-triage if possible, utilize Disclosure Protected Lake County Medical Advisory Committee (MAC) and HCCC to evaluate quality, outcome and enhance system as needed. Establish similar committee in Del Norte County or use Humboldt/Del Norte MAC.					
5.14	Specialty Planning Public Input	X	X	X	See 1.03 The existing Lake County EMCC, Humboldt-Del Norte EMCC, MAC & TAC committees & Informational Mailing process continued to provide public input.	See 1.03 Utilize Specialty Planning committees and solicit input. Re-establish HCCC when needed and establish Pediatric Regional Council. Ensure Cardiologist and Pediatrician input.
5.15	Subsystem Evaluation and Data Collection Program: A. Patient Registry – a North Coast EMS PCR will be completed on each field transported STEMI patient and faxed to North Coast EMS. In <u>Lake County</u> , Coastal Valleys EMS will help ensure the return of outcome information. In <u>Del Norte County</u> , will work with Sutter-Coast and the Medford STEMI Receiving Center to secure outcome information. In <u>Humboldt County</u> , we will receive &	X	X	X	See 5.13 & Section 6	See 5.13 & Section 6. Work with Sutter-Coast Hospital and Oregon STEMI Center to get outcome data to help evaluate patient care and enhance the Cardiac Subsystem after Cardiac Contract is selected. Select Cardiac Contract position for ongoing evaluation of Cardiac Subsystem. Continue to work with

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	<p>review cardiac registry information. Throughout region, we will assess methods of acquiring STEMI patient data from Non-STEMI Centers.</p> <p>B. Identification of Over and Under-triage: Review of data will help determine under and over-triage.</p> <p>C. Develop a Process to Identify Improvements: The Cardiac Subsystem will be evaluated with input from participating partners and Cardiac System enhancements will be implemented when possible.</p>					<p>Coastal Valley's EMS and STEMI Receiving Centers to help review Lake County STEMI patient care, and with St. Joseph after STEMI Center designation.</p>
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	<p>Reviewed & summarized QIP Reports from all base hospitals and ALS providers; reviewed PCRs, EPCIS data and investigated cases; administered the NCEMS QA/QI program.</p> <p>Associate Director continued as member of the EMSAAC QI Work Group.</p>	<p>Continue to review & summarize quarterly QIP Reports, review PCRs, EPCIS data and cases as needed.</p>
6.02	Prehospital Records	X	X	X	North Coast EMS continued to	Continue to transmit data to

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					transmit CEMSIS PCR data to the EMSA.	EMSA. Continue to address provider identified concerns and utilize EPCIS as a data collection and EMS system evaluation tool. Consider and if approved by JPA Board implement PCR user fees. Continue to generate reports and utilize data to evaluate and enhance the EMS System.
6.03	Prehospital Care Audits	X	X	X	All ALS Providers and Base Hospitals continue to conduct audits on PCRs & many utilize EPCIS as well. Also, see 6.01 & 6.02.	See 6.01 & 6.02
6.04	Medical Dispatch	X	X	X	See 2.04 and 3.02	See 2.04 & 3.02.
6.05	Data Management System	X	X	X	See 1.12, 1.18, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02	See 1.12, 1.18, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02
6.06	System Design Evaluation	X	X	X	See 1.07, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05	See 1.12, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05
6.07	Provider Participation	X	X		See 6.01, 6.02, 6.03, 6.05 & 6.06. QIP Plans approved for all providers quarterly & summarized by NCEMS	Continue to receive, monitor and summarize QIP Reports and utilize disciplinary process as needed for cause
6.10, 6.11	Trauma System Evaluation	X	X	X	See Revised Trauma Plan & 1.07. Successfully transmitting Trauma 1 Registry data from both Sutter-Lakeside and Sutter-Coast Trauma Centers to EMSA. Oregon/California data patch completed by	See Revised Trauma Plan & 1.07. Continue trauma & EMS data transfer to EMSA. Utilize Trauma Registry data for Trauma Subsystem Enhancement. Expand Trauma 1 to new Trauma Centers at their expense

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					Lancet.	when designated.
7.01	Public Information Materials	X	X	X	Continued limited participation in PIE Activities, mostly related to EMSC.	More funding needed to maintain PIE, address Rural Outreach needs, disaster & First Aid/CPR activities
7.02	Injury Control					
7.03	Disaster Preparedness					
7.04	First Aid & CPR					

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.03 8.05 8.06, 8.07	Disaster Medical Planning HazMat Training, Casualty Distribution Needs Assessment Disaster Communications	X	X	X	See 3.01, 3.02 & 4.15. Continued to support and concur with appointments of county appointed MHOACs in each county. Participated in County Disaster Medical planning & drills as limited staff time allowed. Co-responded with county representatives to state Medical Disaster surveys. Continued to support county use of LEMSA directed HPP funding.	See 3.01, 3.02 & 4.15 Continue to participate in and help coordinate medical disaster activities as staff time allows. More funding needed for NCEMS to expand of disaster medical activities. Reassess future use of LEMSA HPP funding.
8.08	Inventory of Resources	X	X		See 8.01, 8.06. Updated with this EMS Plan the County Disaster Medical Inventory Sections.	See 8.01, 8.06

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: North Coast EMS

Reporting Year: 2011-2012

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

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

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

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

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

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

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

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

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	\$ <u>237,203</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	\$ <u>76,303</u>
Certification fees	\$ <u>12,000</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/véhicule fees	_____
Contributions	\$ <u>17,500</u>
EMS Fund (SB 12/612)	\$ <u>117,500</u>
Other grants: <u>FBG (2)</u>	\$ <u>88,085</u>
Other fees: <u>Med Net and Misc.</u>	\$ <u>2,550</u>
Other (specify): <u>Fund Balance Carryover</u>	\$ <u>86,643</u>
TOTAL REVENUE	\$ <u>637,784</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2011-2012

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>40/20</u>
EMT-I recertification	<u>40/20</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>50</u>
EMT-II recertification	<u>50</u>
EMT-P accreditation	<u>100</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>80</u>
MICN/ARN recertification	<u>50</u>
EMT-I training program approval	<u>None at this time</u>
EMT-II training program approval	<u>”</u>
EMT-P training program approval	<u>“</u>
MICN/ARN training program approval	<u>“</u>
Base hospital application	<u>“</u>
Base hospital designation	<u>“</u>
Trauma center application	<u>“</u>
Trauma center designation	<u>“</u>
Pediatric facility approval	<u>“</u>
Pediatric facility designation	<u>“</u>
Other critical care center application	
Type: <u>STEMI Receiving Center =\$15,000</u>	
Other critical care center designation	
Type: <u>STEMI Receiving Center Annual Fee= TBA</u>	
Ambulance service licence	\$ _____
Ambulance véhicule permit	<u>County Function</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2012-2013.

Table 2 - System Organization & Management (cont.)

EMS System: North Coast EMS Reporting year: 2011-2012

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	82099	28,265	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	1.0	56961	19,147	
ALS Coord./Field Coord./ Training Coordinator	Program Manager	1.0	55646	19,147	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		20000		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Assistant	1.0	31,230	10,941	
Other Clerical	Fiscal Manager	.8	41,109	13,677	
Data Entry Clerk					
Other					

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

TABLE 3: PERSONNEL/TRAINING

EMS System: North Coast EMS

Reporting Year: FY 2012

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-PIs	MICN	EMS Dispatchers
Total certified	502	0		37	N/A
Number newly certified this year	N/A	N/A		N/A	N/A
Number recertified this year	N/A	N/A		N/A	N/A
Total number of accredited personnel on July 1 of the reporting year			129		
Number of certification reviews resulting in					
a) formal investigations	-1-	-0-	-0-	-0-	-0-
b) probation	-0-	-0-	-0-	-0-	-0-
c) suspensions	-0-	-0-	-0-	-0-	-0-
d) revocations	-0-	-0-	-0-	-0-	-0-
e) denials	-0-	-0-	-0-	-0-	-0-
f) denials of renewal	-0-	-0-	-0-	-0-	-0-
g) no action taken	-0-	-0-	-0-	-0-	-0-

1. Number of EMS dispatchers trained to EMSA standards: 20
2. Early defibrillation: (Note: At this time, NCEMS no longer certifies AED)
 - a) Number of EMT-I (defib) certified NA
 - b) Number of public safety (defib) certified (non-EMT-I) NA
3. Do you have a first responder training program? X yes no

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2012

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

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

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

EMS System: North Coast Emergency Medical Services

County: Lake

Reporting Year: 2012

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

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

• **TABLE 5: RESPONSE/TRANSPORTATION**

EMS System: North Coast EMS

Reporting Year: 2012

NOTE: Table 5 is to be reported by agency.

1. Number of exclusive operating areas	<u>0</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>0</u>
3. Total number responses	<u>22,779</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>NA</u>
b) Number of non-emergency responses (code 1: normal)	<u>NA</u>
4. Total number of transports:	<u>17,057</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>NA</u>
b) Number of non-emergency transports (code 1: normal)	<u>NA</u>

Early Defibrillation Programs

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

Air Ambulance Services

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

North Coast EMS

Response Frequency (Dispatch to Arrive Scene for Code 3 Responses) by Provider

Date:	to													Total
Provider	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	> 59	Total
Arcata-Mad River Ambulance														
	567	779	233	59	23	17	11	7	6	4	1	1	3	1712
	33.12%	45.50%	13.61%	3.45%	1.34%	0.99%	0.64%	4.44%	0.35%	0.23%	0.06%	0.06%	0.18%	
City Ambulance														
	1816	1869	455	117	82	45	25	22	13	14	6	9	26	4500
	40.36%	41.53%	10.11%	2.60%	1.82%	1.00%	0.56%	1.69%	0.29%	0.31%	0.13%	0.20%	0.58%	
Del Norte Ambulance														
	701	883	205	85	73	73	33	15	5	2	0	0	9	2084
	33.64%	42.37%	9.84%	4.08%	3.50%	3.50%	1.58%	3.65%	0.24%	0.10%	0.00%	0.00%	0.43%	
Hoopa														
	184	283	133	72	40	17	14	18	11	4	6	6	5	793
	23.20%	35.69%	16.77%	9.08%	5.04%	2.14%	1.77%	9.58%	1.39%	0.50%	0.76%	0.76%	0.63%	
Humboldt County Fire District #1														
	1	2	0	0	0	0	0	0	0	0	0	0	0	3
	33.33%	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	533.33%	0.00%	0.00%	0.00%	0.00%	0.00%	
Kelseyville Fire														
	166	141	118	79	23	6	2	2	1	0	0	0	12	551
	30.13%	25.59%	21.42%	14.34%	4.17%	1.09%	0.36%	13.79%	0.18%	0.00%	0.00%	0.00%	2.18%	
Lake County Fire														
	645	1487	415	81	30	12	0	0	0	1	0	3	5	2679
	24.08%	55.51%	15.49%	3.02%	1.12%	0.45%	0.00%	2.84%	0.00%	0.04%	0.00%	0.11%	0.19%	
Lakeport Fire														
	275	468	168	34	5	1	1	1	0	0	2	0	2	957
	28.74%	48.90%	17.55%	3.55%	0.52%	0.10%	0.10%	7.94%	0.00%	0.00%	0.21%	0.00%	0.21%	
Loleta Fire Department														
	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	600.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Northshore Fire														
	545	593	194	73	26	6	1	2	0	0	2	0	3	1445
	37.72%	41.04%	13.43%	5.05%	1.80%	0.42%	0.07%	5.26%	0.00%	0.00%	0.14%	0.00%	0.21%	
South Lake County Fire														
	73	241	224	84	31	20	4	1	1	0	0	1	2	682
	10.70%	35.34%	32.84%	12.32%	4.55%	2.93%	0.59%	11.14%	0.15%	0.00%	0.00%	0.15%	0.29%	
Southern Trinity Area Rescue														
	12	6	9	16	6	11	7	8	3	7	5	8	6	104
	11.54%	5.77%	8.65%	15.38%	5.77%	10.58%	6.73%	73.08%	2.88%	6.73%	4.81%	7.69%	5.77%	
Report Total:	4.985	6.753	2.154	700	339	208	98	76	40	32	22	28	73	15511
Percent:	32.14%	43.54%	13.89%	4.51%	2.19%	1.34%	0.63%	0.49%	0.26%	0.21%	0.14%	0.18%	0.47%	

TABLE 5: SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	Not available	Not available	Not available	Not available
2. Early defibrillation capable responder.	Not available	Not available	Not available	Not available
3. Advanced life capable responder.	See below	See below	See below	See below
4. EMS transport unit.	See below	See below	See below	See below

The data requested are not maintained in our database in the above format. See below for response time data.

Response Time Interval (in minutes)	Del Norte		Humboldt		Lake		Southern Trinity*		Total	
	N	%	N	%	N	%	N	%	N	%
Unknown										
0 to 4.99										
5 to 7.99										
8 to 14.99										
15 to 19.99										
20 to 29.99										
over 29.99										
Grand Total										

TABLE 6: FACILITIES/CRITICAL CAREEMS System: North Coast EMSReporting Year: 2012**NOTE:** Table 6 is to be reported by agency.

1. Trauma Patients:

a) Number of patients meeting trauma triage criteria (Total)	<u>559</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>NA</u>
c) Number of major trauma patients transferred to a trauma center	<u>NA</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center.	<u>NA</u>

Emergency Departments:

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

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2012

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

SYSTEM RESOURCES

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

2. CISD

Do you have a CISD provider with 24 hour capability? yes X no
Local resources and Mutual Aid Request

3. Medical Response Team
 - a. Do you have any team medical response capability? yes X no
**We have MOUs with medical clinics to provide services*
**City Ambulance of Eureka has a DASU.*
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes X no
 - d. Are they part of a formal out-of-state response system? yes X no

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7

EMS System: North Coast Emergency Medical Services
County: Lake
Reporting Year: 2012

4. List all counties with which you have a written medical mutual aid agreement.

none

5. Do you have formal agreements with hospitals in your operational areas to participate in disaster planning and response? yes ___ no X

Good informal relationships

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

Good informal relationships

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

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

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Del Norte

Provider: Del Norte Ambulance, Inc

Telephone Number: (707) 487-1116

Address: Post Office Box 306

Crescent City, CA 95531

Number of Ambulances: 7

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

Transporting Agencies

2742 Total number of responses
1904 Number of emergency responses
12 Number of non-emergency responses

2405 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt

Provider: Arcata-Mad River Ambulance

Telephone Number: (707) 822-3353

Address: Post Office Box 4948

Arcata, CA 95521

Number of Ambulances: 4

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

Transporting Agencies

3104 Total number of responses
1773 Number of emergency responses
12 Number of non-emergency responses

2051 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt

Provider: City Ambulance of Eureka Inc

Telephone Number: (707) 445-4907

Address: 135 W. Seventh Street

Eureka, CA 95501

Number of Ambulances: 10

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

Transporting Agencies

8083 Total number of responses
5163 Number of emergency responses
22 Number of non-emergency responses

6574 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt

Provider: K'ima:w Ambulance

Telephone Number: (530) 625-4261

Address: Post Office Box 1288

Hoopla, CA 95546

Number of Ambulances: 3

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Water</td> </tr> </table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air		<input type="checkbox"/> Water
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground									
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air									
	<input type="checkbox"/> Water									
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hoopla Valley Tribe</u></p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>						

Transporting Agencies

1032 Total number of responses
868 Number of emergency responses
1 Number of non-emergency responses

695 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake

Provider: Kelseyville Fire Dept.

Telephone Number: (707) 279-4268

Address: Post Office Box 306

 Kelseyville, CA 95451

Number of Ambulances: 5

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

Transporting Agencies

 1422 Total number of responses
 609 Number of emergency responses
 0 Number of non-emergency responses

 553 Total number of transports
 0 Number of emergency transports
 0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake

Provider: Lake County Fire Department

Telephone Number: (707) 994-2170

Address: 14815 Olympic Drive

 Clearlake, CA 95422

Number of Ambulances: 2

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

Transporting Agencies

2809 Total number of responses
2497 Number of emergency responses
0 Number of non-emergency responses

2297 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake

Provider: Northshore Fire Protection District

Telephone Number: (707) 274-3100

Address: Post Office Box 1199

Lucerne, CA 95458

Number of Ambulances: 8

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

Transporting Agencies

1569 Total number of responses
1523 Number of emergency responses
0 Number of non-emergency responses

1372 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: LAKE

Provider: REACH

Telephone Number: (800) 338-4045

Address: 4615 Highland Springs Road

Lakeport, CA 95453

Number of Ambulances: 1

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake

Provider: South Lake County Fire

Telephone Number: (707) 987-9478

Address: Post Office Box 1360

Middletown, CA 95461

Number of Ambulances: 4

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

Transporting Agencies

697 Total number of responses
658 Number of emergency responses
0 Number of non-emergency responses

458 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

		explain: <u>Health</u>	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> No	
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EMS System: North Coast EMS County: Humboldt Reporting Year: 2012

Name, address & telephone: Humboldt Fire District 3455 Harris Street Eureka, CA 95503 (707) 445-4900		Primary Contact: Tim Citro			
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 type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS- Defib <u>17</u> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <u>5</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>NA</u>

TABLE 9: APPROVED TRAINING PROGRAMS

EMS System: North Coast EMS County: Del Norte Reporting Year: 2012

Training Institution Name/Address

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2012

Training Institution Name/Address

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

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2012

Training Institution Name/Address

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

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

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

Training Institution Name/Address

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

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2012

Training Institution Name/Address

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

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2012

Training Institution Name/Address

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

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

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

Training Institution Name/Address

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

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

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

TABLE 10: FACILITIES

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2012

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

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2012

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

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

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2012

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

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

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2012

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

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

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

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

TABLE 11A: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2012

**County Office of Emergency Services
Coordinator:**

Alternate's Name:

Cindy Henderson

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

Work Telephone No.: _____

Home Telephone No.: (707) 945-8775

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: N/A

FAX No.: (707) 465-1470

FAX No.: _____

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

24-HR. No.: _____

**County EMS Disaster Medical Services
Coordinator:**

Alternate's Name:

Cindy Henderson

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

Work Telephone No.: _____

Home Telephone No.: _____

Home Telephone No.:

Office Pager No.:

Office Pager No.: _____

FAX No.: (707) 465-1470

FAX No.: _____

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

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

EMS System: North Coast EMS County: Del Norte Date: 2012

County Health Officer's Name:

Dr. Thomas Martinelli

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

Home Telephone No.: (707) 458-3563

Office Pager No.: _____

FAX No.: (707) 465-1783

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

Alternate's Name:

Crescent City Internal Medicine

Work Telephone No.: (707) 465-8666

Home Telephone No.: N/A

Cell Phone No.: N/A

FAX No.: _____

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

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

Amateur Radio contact name:
request from logistics

Who is the RDMHC for your region?

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

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

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

EMS System: North Coast EMS County: Humboldt Date: 2012

**County Office of Emergency Services
Coordinator:**

Dan Larkin

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

Home Telephone No.: (707) 443-4223

Office Pager No.: _____

FAX No.: (707) 445-7764

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

Alternate's Name:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-HR. No.: _____

**County EMS Disaster Medical Services
Coordinator:**

Donald Baird, M.D.

Work Telephone No.: (707) 268-2181

Cell Telephone No.: (707) 599-5663

Office Pager No.: _____

FAX No.: (707) 445-6097

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

Alternate's Name:

Charlene Pellatz

Work Telephone No.: (707) 268-2133

Home Telephone No.: (707) 826-7116

Office Pager No.: (707) 499-7774

FAX No.: (707) 268-2126

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

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

EMS System: North Coast EMS County: Humboldt Date: 2012

County Health Officer's Name:

Donald Baird, M.D.

Work Telephone No.: (707) 268-2181

Cell Telephone No.: (707) 599-5663

Office Pager No.: _____

FAX No.: (707) 445-6097

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

Alternate's Name:

John Sullivan, M.D.

Work Telephone No.: (707) 445-6212

Home Telephone No.: (707) 822-9691

Office Pager No.: (707) 407-7951

FAX No.: (707) 445-6097

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

Medical/Health EOC Telephone No.:

(707) 268-2513

Amateur Radio contact name:

Clem Cantu

Who is the RDMHC for your region?

Muntu Davis, MD, Alameda, CA

Medical/Health EOC FAX No.

(707) 445-7764

Medical/Health radio frequency used:

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

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

EMS System: North Coast EMS County: Lake Date: 2012

**County Office of Emergency Services
Coordinator:**

Lt. Dave Perry
 Work Telephone No.: 707-262-0224
 Home Telephone No.: 707-489-8361 (cell)
 Office Pager No.: _____
 FAX No.: (707) 262-0642
 24-HR. No.: (707) 263-8656

Alternate's Name:

Willie Sapeta
 Work Telephone No.: (707) 994-2170
 Home Telephone No.: (707) 498-0966 (cell)
 Office Pager No.: (707) 264-3137
 FAX No.: (707) 994-4861
 24-HR. No.: (707) 263-8656

**County EMS Disaster Medical Services
Coordinator:**

Karen Tait, MD
 Work Telephone No.: 707-263-1090
 Home Telephone No.: 707-275-2834
 Office Pager No.: 707-272-9751 (cell)
 FAX No.: 707-262-4280
 24-HR. No.: 707-263-8656

Alternate's Name:

Jim Brown
 Work Telephone No.: (707) 263-1090
 Home Telephone No.: (707) 263-0568
 Office Pager No.: (707) 972-0712 (cell)
 FAX No.: (707) 263-1662
 24-HR. No.: (707) 263-8656

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

EMS System: North Coast EMS County: Lake Date: 2012

County Health Officer's Name:

Karen Tait, MD

Work Telephone No.: 707-263-1090

Home Telephone No.: 707-275-2834

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

FAX No.: 707-262-4280

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

Alternate's Name:

.

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-HR. No.: _____

Medical/Health EOC Telephone No.:

(707) 263-1090

Medical/Health EOC FAX No.

(707) 263-1662

Amateur Radio contact name:

Arland Souza (K16WFP) or Karen Tait (K16AH)

Medical/Health radio frequency used:

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

Who is the RDMHC for your region?

Dr. Muntu Davis (appointment pending)

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

TABLE 11B: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte/Humboldt/Lake Date: 2012

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Muntu Davis, M.D.

Art Lathrop

Work Telephone No.: (510) 267-8010

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

Home Telephone No.: _____

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (510) 267-3223

FAX No.: (925) 646-4379

24-HR. No.: _____

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

Regional Ambulance Transportation Coordinator:

Alternate's Name:

none

Work Telephone No.: _____

Work Telephone No.: _____

Home Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: _____

FAX No.: _____

24-HR. No.: _____

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

established at the time of incident

established at the time of incident

Amateur Radio contact name:

Medical/Health radio frequency used:

request from logistics

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Del Norte County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone.
Area or subarea (Zone) Geographic Description: Del Norte County (entire county)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 1, North
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, Inc. has been providing service to this area since 1962.
Area or subarea (Zone) Geographic Description: North west portion of the county extending from the Indianola cutoff on US101 North to the Humboldt/Del Norte County line. East on SR255 to Redwood Creek bridge. West to the Pacific Ocean.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

North Coast Emergency Medical Services

Area or subarea (Zone) Name or Title:

Humboldt County, Zones 3 and 4, Eureka/Fortuna/Garberville

Name of Current Provider(s):

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

City Ambulance of Eureka, Inc., 32 years of operation

Area or subarea (Zone) Geographic Description:

Zone 3 begins North at New Indianola (includes intersections with Hwy. 101 & Old Arcata Rd.) and up to 1700 block of Peninsula Drive and up in Manila. South to Hookton Road & Hwy. 101. East at Showers Pass. West to the Pacific Ocean.

Zone 4 begins North at Hookton Road and Hwy. 101. South to Dyerville Bridge and Hwy. 101 and Alderpoint Blocksburg Road 7 miles south of SR 36. East Showers Pass Humboldt County Line. West to the Pacific Ocean.

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

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

North Coast Emergency Medical Services

Area or subarea (Zone) Name or Title:

Humboldt County, Zone 2, East

Name of Current Provider(s):

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

K'ima:w Medical Center Rescue Ambulance, 28 years of operation

Area or subarea (Zone) Geographic Description:

Eastern Humboldt County, Zone 2

Extends from the North Humboldt County Line to the South at Redwood Creek Bridge Hwy. 299. East on Humboldt County Line. West to School House Peak on Bald Hills Road.

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

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

Kelseyville Fire District

Name of Current Provider(s):

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

Kelseyville Fire District

Area or subarea (Zone) Geographic Description:

Kelseyville Fire District

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

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

Lakeport

Name of Current Provider(s):

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

Lakeport Fire

Area or subarea (Zone) Geographic Description:

Lakeport Fire District

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

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
Area or subarea (Zone) Geographic Description: Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

Northshore Fire Protection District

Name of Current Provider(s):

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

Northshore Fire Protection District

Area or subarea (Zone) Geographic Description:

Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department

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

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: South Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
Area or subarea (Zone) Geographic Description: South Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



September 20, 2012

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

Dear Mr. Karsteadt:

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

Transportation Plan:

Based on the documentation you provided please see the attachment on the EMS Authority's determination of the exclusivity of North Coast EMS Agency's ambulance zones.

Your annual update will be due on September 20, 2013. Please submit North Coast EMS Agency's Trauma Status Report, as a separate document, with your EMS plan update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Howard Backer".

Howard Backer, MD, MPH, FACEP
Director

Attachment

