

Annual EMS System Report – 2011/12

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

The counties have delegated all California Health and Safety Code, Division 2.5 and Code of Regulations local EMS Agency responsibilities to the S-SV EMS Agency except disaster preparedness, and public information/education.

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

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

S-SV EMS is conducting procurement on behalf of Butte County and is seeking a qualified ambulance service provider to deliver ambulance services for Butte County. This process opened on April 13, 2012 and the Proposal due date is July 18, 2012.

S-SV EMS updates its Pre-Hospital Care Policy Manual twice a year in January and June. We have our policy manual on our website and we also have a smaller printed version that is available for purchase.

S-SV EMS has increased the number of CE providers in the past three years with the addition of the northern counties. S-SV EMS now has 101 CE providers that they are responsible for.

S-SV EMS has attached Policy #505-A which lists all of the hospitals in our ten county region with the level of care/designation. S-SV EMS has six designated STEMI centers and ten designated Stroke Receiving Centers. S-SV EMS conducts STEMI QI meetings quarterly for all system participants.

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.01 LEMSA Structure

STANDARD:

1.01

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

CURRENT STATUS:

The S-SV EMS Agency is a regional Ten (10) county Joint Powers Agency (JPA) serving the counties of Placer, Yolo, Yuba, Sutter, Nevada, Colusa, Butte, Tehama, Shasta and Siskiyou. The Agency has a ten (10) member JPA Governing Board of Directors consisting of a member of the Board of Supervisors from each participating county. The organizational chart is attached. There is 11.5 FTE staff that includes:

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

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

Medical Control Committee
Trauma Quality Improvement Committee
Regional EMS Aircraft Advisory Committee
Regional EMS Quality Improvement Advisory Committee
Regional STEMI CQI Committee

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

NEEDS:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

1.02

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

CURRENT STATUS:

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

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

Promote region-wide standardization of prehospital quality improvement including medical audit review, corrective action and follow-up.

Monitor, evaluate and report on quality of prehospital care and transportation including compliance with law, regulations, policy and procedure, and recommend revisions and/or corrective action as necessary.

Recommend standards, policies, protocols, and procedures as necessary to improve prehospital care, training, and quality improvement.

Make recommendations specific to hospital and S-SV data collection and dissemination.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration 1.03 LEMSA Public Input

STANDARD:

1.03

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration 1.04 LEMSA Medical Director

STANDARD:

1.04

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

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

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards and the recommended guidelines.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT-SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES

1.05 LEMSA System Plan

STANDARD:

1.05

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

The plan shall:

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.06 LEMSA Annual Plan Update

STANDARD:

1.06

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

To provide annual updates to the Regional EMS Plan.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.07 LEMSA Trauma Planning*

STANDARD:

1.07

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

CURRENT STATUS:

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

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

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long Range Plan (Recommended Guideline)

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.08 LEMSA ALS Planning*

STANDARD:

1.08

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

CURRENT STATUS:

All areas of the S-SV EMS Agency region are covered with Advanced Life Support (ALS) response as part of the initial dispatch to all 9-1-1 medical emergency calls. These services are provided by fire service agencies, private ambulance services, helicopter services, and volunteer services. There are some remote areas in the northern region that have Limited Advanced Life Support (LALS) in which policy & procedures have been developed for those areas.

NEED(S):

Meets minimum standard.

OBJECTIVE:

To continue to review response times for ALS throughout the region. In rural areas with extended ALS response times, discussions will occur with local fire agencies to explore alternatives for improvement of service.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 LEMSA Inventory of Resources

STANDARD:

1.09

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES 1.10 LEMSA Special Populations

STANDARD:

1.10

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

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

CURRENT STATUS:

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

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

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

NEEDS:

Meets minimum standards and recommended guidelines.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES 1.11 LEMSA System Participants

STANDARD:

1.11

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

CURRENT STATUS:

S-SV EMS has identified the optimal roles and responsibilities of system participants. The agency utilizes Base Hospital Agreements, facility trauma designation and contracts, and written agreements with providers. S-SV EMS Agency has been given authority from Placer, Yolo, Nevada, Colusa, Butte, Shasta and Yuba Counties to enforce the ambulance ordinance which has recently been updated. Siskiyou, Sutter and Tehama Counties have retained its ambulance ordinance.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 LEMSA Review and Monitoring

STANDARD:

1.12

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

CURRENT STATUS:

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

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities 1.13 LEMSA Coordination

STANDARD:

1.13

Each local EMS Agency shall coordinate EMS system operations.

CURRENT STATUS:

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

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 LEMSA Policy & Procedures Manual

STANDARD:

1.14

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

CURRENT STATUS:

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

Newly approved provider agencies, hospitals, or vehicles are provided with copies of the manual. We also have our entire policy manual on our SSVEMS.COM website. Policy and procedures are reviewed and revised as needed at least every two years. An update is completed twice a year and available.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 LEMSA Compliance with Policies

STANDARD:

1.15

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

CURRENT STATUS:

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

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

System Finances

1.16 LEMSA Funding Mechanism

STANDARD:

1.16

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

CURRENT STATUS:

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

NEEDS:

Meets minimum requirements.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 LEMSA Medical Director

STANDARD:

1.17

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

CURRENT STATUS:

S-SV EMS currently provides medical direction for the regional EMS system as defined in the S-SV EMS Prehospital Care Policy Manual, Section III, VI, VIII. All medical policies and procedures are reviewed and evaluated by the Medical Director. The roles and responsibilities of base hospitals have been defined in the Base Hospital Agreement. Base Hospital Agreements have been obtained with all base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Meets minimum standards

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.18 LEMSA QA/QI

STANDARD:

1.18

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

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

CURRENT STATUS:

S-SV EMS has an active Regional QI committee. Each base hospital and provider has a QI program. All provider agencies submit electronic PCR's for every ALS contact to the regional data system.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 LEMSA Policies, Procedures, Protocols

STANDARD:

1.19

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

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

CURRENT STATUS:

S-SV EMS meets the minimum standard. The agency has a Prehospital Care Policy Manual which address the above areas and additional concerns

OBJECTIVES:

- A. To continue to review and update policies, procedures and protocols every two years or as needed.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.20 LEMSA DNR Policy

STANDARD:

1.20

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

CURRENT STATUS:

S-SV EMS does have a policy complying with the EMS Authority's DNR guidelines, Policy # 823.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 LEMSA Determination of Death

STANDARD:

1.21

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 LEMSA Reporting of Abuse

STANDARD:

1.22

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 LEMSA Interfacility Transfer

STANDARD:

1.23

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

CURRENT STATUS:

S-SV EMS Agency has established policies regarding interfacility transfers. See Policy 840.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

1.24 LEMSA

STANDARD:

1.24

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

state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

___ Short Range Plan

___ Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

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

STANDARD:

1.25

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

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

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

CURRENT STATUS:

The base hospitals in the region utilize agency certified mobile intensive care nurses and base hospital Emergency Department physicians. The ALS providers are active participants in the modified base plan.

NEED:

Meets minimum standards and recommended guidelines.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care

1.26 Trauma System Plan

STANDARD:

1.26

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

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

CURRENT STATUS:

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

NEED:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

1.27

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

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

CURRENT STATUS:

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

NEED:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Area 1.28 EOA Plan

STANDARD:

1.28

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT-STAFFING/TRAINING

Local EMS Agency **2.01 Assessment of Needs**

STANDARD:

2.01

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

SYSTEM ASSESSMENT- STAFFING/TRAINING
Local EMS Agency
2.02 Approval of Training

STANDARD:

2.02

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- STAFFING/TRAINING
Local EMS Agency
2.03 Personnel

STANDARD:

2.03

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- STAFFING/TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

2.04

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

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

CURRENT STATUS:

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

NEEDS

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

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

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

STANDARD:

2.05

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

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

CURRENT STATUS:

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

NEEDS:

Minimum standard met.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

First Responders (non-transporting)

2.06 Response

STANDARD:

2.06

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

CURRENT STATUS:

Public Safety agencies respond to medical emergencies as first on scene assistance.

NEEDS:

OBJECTIVE:

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

TIMEFRAME:

Short range

Long range

SYSTEM ASSESSMENT-STAFFING/TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

2.07

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

CURRENT STATUS:

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

NEEDS:

Meets minimum requirements

OBJECTIVES:

BLS protocols have been incorporated into the ALS protocols.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Transporting Personnel

2.08 EMT - I Training

STANDARD:

2.08

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

CURRENT STATUS:

All emergency transport vehicles are ALS ambulances. The ALS ambulances are staffed, at a minimum, with an EMT-I and EMT-Paramedic. There are some areas that are served with EMTs and (LALS) in remote areas of SSV.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Hospital 2.09 CPR Training

STANDARD:

2.09

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Hospital

2.10 Advanced Life Support

STANDARD:

2.10

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

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards and recommended guidelines

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Advanced Life Support 2.11 Accreditation Process

STANDARD:

2.11

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.12 Early Defibrillation

STANDARD:

2.12

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

CURRENT STATUS:

There are currently approved AED defibrillation Service providers agencies in the Region.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - STAFFING/TRAINING

Enhanced Level: Advanced Life Support 2.13 Base Hospital Personnel

STANDARD:

2.13

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.01 Communication Plan

STANDARD:

3.01

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

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

CURRENT STATUS:

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

NEED(S):

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

OBJECTIVES:

TIMEFRAME FOR OBJECTIVE:

_____ Short Range Plan

_____ Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

3.02

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

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

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two -way radios to assist with dispatching, and to communicate with hospitals. Yolo County currently uses every Monday to test connectivity of the UHF radio band between providers.

NEEDS:

Meets minimum standard and recommended guidelines.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.03 Interfacility Transfer

STANDARD:

3.03

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

CURRENT STATUS:

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

NEED(S):

Meets minimum standard.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

STANDARD:

3.04

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

CURRENT STATUS:

All emergency medical transport vehicles have Med Net radios. All vehicles are able to communicate with the dispatchers in their geographic area. Frequencies have been designated for disasters and multi-casualty incidents. There are a few instances in the mountainous areas in which communication is difficult. In Yolo County AMR uses VHF and or 800 mHz to communicate with the ICs.

NEEDS:

Meets minimum standard.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.05 Hospitals

STANDARD:

3.05

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

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

CURRENT STATUS:

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

OBJECTIVE:

This objective has been met.

TIMEFRAME FOR OBJECTIVE

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

STANDARD:

3.06

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standard.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Public Access

3.07 9-1-1 Planning/Coordination

STANDARD:

3.07

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

CURRENT STATUS:

The S-SV EMS Agency is currently charged with the responsibility of coordination of the 9-1-1 telephone service. Each of the counties have enhanced 9-1-1 systems.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Public Access

3.08 9-1-1 Public Education

STANDARD:

3.08

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

CURRENT STATUS:

The local EMS agency is not currently charged with the responsibility of providing public education. These duties are maintained by each of the individual county governments. Local fire agencies and private ambulance services provide education to the local communities concerning emergencies and 9-1-1 services.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

3.09

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

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

CURRENT STATUS:

Each PSAP does operate under specific policies and guidelines for dispatching appropriate medical response. There are PSAPs that have implemented Emergency Medical Dispatching.

NEEDS:

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - COMMUNICATIONS

Resource Management 3.10 Integrated Dispatch

STANDARD:

3.10

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

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

CURRENT STATUS:

Medical dispatch responsibilities have been delegated to the S-SV EMS Agency by the member counties. In each of the geographic areas of the region the dispatch services are integrated. Ambulance coverage is maintained through mutual aid agreements or rotation of ambulances.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

Short Range plan

Long Range plan

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.01 Service Area Boundaries

STANDARD:

4.01

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

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

CURRENT STATUS:

The boundaries for the emergency medical transportation service areas have been established for providers throughout the S-SV EMS Agency region. S-SV EMS Agency has been given authority from Placer, Yolo, Nevada, Colusa, Butte, Shasta and Yuba Counties to enforce the ambulance ordinance which has recently been updated. Siskiyou, Sutter and Tehama Counties have retained its ambulance ordinance.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

Continue to assist the counties with updating the ambulance ordinances.

Timeframe:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.02 Monitoring

STANDARD:

4.02

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

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

CURRENT STATUS:

S-SV EMS Agency has been given authority from Placer, Yolo, Nevada, Colusa, Butte, Shasta and Yuba Counties to enforce the ambulance ordinance which has recently been updated. Siskiyou, Sutter and Tehama Counties have retained its ambulance ordinance. The S-SV EMS contract monitor reviews response compliance along with the Quality Improvement Process. S-SV EMS is assisting Sutter County updating its ambulance ordinance.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

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

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.03 Classifying Medical Request

STANDARD:

4.03

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

CURRENT STATUS:

S-SV EMS Agency does have jurisdiction over the dispatch agencies. Currently Advanced Life Support providers are dispatched on all 9-1-1 calls. Reference S-SV Policy No. 812, 505, 506, 507, 860 and 890.

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to encourage Emergency Medical Dispatch with priority dispatching.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.04 Pre-scheduled Responses

STANDARD:

4.04

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue practice monitoring response times.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.05 Response Time Standards

STANDARD:

4.05

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

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

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

metro/urban - 5 minutes

suburban/rural - 15 minutes

wilderness - as quickly as possible

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

metro/urban - 5 minutes

suburban/rural - as quickly as possible

wilderness - as quickly as possible

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

metro/urban - 8 minutes

suburban/rural - 20 minutes

wilderness - as quickly as possible

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

metro/urban - 8 minutes

suburban/rural - 20 minutes

wilderness - as quickly as possible

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with the other agencies has not been needed.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

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

TIMEFRAME:

- Short range
- Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

4.06

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

CURRENT STATUS

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

No. 701 ALS Provider Inventory

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue current practice.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD

4.07

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to integrate first responders into the EMS system.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft

STANDARD

4.08

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEEDS:

Meets minimum standard.

OBJECTIVE:

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

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION
Universal Level
4.09 Air Dispatch Center

STANDARD:

4.09

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

CURRENT STATUS:

CDF/USFS Grass Valley ECC dispatches and coordinates helicopter air traffic for Placer, Yolo, Yuba, Sutter, Butte, Nevada and Colusa counties. Shascom dispatches and coordinates helicopter air traffic for Shasta and northern Tehama counties. CAL Fire Tehama County dispatches to the southern part of Tehama and CAL Fire Siskiyou dispatches for Siskiyou county.

NEEDS:

Meets minimum standard.

OBJECTIVE:

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

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level 4.10 Aircraft Availability

STANDARD:

4.10

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

No coordination needed at this time.

NEEDS:

Meets minimum standard and recommended guidelines.

OBJECTIVE:

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

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.11 Specialty Vehicles

STANDARD:

4.11

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

TIMEFRAME:

_____ Short range
_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.12 Disaster Response

STANDARD:

4.12

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standard.

OBJECTIVE:

To continue to encourage the member counties in disaster planning.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.13 Intercounty Response

STANDARD:

4.13

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Agreements are automatically reviewed.

NEEDS:

Meets minimum standard.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

4.14

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standard.

OBJECTIVE:

Continue to encourage joint training.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Universal Level

4.15 MCI Plans

STANDARD:

4.15

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: 4.16 Advanced Life Support

STANDARD:

4.16

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

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

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

CURRENT STATUS:

All S-SV regional EMS provider agencies staff ALS units with a minimum of one EMT-P and one EMT-I. There are some rural areas in the northern state that have Advanced EMTs and EMT-Is staffed on their units.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME:

_____ Short range
_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: 4.17 ALS Equipment

STANDARD:

4.17

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Ambulance Regulation

4.18 Compliance

STANDARD:

4.18

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

CURRENT STATUS:

Butte, Shasta, Placer, Yolo, Yuba, Nevada and Colusa Counties have delegated administration of their ambulance ordinance to the S-SV EMS Agency. Tehama, Sutter and Siskiyou Counties have retained its ambulance ordinance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

4.19

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.20 Grandfathering

STANDARD:

4.20

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range
_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.21 Compliance

STANDARD:

4.21

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

STANDARD:

4.22

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

CURRENT STATUS:

S-SV EMS Agency has contracts with ALS providers. The contracts will be monitored by a contracts compliance officer.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEEDS:

Standards met.

OBJECTIVE:

Not applicable.

TIMEFRAME:

_____ Short range

_____ Long range

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Assessment of Capabilities

STANDARD:

5.01

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Triage & Transfer Protocols

STANDARD:

5.02

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

CURRENT STATUS:

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

A generic patient transfer agreement was developed and distributed to the regional hospitals in 1992. A pediatric transfer agreement was developed in 1991. All regional hospitals have executed a pediatric transfer agreement with Sutter Memorial Hospital and UCDCMC. Upon implementation of a contract with UCDCMC to provide trauma services in Yolo County, effective September 1993, transfer agreement between the two Yolo County hospitals and UCDCMC were in place. See S-SV EMS Policy # 505A for specialty facility type and designation.

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Transfer Guidelines

STANDARD:

5.03

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Specialty Care Facilities

STANDARD:

5.04

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

CURRENT STATUS:

See S-SV EMS Policy # 505A for specialty facility type and designation.

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level
Mass Casualty Management

STANDARD:

5.05

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

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Universal Level Hospital Evacuation*

STANDARD:

5.06

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level : Advanced Life Support Base Hospital Designation

STANDARD:

5.07

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

CURRENT STATUS:

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level : Trauma Care System

STANDARD:

5.08

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community needs and available resources) including, but not limited to: a) the number and level of trauma centers (including the use of trauma centers in other counties), b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and e) a plan for monitoring and evaluation of the system.

CURRENT STATUS: a) S-SV has an EMSA approved Trauma System Plan. Full implementation of the plan will be a multi-year project. S-SV has three Level II trauma centers, five Level III trauma centers and four Level IV trauma centers. S-SV has a contract with UCDCMC to provide Level I trauma service. b) The S-SV trauma catchment area is based upon a 45 minute ground transport time to the designated trauma center. c) S-SV had an established Trauma Triage Criteria policy which identifies patients that shall be transported to the trauma center, if the incident occurs within the authorized catchment area. In addition, S-SV has an established policy which provides guidelines to emergency departments in identifying patients who may need a higher level of trauma care. d) All hospitals within the region will be designated trauma centers. Each center will treat trauma patients that the facility is capable of treating. Patients needing a higher level of care will be transferred immediately to that higher level of care that the patient needs. e) S-SV is currently contract with Lancet and uses Trauma One for the collection of trauma data. Each trauma center participates in the trauma registry and a regional TQI committee meets on a regular basis.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level : Trauma Care System

Public Input

STANDARD

5.09

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

CURRENT STATUS:

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

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

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

STANDARD:

5.10

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

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center,
- d) including consideration of patients who should be triaged to other specialty care centers, identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

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

NEEDS:

Standard met.

TIMEFRAME FOR OBJECTIVE:

___ Short Range Plan
___ Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

5.11

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

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

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

CURRENT STATUS:

Development and implementation began in 1988 - 1991. These guidelines exceed state recommendations. S-SV has a data management system in place which collects prehospital, trauma and base hospital data.

NEEDS:

Standard met.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.12 Public Input

STANDARD:

5.12

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care Systems

5.13 Speciality System Design

STANDARD:

5.13

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

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

CURRENT STATUS:

S-SV has established protocols for determining patient destination to designated special care facilities. Patients meeting trauma criteria are transported to the appropriate designated trauma center. Pediatric trauma patients meeting specific criteria should be transported directly to the Level I trauma center. S-SV EMSA has designated STEMI and Stroke Centers in our ten county region. See S-SV EMS Policy #505A.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

Enhanced Level: Other Speciality Care Systems

5.14 Public Input

STANDARD:

5.14

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level QA/QI Programs

STANDARD:

6.01

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

NEEDS:

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

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Prehospital Records

STANDARD:

6.02

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

NEEDS:

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

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Prehospital Care Audits

STANDARD:

6.03

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

CURRENT STATUS:

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

OBJECTIVES:

It is our objective, to have immediate access to all necessary information needed for the purpose of fully evaluating the Region's EMS system. This information will include: prehospital data; trauma registries. S-SV EMS Agency has contracted with ESO Solutions to provide an ePCR registry that is CEMIS and NEMIS compliant.

TIMEFRAME FOR OBJECTIVE:

 x Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Medical Dispatch

STANDARD:

6.04

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

CURRENT STATUS:

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

NEEDS:

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

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Data Management System*

STANDARD:

6.05

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

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

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

CURRENT STATUS:

S-SV EMS Agency has contracted with ESO Solutions to provide an ePCR registry that is CEMISIS and NEMSIS compliant.

COORDINATION WITH OTHER AGENCIES:

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

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

 x Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level System Design Evaluation

STANDARD:

6.06

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

CURRENT STATUS:

S-SV EMS Agency currently uses ESO Solutions for our prehospital data collection system. ESO Solutions is in the process of building a data repository so we will be able to collect all provider data and generate aggregate reports to accomplish this standard.

TIMEFRAME FOR OBJECTIVE:

 x Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Provider Participation

STANDARD:

6.07

The local EMS agency shall have the resources and authority to require provider participation in the system wide evaluation program.

CURRENT STATUS:

The Agency currently meets this standard. All ALS providers are mandated to participate and many of the BLS providers are participating voluntarily.

OBJECTIVES:

All objectives are being met.

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Universal Level Reporting

STANDARD:

6.08

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

CURRENT STATUS:

Each year the EMS Plan is updated and distributed to all county EMCCs, EMAGs and JPA Board of Directors.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level : Advanced Life Support ALS Audit

STANDARD:

6.09

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

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

CURRENT STATUS:

Currently our data system achieves the recommended standards. Treatments can be audited, base hospital and standing orders can be distinguished. S-SV EMS Agency has contracted with ESO Solutions to provide an ePCR registry that is CEMISIS and NEMISIS compliant.

COORDINATION WITH OTHER AGENCIES:

ESO and S-SV EMS is working together with other ePCR vendors to receive other vendor data so if providers choose to use a different ePCR vendor S-SV EMS is able to receive all data.

TIMEFRAME FOR OBJECTIVE:

 x Long Range Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System Trauma System Evaluation

STANDARD:

6.10

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level : Trauma Care System Trauma Center Data

STANDARD:

6.11

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

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

CURRENT STATUS:

The S-SV Region has completely met this recommended standard. All trauma centers are required to participate in the registry and any non-trauma hospital that directs any trauma patients to themselves must be a participant in the registry. S-SV EMS currently is contracted with Lancet Technology for the trauma registry and all hospitals are required to use the trauma registry.

COORDINATION WITH OTHER AGENCIES:

All hospitals are required to use the trauma registry.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

 x Annual Implementation Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

7.01

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

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level 7.02 Injury Control

STANDARD:

7.02

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

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

CURRENT STATUS:

The county EMCCs and EMAGs should establish a public education subcommittee to focus on injury prevention. CHP is actively involved in injury prevention.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD:

7.03

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

7.04

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning*

STANDARD:

8.01

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

CURRENT STATUS:

S-SV works closely with Placer County OES which is the agency responsible for organizing, coordinating and directing medical and health services in the event of a disaster. YECA is responsible for Yolo County Disaster Planning. Nevada County has retained the responsibility for disaster medical response. Sutter and Yuba County OES are responsible for disaster preparedness. Shasta County houses the regional Haz Mat team for several counties in Northern California including Shasta, Tehama, and Siskiyou. Shasta Cascade Hazardous Materials Response Team.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level **8.02 Response Plans**

STANDARD:

8.02

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.03 Hazmat Training

STANDARD:

8.03

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

CURRENT STATUS:

There is a Placer County Haz Mat Response Team system in place. The system includes multiple fire agencies. County Haz Mat units are located in the Auburn and North Tahoe areas. OES coordinates the system and oversees its response. Roseville Fire staffs its own Haz Mat Unit.

A hazardous materials response team system exists in Yolo County it is supported by Davis Fire, UC Davis Fire, Woodland Fire and West Sacramento Fire. The Yolo County HazMat team includes the Yolo County division of Environmental Health's HazMat unit.

Sutter County Fire and Yuba City Fire have a Haz Mat Team and responds throughout Sutter County regardless of jurisdiction. Marysville Fire has a Haz Mat Response Team that responds in Yuba County. Beale AFB has Haz Mat response team capabilities.

Currently Sutter County responds to Colusa County for Haz Mat responses.

Shasta County houses the regional Haz Mat team for several counties in Northern California including Shasta, Tehama, and Siskiyou. Shasta Cascade Hazardous Materials Response Team.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

STANDARD:

8.04

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

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

CURRENT STATUS:

The S-SV EMS Agency serves a multi-county area in California State OES Regions III and IV. EMS personnel must be prepared to quickly shift from a 1-on-1 patient/provider relationship to a multiple patient incident operation. This may include the routine 2-5 patient incidents through the multiple/mass casualty incidents. EMS personnel must be prepared to implement and function within the Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and Multiple Casualty Incident (MCI)/Incident Command System (ICS).

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties*

STANDARD:

8.05

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

CURRENT STATUS:

Enloe Medical Center is the Control Facility for Butte and Colusa County. Rideout Memorial Hospital is the Control Facility for Sutter and Yuba Counties. Sierra Nevada Memorial Hospital is the Control Facility for the Western Slope of Nevada County. Sutter Roseville Medical Center is the Control Facility for the Western Slope of Placer County. Tahoe Forest Hospital is the Control Facility for the Tahoe Basin and Eastern Slope and Placer Counties. Woodland Memorial Hospital is the Control Facility for Yolo County. UC Davis Medical Center is the Control Facility when Woodland Memorial Hospital and agreed UCDCMC, to handle patient dispersal for those MCI events that occur in Yolo County but patient dispersal will be primarily into Sacramento County. Mercy Medical Center Redding is the Control Facility for Shasta, Siskiyou and Tehama Counties.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

8.06

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

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

CURRENT STATUS:

This has been accomplished through each operating area and Region III & IV MCI plan.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications*

STANDARD:

8.07

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources

STANDARD:

8.08

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level **8.09 DMAT Teams**

STANDARD:

8.09

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

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

OBJECTIVES:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements*

STANDARD:

8.10

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

CURRENT STATUS:

S-SV EMS Agency participates in the Region III & IV MCI Plan.

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level 8.11 CCP Designation*

STANDARD:

8.11

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

CURRENT STATUS:

NEEDS:

Standard met.

OBJECTIVES:

N/A

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12

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

CURRENT STATUS:

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

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

NEEDS:

Standard met.

OBJECTIVES:

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

STANDARD:

8.13

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level 8.14 Hospital Plans

STANDARD:

8.14

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

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.15 Interhospital Communications

STANDARD:

8.15

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

8.16

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

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

CURRENT STATUS:

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

OBJECTIVES:

To follow the Region III & IV MCI plan.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Enhanced Level: Advanced Life Support

8.17 ALS Policies

STANDARD:

8.17

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

CURRENT STATUS:

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

NEEDS:

Standard met.

OBJECTIVES:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles

STANDARD:

8.18

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

CURRENT STATUS:

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

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

Enhanced Level: Specialty Care Systems

8.19 Exclusive Operating Areas/Ambulance Regulation

STANDARD:

8.19

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

CURRENT STATUS:

S-SV has exclusive operating area contracts with AMR Placer County, AMR Yolo County, South Placer Fire, Foresthill Fire, Sierra Nevada Ambulance, Penn Valley Fire, Donner Summit Fire, North Tahoe Fire and Bi-County Ambulance. The counties of Butte, Colusa, Tehama, Shasta and Siskiyou are being reviewed and monitored at this time.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

Table 2 - System Organization & Management (cont.)

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

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	1,113,555
Contract Services (e.g. medical director)		369,107
Operations (e.g. copying, postage, facilities)		132,952
Travel		__30,263
Fixed assets		_____
Indirect expenses (overhead)		_____
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES	\$	785,265

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		133,477
State general fund		534,415
County general fund		667,617
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		45,000
Certification fees		20,000
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		224,546
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		50,000
Type: STEMI		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		90,447
Contributions		_____
EMS Fund (SB 12/612)		_____
Other grants: RDMHS, HPP		573,836
Other fees: Air Dispatch		30,020
Other (specify): Misc/Interest/ALS Application		61,784
TOTAL REVENUE	\$	2,431,142

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification		\$ 28.00
EMS dispatcher certification		N/A
EMT-I certification		28.00 + 75.00
EMT-I recertification		28.00 + 37.00
EMT-defibrillation certification		N/A
EMT-defibrillation recertification		N/A
EMT-II certification		N/A
EMT-II recertification		N/A
EMT-P accreditation		60.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		60.00
MICN/ARN recertification		35.00
EMT-I training program approval		500.00
EMT-II training program approval		N/A
EMT-P training program approval		5,000.00
MICN/ARN training program approval		N/A
Base hospital application		N/A
Base hospital designation		N/A
Trauma center application		N/A
Trauma center designation	Level I & II	20,000
Trauma Center designation	Level III & IV	10,000
Pediatric facility approval		N/A
Pediatric facility designation		N/A
Other critical care center application		
Type: STEMI		
	Initial	20,000
	Annual	10,000
Ambulance service license		
Ambulance vehicle permits		
	Initial	500.00
	Renewal	200.00
Other: CE Approval		85.00
Other: Helicopter Approval		
	Initial	5,000
	Annual	3,000

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Regional Executive Director	1	101,754	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Regional Executive Director	2	81,869	41%	
ALS Coord./Field Coord./ Training Coordinator	Quality Improvement/Education Coordinator	1	74,760	41%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	.5	100,000		Contract position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Emergency Preparedness/Disaster Coordinator	1	69,451	41%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Data Analyst	1	69,729	41%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Secretary	1	44,928	41%	
Other Clerical	Certification Specialist	1	33,109	41%	
Other	Contract Compliance Monitor	1	62,483	41%	
Other	Clerical Support	.5	24,960	41%	
Other	RDMHS	1	44,408	41%	
Other	Information Technology Analyst	1	77,204	41%	

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2011/12

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	1780		430	170	
Number newly certified this year	996				
Number recertified this year	784				
Total number of accredited personnel on July 1 of the reporting year			430		
Number of certification reviews resulting in:					
a) formal investigations	7				
b) probation	3				
c) suspensions	1				
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Butte County Sheriff</u>		Primary Contact: _____	
Address: <u>33 County Center Dr</u>		_____	
<u>Oroville CA 95965</u>		_____	
Telephone Number: <u>530-538-7321</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ BLS
			_____ EMT-D _____ LALS _____ ALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: _____		Primary Contact: _____	
Address: _____		_____	
_____		_____	
Telephone Number: _____		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ BLS
			_____ EMT-D _____ LALS _____ ALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Colusa

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) __1__
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency Colusa County SO
 - b. Other methods, EMsystems, med net, warn system, _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No _____
 - d. Do you participate in OASIS? Yes No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No _____
 - 1) Within the operational area? Yes No _____
 - 2) Between the operational area and the region and/or state? Yes No _____
6. Who is your primary dispatch agency for day-to-day emergencies?
7. Who is your primary dispatch agency for a disaster? Colusa County SO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Nevada

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) _____4_____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____2_____
4. Number of designated dispatch centers for EMS Aircraft _____1_____
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency Nevada County SO
 - b. Other methods EMsystems, med net, warn system, CAHAN_____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Nevada County SO & GVECC
7. Who is your primary dispatch agency for a disaster? Nevada County SO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Placer

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) ___6___
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances ___2___
4. Number of designated dispatch centers for EMS Aircraft ___1___
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency Placer County Fire/Law
 - b. Other methods Web EOC, EMsystems, med net, warn system, CAHAN
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? See attached table PCSO, GVECC_____
7. Who is your primary dispatch agency for a disaster? PCSO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Shasta

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) __1__
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency __Colusa County SO
 - b. Other methods, EMsystems, med net, warn system, _
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No _____
 - d. Do you participate in OASIS? Yes No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No _____
 - 1) Within the operational area? Yes No _____
 - 2) Between the operational area and the region and/or state? Yes No _____
6. Who is your primary dispatch agency for day-to-day emergencies? Shascom 530-245-6500 Redding CA
7. Who is your primary dispatch agency for a disaster? Shascom 530-245-6500 Redding CA

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Siskiyou

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) _____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft _____
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency _____
 - b. Other methods Web EOC, EMsystems, med net, warn system, CAHAN
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Siskiyou County Sheriff
530-842-8300 Yreka CA
7. Who is your primary dispatch agency for a disaster? Siskiyou County Sheriff

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Sutter

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) ___1___
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft _____
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency Sutter Co Fire & Law _____
 - b. Other methods Med Net & CAHAN
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Sutter County SO & City of Yuba
7. Who is your primary dispatch agency for a disaster? Sutter County SO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Tehama

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) __2__
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency __Colusa County SO
 - b. Other methods, EMsystems, med net, warn system, _
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No _____
 - d. Do you participate in OASIS? Yes No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No _____
 - 1) Within the operational area? Yes No _____
 - 2) Between the operational area and the region and/or state? Yes No _____
6. Who is your primary dispatch agency for day-to-day emergencies? Tehama County Sheriff
530- 529-7900 Red Bluff CA
7. Who is your primary dispatch agency for a disaster? Tehama County Sheriff 530-529-7900
Red Bluff CA

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Yolo

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) _____3_____
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances _____1_____
4. Number of designated dispatch centers for EMS Aircraft _____1_____
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency YECA Green Fire (Co.), Law (S.O.)
 - b. Other methods EMsystems, med net, warn system, CAHAN
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? YECA, Davis PD, UCD Fire
7. Who is your primary dispatch agency for a disaster? YECA_____

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Yuba

Reporting Year: 2011/12

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

1. Number of primary Public Service Answering Points (PSAP) ___3___
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances ___2___
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? Yes _____ No _____
 - a. Radio primary frequency Yuba County Fire/Law__
 - b. Other methods __CAHAN, EMsystems, Mednet
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No _____
 - d. Do you participate in OASIS? Yes No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No _____
 - 1) Within the operational area? Yes No _____
 - 2) Between the operational area and the region and/or state? Yes No _____
6. Who is your primary dispatch agency for day-to-day emergencies? Yuba Co SO & GVECC City of Marysville
7. Who is your primary dispatch agency for a disaster? Yuba County SO

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2011/12

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	_____9__
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	_____%
3.	Total number responses	89823
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	
	b) Number non-emergency responses (Code 1: normal)	
4.	Total number of transports	62517
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	54472
	b) Number of non-emergency transports (Code 1: normal)	8045

Early Defibrillation Providers – See attached tables

5.	Number of public safety defibrillation providers	_____
	a) Automated	<u>33</u> _____
	b) Manual	<u>33</u> _____
		_____0_____
6.	Number of EMT-Defibrillation providers	<u>35</u>
	a) Automated	<u>0</u>
	b) Manual	

Air Ambulance Services

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

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

See policy 415.

Enter the response times in the appropriate boxes

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2011/12

NOTE: Table 6 is to be reported by agency. **See Policy 505**

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria 2851
- b) Number of major trauma victims transported directly to a trauma - 3411 center by ambulance
- c) Number of major trauma patients transferred to a trauma center
- d) Number of patients meeting triage criteria who weren't treated at a trauma center

Emergency Departments

- Total number of emergency departments _____19_____
- a) Number of referral emergency services _____
- b) Number of standby emergency services _____
- c) Number of basic emergency services _____
- d) Number of comprehensive emergency services _____19_____

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements 1
- 2. Number of base hospitals with written agreements 18

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sierra-Sacramento Valley EMS Agency

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

Reporting Year: 2011/12

SYSTEM RESOURCES

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

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes x no ____

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

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

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 10

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

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

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

Name, address & telephone: Gridley Fire Department PO Box 1119 176 Nelson Ave Oroville CA 95917 530-538-7111			Primary Contact: Henri Brachais		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Oroville City Fire 2055 Lincoln St Oroville CA 95966			Primary Contact: David Pittman		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS D <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

Name, address & telephone: Gridley Fire Department PO Box 1119 176 Nelson Ave Oroville CA 95917 530-538-7111			Primary Contact: Henri Brachais			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

Name, address & telephone: Oroville City Fire 2055 Lincoln St Oroville CA 95966			Primary Contact: David Pittman			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

Name, address & telephone: Paradise Fire Department 767 Burch St Paradise CA 95969			Primary Contact: Chief Rob Cone		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone:First Responder Ambulance Service 333 Huss Dr Ste 100 Chico CA 95928 530-897-6345			Primary Contact: Bob Hall		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Butte County

Reporting Year: 2011/12

Name, address & telephone: Enloe Ambulance Service 1531 Esplanade Chico CA 95926 530-332-7123			Primary Contact: Marty Marshall			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances:	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input type="checkbox"/> no <input type="checkbox"/>	Number of ambulances:	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2011/12

Name, address & telephone: Arbuckle-College City FPD PO Box 727 Arbuckle CA 95912 530-476-2231			Primary Contact: Casey Cox		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Bear Valley Indian Valley FPD PO Box 127 Stonyford CA 95979 530-963-3231			Primary Contact: Barney Cook		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2011/12

Name, address & telephone: Cal Fire Colusa 1199 Big Tree Road, Saint Helena CA 94574 707-994-2441			Primary Contact: Ernie Loveless		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Maxwell FPD 260 Oak St Maxwell CA 95955 530-438-2320			Primary Contact: David Wells		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2011/12

Name, address & telephone: Princeton FPD PO Box 176 Princeton CA 95970 530-439-2235			Primary Contact: Andy Ferrendelli		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Colusa FPD 750 Market St Colusa CA 95932 530-458-7721			Primary Contact: Randy Dunn		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Colusa

Reporting Year: 2011/12

Name, address & telephone: Sacramento River FPD 235 Market St Colusa CA 95932 530-458-0239			Primary Contact: Jeff Winters		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Williams FPD PO Box 755 Williams CA 95987 530-473-2269			Primary Contact: Jeff Gilbert		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2011/12

Name, address & telephone: Forty-Niner FPD PO Box 354 Nevada City 95959 (530) 265-4431			Primary Contact: Daniel Kopp		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [30] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Grass Valley FD 125 E. Main St. Grass Valley 95945 (530) 274-4370			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [28] BLS D <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2011/12

Name, address & telephone: Higgins FPD 10106 Combie Road Auburn 95602 (530) 269-2488			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [7] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Nevada City FD 317 Broad St. Nevada City 95959 (530) 265-2351			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [22] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada County

Reporting Year: 2011/12

Name, address & telephone: Sierra Nevada Ambulance Service 13120 Loma Rica Dr Grass Valley CA 530-274-9218			Primary Contact: Rob Riley		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> PS- <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Truckee Fire PO Box 2768 Truckee CA 96160 530-414-6871			Primary Contact: Bill Seline		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> PS- <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input type="checkbox"/> no	Number of ambulances:

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: Auburn Fire Dept. 1225 Lincoln Way Auburn 95603 (530) 823-4211			Primary Contact: Mark D'Ambrogi		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: CDF - Nevada/Yuba/Placer 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact: Jim Mathias		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services:permanent/seasonal <input type="checkbox"/> BLS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: Dutch Flat Fire Dept. PO Box 83 Dutch Flat 95714 (530) 389-2287			Primary Contact: C.L. Bridges		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Lincoln Fire Dept. 472 E Street Lincoln 95648 (530) 645-4040			Primary Contact: Dave Whitt		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: North Tahoe FPD PO Box 5879 Tahoe City 96145 (530) 583-6913			Primary Contact: Duane Whitelaw		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Northstar Fire Dept. PO Box 210 Truckee 96160 (530) 562-1212			Primary Contact: Mark Shadowens		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: Penryn FPD PO Box 219 Penryn 95663 (916) 663-3389			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Placer County Fire 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS D <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: Placer Hills Fire PO Box 308 Meadow vista CA 95722 (530) 878-0405			Primary Contact: Chief Ian Gow			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: Rocklin Fire Dept PO Box 1380 Rocklin 95677 (916) 632-4150			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0	

Name, address & telephone: Squaw Valley Fire Dept. PO Box 2522 Olympic Valley 96146 (530) 583-6111			Primary Contact: Peter Bansen			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: South Placer Fire 6900 Eureka Road Granite Bay 95661 (916) 791-7059			Primary Contact: Tony Corrado		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

Name, address & telephone: Foresthill Fire PO Box 557 Foresthill 95631 (530) 367-2509			Primary Contact: Kurt Snyder		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [9] BLS <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

Name, address & telephone: U.S. Forest Service 22830 Auburn Foresthill Road Foresthill 95631 (530) 367-2224			Primary Contact: Paula Nelson		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [4] PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: AMR Placer Pacific St Rocklin CA 95677 916-563-0704			Primary Contact: Steve Giusti		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 26

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 11/12

Name, address & telephone: Anderson FPF Primary Contact: Chief Joe Piccinini 1925 Howard St Anderson CA 96007 530-378-6699					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: CAL Fire Shasta Chief Rick Kyle 875 Cypress Ave Redding CA 96001 530-225-2411					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 11/12

Name, address & telephone: Burney FPD Primary Contact: Chief Larry Russell 37072 Hwy 299 E 530-335-2212					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: CAL Fire Northern Region Primary Contact: Chief Bill Holmes 6105 Airport Rd Redding CA 96002 530-224-2460					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 11/12

Name, address & telephone: Cottonwood Fire Primary Contact: Chief James Flaherty PO Box 618 Cottonwood CA 96022 530-347-4737					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Falls River Mills FPD Primary Contact: Chief Chuck Bethel PO Box 582 Fall River Mills CA 96028 530-336-6117					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 11/12

Name, address & telephone:						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

Name, address & telephone: Happy Valley Fire Primary Contact: Chief Joe Vazquez 17441 Palm Ave Anderson CA 96007 530-357-2345						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 11/12

Name, address & telephone: Redding Fire Primary Contact: Chief PO Box 496071 Redding CA 96049 530-225-4141					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Shasta County Fire Primary Contact: Chief Mike Chuchel 875 Cypress Ave Redding CA 96001 530-225-2418					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 11/12

Name, address & telephone: Shasta Lake FPD Primary Contact: Chief Adrian Rogers 4126 Ashby Ct Shasta Lake Ca 96019 530-275-7474						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

Name, address & telephone:						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada Shasta County

Reporting Year: 2011/12

Name, address & telephone: AMR Redding 530-241-2323			Primary Contact: Mark Belden			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>9</u>	

Name, address & telephone: Mercy Ambulance 2175 Rosalie Ave Redding Ca 96001 530-245-5829			Primary Contact: Matt Moser			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? x yes no <input type="checkbox"/>	Number of ambulances: <u>7</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 11/12

Name, address & telephone: Butte Valley Fire Primary Contact: Chief Dian Anderson PO Box 103 MacDoel CA 96058 530-398-4332						
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

Name, address & telephone: CAL Fire Siskiyou Primary Contact: PO Box 128 Yreka Ca 96097 530-842-3516						
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 11/12

Name, address & telephone: Dorris Fire Primary Contact: Chief Gene Hurst PO Box 786 Dorris CA 96023 530-397-2121					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Dusmuir Fire Primary Contact: Chief Daniel Padilla PO Box 196 Dunsmuir CA 96025 530-2352551					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 11/12

Name, address & telephone: Montague Fire Primary Contact: Chief Robert McKnight PO Box 281 Montague CA 96064					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone Mt Shasta Fire Primary Contact: Chief Joe Spini 305 N Mt Shasta Blvd Mt Shasta CA 96067					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou County

Reporting Year: 2011/12

Name, address & telephone: Etna Ambulance Service 530-467-3331			Primary Contact: Doug Blangsted			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>	

Name, address & telephone: Happy Camp Ambulance Service 26 4 th Avenue Happy Camp CA 96039 530-493-2643			Primary Contact: Frank Henderson			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? x yes <input type="checkbox"/> no	Number of ambulances:	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Siskiyou County

Reporting Year: 2011/12

Name, address & telephone: Mt Shasta Ambulance Service 1020 Oak St Mt Shasta CA 96067 530-926-2665			Primary Contact: Angelo Banos			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>5</u>	

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes no <input type="checkbox"/>	Number of ambulances:	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2011/12

Name, address & telephone: Sutter Co. Fire. 1160 Civic Center Blvd., Yuba City 530-822-7400			Primary Contact: Dan Yager			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

Name, address & telephone: Pleasant Grove Fire 3100 Howsley, Pleasant Grove, 916-655-3937			Primary Contact: Thomas Reese			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2011/12

Name, address & telephone: Yuba City Fire Dept. 824 Clark Avenue Yuba City 95991 (530) 741-4691			Primary Contact: Mark Boomgaarden		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS [28] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS- Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT- D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Tehama

Reporting Year: 11/12

Name, address & telephone: Capay FPD Primary Contact: Chief Iam Turnbull 50 4 th Ave Orland CA 95963 530-865-2070					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Gerber VFD Primary Contact: Chief Dave Patterson 327 San Benito Ave Gerber CA 96035 530-385-1549					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Tehama

Reporting Year: 11/12

Name, address & telephone: Red Bluff FD Contact: Chief Gerry Gray 555 Washington St Red Bluff CA 96080 530-527-1126					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: St. Elizabeth Ambulance Service			Primary Contact: Penny Costa		
2550 Sister Mary Columba Dr Red Bluff CA 96080			530-529-8000		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2011/12

Name, address & telephone: Davis Fire Dept. 530 5th Street Davis, CA 95616 (530) 757-5684			Primary Contact: Chief Bill Weisberger		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input checked="" type="checkbox"/> BLS [36] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

Name, address & telephone: Dunnigan FPD PO Box 213 Dunnigan 95937 (530) 724-3515 (volunteer)			Primary Contact: Mel Garcia		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [24] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yolo

Reporting Year: 2011/12

Name, address & telephone: American Medical Response 1255 Triangle Ct West Sacramento CA 95605 916-563-0619			Primary Contact: Scott Gowen		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> PS- <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>11</u>

Name, address & telephone: Capay Valley Fire PO Box 6 Brooks 95606 (530) 796-3300 16881 CR 59 (volunteer)			Primary Contact: Dan Garrison		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> PS- <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>_0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2011/12

Name, address & telephone: Winters FD 10 Abbey St. Winters 95694 (530) 795-4131			Primary Contact: Aaron McCalister		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [30] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Woodland FD 1000Lincoln Ave Woodland 95695 (530) 661-5860			Primary Contact: Deputy FC Rick Sander		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [42] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2011/12

Name, address & telephone: Knights Landing FD			Primary Contact: Cliff Wells		
PO Box 578 Knights Landing 95645 (530) 735-6409 (volunteer)					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS EMT-D <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

Name, address & telephone: Madison FPD			Primary Contact: Tom Lopez		
PO Box 12 Madison 95653 (530) 662-5745					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS D <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2011/12

Name, address & telephone: Elkhorn Volunteer Fire 18350 Old River Road West Sacramento 95691 (530) 371-4541			Primary Contact: Richard Young		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

Name, address & telephone: Esparto FPD PO Box 366 Esparto 95627 (530) 787-3300			Primary Contact: Barry Burns		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [21] PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2011/12

Name, address & telephone: West Plainfield Fire 24901 County Road 95 Davis CA 95616 530-756-0212			Primary Contact: Chief Cherie Rita		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

Name, address & telephone: Willow Oak Fire 17533 County Road 97 Woodland CA 95695			Primary Contact: Jim Froman		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 2011/12

Name, address & telephone: Yocha Dehe Fire PO Box 8 Brooks CA 95606 530-796-3400			Primary Contact: Chief Gary Frederickson		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: ALS	<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 [10] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [22] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Tribal	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: West Sacramento Fire 2040 Lake Washington Blvd West Sacramento CA 95691 916-617-4600			Primary Contact: Chief Al Terrell		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [19] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? yes <input checked="" type="checkbox"/> <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Reporting Year: 2011/12

Name, address & telephone: Bi-County Ambulance Service PO Box 3130 Yuba City 95992-3130 (530) 674-2780			Primary Contact: Ron Welch		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>15</u>

Name, address & telephone: Beale AFB FD 6451 B Street 9th CES/CEF Beale AFB 95903-1708 (530) 634-8672			Primary Contact: Karen Vilander		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [68] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2011/12

Name, address & telephone: Dobbins Oregon House FPD			Primary Contact: Mike Butler		
PO Box 164 Oregon House 95962 (530) 692-1175					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [10] BLS [10] EMT-D [] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Foothill Volunteer Fire Dept.			Primary Contact: Rick Cunningham		
PO Box 332 Brownsville 95919 (530) 675-2383					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib [12] BLS [15] EMT-D [] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2011/12

Name, address & telephone: Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (530) 675-2343			Primary Contact: Rick Cunningham		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS- Defib [20] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Linda Fire Dept. 1286 Scales Marysville (530) 743-1553			Primary Contact: Rich Webb		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS- Defib [12] BLS [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2011/12

Name, address & telephone: Loma Rica/Browns Valley CDF PO Box 8153 Marysville (530) 749-2316			Primary Contact: Gary Kavanagh		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [2] PS <input type="checkbox"/> PS-Defib [5] BLS <input type="checkbox"/> EMT-D [] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Marysville Fire Dept. 107 Ninth St. Marysville (530) 741-6622			Primary Contact: Curt Williges		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2011/12

Name, address & telephone: Wheatland Fire Dept. PO Box 395 Wheatland 95692 (530) 633-2930			Primary Contact: Art Paquette		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib [10] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- [5] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone:			Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS Defib <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS- <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 2011/12

Name, address & telephone: CALSTAR Primary Contact: Bob Griffith 13750 Lincoln Wy Auburn 95603 (530) 887-0569					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

Name, address & telephone: REACH Primary Contact: Jeff Kennedy 5010 Flight Line Dr. Santa Rose 95403 530-682-2941					
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 2011/12

Name, address & telephone: Enloe Flightcare Chico 1531 Esplanade Chico CA 95926 530-680-2428			Primary Contact: Judy Cline		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

Name, address & telephone: PHI 5900 Old Oregon Trail Redding Ca 96002 530-221-0646			Primary Contact: Jason Swan		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service:	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County: Butte Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Oroville Hospital 530-513-4103 2767 Olive Highway Oroville CA 95966				
Primary Contact:				
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____III_____

Name, address & telephone: Biggs Gridley memorial Hospital 240 Spruce St Gridley CA 95948 530-846-9068				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes x <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input 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.*
- *** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Butte

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Enloe Medical Center 1531 Esplanade Chico Ca 95926 Judy Cline, RN 530-680-2428				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service X <input checked="" type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** ____ II _____

Name, address & telephone: Feather River Hospital 5974 Pentz Road Paradise CA 95969 530-877-9361				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level: **** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Colusa

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Colusa Regional Medical Center 199 E. Webster Street Colusa Ca 95932 530-458-5821 Ext. 283				
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP: <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____IV_____

Name, address & telephone:				
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- *** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Nevada **ReportingYear:**2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Sierra Nevada Memorial Hospital PO Box 1029 Grass Valley CA 530-274-6020				
Primary Contact: Sandra Cummings RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Tahoe Forest Hospital PO Box 759 Truckee CA 530-582-3219				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency **County:** Placer **Reporting Year:** 2010/11

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Kaiser Roseville 1600 Eureka Rd Roseville CA 973-6600 Primary Contact: Pankaj Patel, MD				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP:** x <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Sutter Auburn Faith Hospital 11815 Education St Auburn CA 530-888-4553 Primary Contact: BeBe Pedicini RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Placer

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Sutter Roseville Medical Center One Medical Plaza Roseville CA 916-781-1127 Primary Contact: Kate Carleton RN				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP:x <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____II_____

Name, address & telephone:				
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Shasta

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Mercy Medical Center Redding Linda Henrich 2175 Rosaline Ave Redding CA 96001				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** ____II_____

Name, address & telephone: Shasta Regional Medical Center 1100 Butte Street Redding CA 96001 530-244-5353				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes s <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes s <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes s <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** ____III_____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County: Siskiyou

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Mercy Medical Center Mt Shasta Lisa Bennett 914 Pine Street Mt Shasta Ca 530-926-9363				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** ____III_____

Name, address & telephone: Fairchild Medical Center Peggy Amaral 444 Bruce St Yreka CA 96097				
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County: Sutter

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Rideout Memorial Hospital 726 4th Street Marysville CA 530-749-4511				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** ___III_____

Name, address & telephone:				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County: Tehama

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: St Elizabeth Memorial Hospital 2550 Sister Mary Columbia Dr Red Bluff CA 96080				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** ____IV_____

Name, address & telephone:				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: x <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- *** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Yolo **Reporting Year:** 2011/12

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Sutter Davis Hospital 2000 Sutter Place Davis CA 530-757-5111				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes x <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone:UCDMC 2315 Stockton Blvd Sacramento CA 95817 916-734-2011				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* x <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** x <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> x yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> x yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> x yes <input type="checkbox"/> no	If Trauma Center what Level:**** _I_

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency County Yolo

Reporting Year: 2011/12

OTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Woodland Healthcare 1325 Cottonwood St Woodland CA 530-662-3961				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: Sutter General Hospital 2801 L Street Sacramento CA 916-454-2222				
Written Contract x <input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service x <input type="checkbox"/>	Base Hospital: x <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes x <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes x <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes x <input type="checkbox"/> no	If Trauma Center what Level:**** _____

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

Training Institution Name	Oroville Adult Ed - AST	Contact Person telephone no.	Dan Layne 530-521-6520
Address	PO Box 205 Willows		

Student Eligibility: *	Cost of Program Basic: \$750.00 Refresher \$150.00	**Program Level: EMT 1 Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 12/31/2015
		Number of courses: 4 _____ Initial training: 2 _____ Refresher: 2 _____ Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

Training Institution Name	Butte Community College	Contact Person telephone no.	Belinda Shafer, R.N. 530-895-2487
Address	3536 Butte Campus Drive, Oroville CA 95965		

Student Eligibility: *	Cost of Program Basic: \$675.00 Refresher \$260.00	**Program Level: EMT Program _____ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 12/31/2016
		Number of courses: <u>6</u> Initial training: 6 _____ Refresher: _____ Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

Training Institution Name	Butte Community College	Contact Person telephone no.	Belinda Shafer, R.N. 530-895-2487
Address	3536 Butte Campus Drive, Oroville CA 95965		

Student Eligibility: *	Cost of Program Basic: \$2300.00 Refresher	**Program Level: <u>Paramedic Program</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____
		Number of courses: 1 _____ Initial training: 1 _____ Refresher: _____ Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Butte

Reporting Year: 2011/12

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

Student Eligibility: *	Cost of Program Basic: unknown Refresher unknown	**Program Level: EMT Program _____ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: 12/31/2016
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

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

Student Eligibility: *	Cost of Program Basic: \$1875.00 Refresher \$325.00	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>05/31/2015</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2011/12

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

Student Eligibility: *	Cost of Program Basic: \$8950 Refresher	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>05/31/2015</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Shasta

Reporting Year: 2011/12

Training Institution Name	Institute of Technology	Contact Person telephone no.	Martha Mitchell 530-223-9500
Address	1675 G Hilltop Dr Redding CA 96002		

Student Eligibility: *	Cost of Program Basic: \$1955.00 Refresher \$500.00	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: Refresher: Expiration Date: <u>12/31/2014</u>
		Initial training: <u>3</u> Refresher: <u>1</u>

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

Reporting 2011/12

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

Student Eligibility:	Cost of Program Basic \$600.00 Refresher \$65.00	**Program Level: <u>EMT- 1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>06/30/2013</u>
		Number of courses: <u>8</u> Initial training: <u>6</u> Refresher: <u>2</u> Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 2011/12

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

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

Student Eligibility: *	Cost of Program Basic: \$200.50 Refresher \$39.50	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2014</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 2011/12

Training Institution Name	Happy Camp	Contact Person telephone no.	Jodi Henderson 530-493-2643
Address	26 4 th Avenue Happy Camp CA 96039		

Student Eligibility: *	Cost of Program Basic: \$700.00 Refresher \$400.00	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2014</u>
		Number of courses: <u>6</u> Initial training: <u>3</u> Refresher: <u>3</u> Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 2011/12

Training Institution Name	College of the Siskiyou	Contact Person telephone no.	Beth Watts 530-938-5512
Address	800 College Ave Weed CA 96094		

Student Eligibility: *	Cost of Program Basic: \$375.00 Refresher \$45.00	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2014</u>
		Number of courses: <u>6</u> Initial training: <u>3</u> Refresher: <u>3</u> Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 2011/12

Training Institution Name	NCTI/College of the Siskiyous	Contact Person telephone no.	Beth Watts 530-938-5512
Address	800 College Ave Weed CA 96094		

Student Eligibility: *	Cost of Program Basic: \$3800.00 Refresher	**Program Level: Paramedic Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____
		Number of courses: 1 _____ Initial training: 1 _____ Refresher: _____ Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2011/12

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

Student Eligibility: *	Cost of Program Basic \$550 UCD Students \$695 Non Students Refresher No Refresher	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>06/30/2013</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name	Yuba Community College Woodland California St Woodland CA	Contact Person telephone no.	Leslie Deniz 530-661-6207
Address			

Student Eligibility: *	Cost of Program Basic 504.67 Refresher	**Program Level: <u>EMT- 1</u> Number of students completing training per year: Initial training: <u>2</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/15</u>
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		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
--	--	---

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2011/12

Training Institution Name	Woodland Community College	Contact Person telephone no.	Leslie Deniz 530-661-6207
Address	2300 e. Gibson road Woodland CA 95776		

Student Eligibility: *Employees only	Cost of Program Basic \$276.00 Refresher \$46.00	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2015</u>
		Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2011/12

Training Institution Name	OnSite Medical	Contact Person telephone no.	Austin Merrill 916-932-2323
Address	638 Cantrill Drive Davis Ca 95616		

Student Eligibility: *	Cost of Program Basic: \$750.00 & \$950.00 Refresher \$	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2015</u>
		Number of courses: <u>6</u> Initial training: <u>3</u> Refresher: <u>3</u> Cont. Education: _____

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2011/12

Training Institution Name	Yuba Community College	Contact Person telephone no.	Rolf 530-741-6984
Address	2088 N. Beale Road Marysville CA		

Student Eligibility: *Employees only	Cost of Program Basic \$276.00 Refresher \$46.00	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>12/31/2016</u>
		Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Butte

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: CAL Fire Oroville		Primary Contact: _____	
Address: 176 Nelson Ave			
Oroville CA 95965			
Telephone Number: 530-538-7111			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day xDisaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: xFire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: Paradise Police		Primary Contact: _____	
Address: 5595 Black Olive Dr			
Paradise CA			
Telephone Number: 530-872-6241			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Oroville Police			Primary Contact: _____		
Address:	2055 Lincoln St			_____		
	Oroville CA 95966			_____		
Telephone Number:	530-538-2448					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:			
			_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Name:	Gridley Police			Primary Contact: _____		
Address:	685 Kentucky St			_____		
	Gridley CA 95948			_____		
Telephone Number:	530-846-5670					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:			
			_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	CHP			Primary Contact:		
Address:	995 Fir St					
	Chico CA 95927					
Telephone Number:	530-879-1900					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:			
			_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Name:	Chico Police			Primary Contact:		
Address:	1460 Humboldt Road					
	Chico CA 95927					
Telephone Number:	530-897-4000					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:			
			_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Butte County Sheriff</u> Primary Contact: _____	
Address: <u>33 County Center Dr</u> <u>Oroville CA 95965</u>	
Telephone Number: <u>530-538-7321</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____
<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: _____ Primary Contact: _____	
Address: _____ _____	
Telephone Number: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____
<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Colusa _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Colusa County Sheriff			
Name:		Primary Contact:	
Address:	929 Bridge Street		
	Colusa CA 95932		
Telephone Number:	530-458-0200		
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		xLaw	
		<input type="checkbox"/> Other	
		Explain: _____	

Name: _____		Primary Contact: _____	
Address:			
Telephone Number:			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Nevada _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

CDF Grass Valley ECC			
Name:	_____		
Address:	13699 Loma Rica		
	Grass Valley CA 95945		
Telephone Number:	530-477-0951		
Written Contract: x <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day xDisaster	Number of Personnel Providing Services: _____x_ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private		If Public: xFire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County x <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Grass Valley Police			
Name:	_____		Primary Contact: _____
Address:	125 E. Main St		
	Grass Valley CA 95945		
Telephone Number:	530-477-4600		
Written Contract: <input type="checkbox"/> Yes x <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS ___x___ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Nevada _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Nevada County Sheriff		Primary Contact: _____	
Address: 950 Maidu Ave		_____	
Nevada City CA 95959		_____	
Telephone Number: 530-265-7880		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS ___x___ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City x <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: US Forest Service		Primary Contact: _____	
Address: PO Box 603		_____	
Nevada City CA 95959		_____	
Telephone Number: 530-478-6111		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS ___x___ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law xOther Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District x <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Placer _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Placer County Sheriff			
Name:			Primary Contact:
Address:	2966 Richardson Dr		
	Auburn CA 95603		
	530-889-5375		
Telephone Number:			
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	____x__ EMD Training _____ EMT-D _____ ALS
			____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		xLaw	
		<input type="checkbox"/> Other	
		Explain: _____	

Rocklin Police			
Name:			Primary Contact:
Address:	4060 Rocklin Road		
	Rocklin CA 95677		
Telephone Number:	916-632-4093		
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	____x__ EMD Training _____ EMT-D _____ ALS
			____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		xLaw	
		<input type="checkbox"/> Other	
		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Placer _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Roseville Police</u>		Primary Contact: _____	
Address: <u>1051 Junction Blvd</u>		_____	
<u>Roseville CA 95678</u>		_____	
Telephone Number: <u>916-786-6444</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ____x____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> x City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: <u>AMR Dispatch</u>		Primary Contact: _____	
Address: <u>1779 Tribute Dr</u>		_____	
<u>Sacramento CA 95815</u>		_____	
Telephone Number: <u>916-348-4400</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: x <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ____x____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public x <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Placer

Reporting Year: 2011/12_____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Auburn Police	Primary Contact:
Address:	1215 Lincoln Ave	
	Auburn CA 95603	
Telephone Number:	530-823-4234	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____x_____ Other
		If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	Lincoln Police	Primary Contact:
Address:	472 E Street	
	Lincoln CA 95648	
Telephone Number:	916-645-4040	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
		If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Shasta _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Cal Fire Redding	Primary Contact:
		Battalion Chief JT Zulliger
Address:	875 Cypress Ave Redding CA 96001	
Telephone Number:	530-225-2411	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services:
	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	Shasta Communications	Primary Contact:

Address:	3101 South Street Redding CA 96001	
Telephone Number:	530-245-6500	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services:
	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Shasta

Reporting Year: 2011/12

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>CHP Redding</u>		Primary Contact: _____	
Address: <u>2503 Cascade Blvd</u>		_____	
<u>Redding CA 96003</u>		_____	
Telephone Number: <u>530-242-3200</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County x <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: <u>Anderson Police</u>		Primary Contact: _____	
Address: <u>2200 North St</u>		_____	
<u>Anderson CA 96007</u>		_____	
Telephone Number: <u>530-378-6600</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> x City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Yreka Police			Primary Contact: _____		
Address:	412 West Miner St			_____		
	Yreka CA 96097			_____		
Telephone Number:	530-841-2300					
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership:		If Public:	If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire				
		xLaw				
		<input type="checkbox"/> Other				
		Explain: _____				

Name:	Weed Police			Primary Contact: _____		
Address:	PO Box 470			_____		
	Weed Ca			_____		
Telephone Number:	530-938-5020					
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership:		If Public:	If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			
<input type="checkbox"/> x Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire				
		xLaw				
		<input type="checkbox"/> Other				
		Explain: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Tulelake Police		Primary Contact: _____	
Address: 470 C Street			
Tulelake CA 96134			
Telephone Number: 530-667-5284			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ BLS
			_____ EMT-D _____ LALS _____ ALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: Siskiyou County Sheriff		Primary Contact: _____	
Address: 305 Butte St			
Yreka CA 96097			
Telephone Number: 530-841-2900			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ BLS
			_____ EMT-D _____ LALS _____ ALS _____ Other
Ownership: <input type="checkbox"/> x Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City x <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Mt Shasta Police</u> Primary Contact: _____	
Address: <u>303 N. Mt Shasta Blvd</u> <u>Mt Shasta CA 96067</u>	
Telephone Number: <u>530-926-7540</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster _____ EMD Training _____ EMT-D _____ ALS <input type="checkbox"/> Fire _____ BLS _____ LALS _____ Other	
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____

Name: <u>CHP Yreka</u> Primary Contact: _____	
Address: <u>1739 S. Main St</u> <u>Yreka CA 96067</u>	
Telephone Number: <u>530-841-6000</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster _____ EMD Training _____ EMT-D _____ ALS <input type="checkbox"/> Fire _____ BLS _____ LALS _____ Other	
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire If Public: <input type="checkbox"/> City <input type="checkbox"/> County x <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: CAL Fire Yreka		Primary Contact: _____	
Address: PO Box 128 Yreka CA 96067		_____	
Telephone Number: 5360-842-4359		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: _____		Primary Contact: _____	
Address: _____		_____	
Telephone Number: _____		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County:
Sutter _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Bi-County Service			
Name:		Primary Contact:	
Address:	1700 Poole		
	Yuba City CA		
Telephone Number:	530-674-2780		
Written Contract: x <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ____x____ EMD Training _____ EMT-D _____ ALS ____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public x <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Sutter County Sheriff			
Name:		Primary Contact: _____	
Address:	1077 Civic Center Blvd		
	Yuba City CA 95991		
Telephone Number:	530-822-7307		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: __x__ EMD Training _____ EMT-D _____ ALS ____ BLS _____ LALS _____ Other
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City x <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County:
Sutter _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Yuba City Police		Primary Contact: _____	
Address: 1201 Civic Center Blvd		_____	
Yuba City CA 95991		_____	
Telephone Number: 530-822-4673		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ____x____ EMD Training ____ BLS
			____ EMT-D ____ LALS ____ ALS ____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: _____		Primary Contact: _____	
Address: _____		_____	
_____		_____	
Telephone Number: _____		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ____ EMD Training ____ BLS
			____ EMT-D ____ LALS ____ ALS ____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Tehama _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Corning Fire</u> Primary Contact: _____	
Address: <u>774 Third St</u> <u>Corning CA 96021</u>	
Telephone Number: <u>530-824-7044</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster _____ EMD Training _____ EMT-D _____ ALS <input type="checkbox"/> Fire <input type="checkbox"/> Law _____ BLS _____ LALS _____ Other	
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: x <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____
If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name: <u>Corning Police</u> Primary Contact: _____	
Address: <u>774 Third St</u> <u>Corning CA 96021</u>	
Telephone Number: <u>530-824-7000</u>	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster _____ EMD Training _____ EMT-D _____ ALS <input type="checkbox"/> Fire <input type="checkbox"/> Law _____ BLS _____ LALS _____ Other	
Ownership: x <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____
If Public: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Yolo _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Yolo Emergency Communications Agency			
Name:	_____		
Address:	35 N. Cottonwood St		
	Woodland CA 95695		
Telephone Number:	530-666-8920		
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	xDisaster	____x__ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		xOther	
		Explain:	
		__JPA_____	

UC Davis Police			
Name:	_____		Primary Contact: _____
Address:	One Shields Ave		
	Davis CA 95616		
Telephone Number:	530-752-5516		
Written Contract:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	____x__ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		xLaw	
		<input type="checkbox"/> Other	
		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Yolo _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Davis Police	Primary Contact:	
Address:	226 F Street		
	Davis CA 95616		
Telephone Number:	530-747-5400		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ___x___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:		Primary Contact:	
Address:			
Telephone Number:			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Yuba _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Marysville Police		Primary Contact: _____	
Address: 316 6 th St.		_____	
Marysville CA 95901		_____	
Telephone Number: 530-741-6111		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		xDay-to-Day <input type="checkbox"/> Disaster	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire	
		xLaw <input type="checkbox"/> Other	
		Explain: _____	
Number of Personnel Providing Services:			
____x__ EMD Training		____ EMT-D	
____ BLS		____ LALS	
		____ ALS	
		____ Other	
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Name: Yuba County Sheriff		Primary Contact: _____	
Address: 215 5 th St		_____	
Marysville Ca 95901		_____	
Telephone Number: 530-749-7777		_____	
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		xDay-to-Day <input type="checkbox"/> Disaster	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire	
		xLaw <input type="checkbox"/> Other	
		Explain: _____	
Number of Personnel Providing Services:			
____x__ EMD Training		____ EMT-D	
____ BLS		____ LALS	
		____ ALS	
		____ Other	
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Yuba _____

Reporting Year: 2011/12 _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Beale AFB			Primary Contact:		
Address:	Beale AFB Ca 95903					
Telephone Number:	530-634-2000					
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:			
			_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal			

Name:	_____			Primary Contact: _____		
Address:	_____					
Telephone Number:	_____					
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:			
			_____ EMD Training	_____ EMT-D	_____ ALS	
			_____ BLS	_____ LALS	_____ Other	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Sierra-Sacramento Valley EMS Agency PSAPs				
County	PSAP Name	Address	Phone #	
Butte	Primary Coordinator - CheriLyn Rockwell	crockwell@buttecounty.net	530-538-3877	
Butte	Cal Fire Oroville-570	176 nelson Ave Oroville CA 95965	530-538-7111	
Butte	Paradise Police-867	5595 Black Olive Dr Paradise CA 9	530-872-6241	
Butte	Oroville Police-860	2055 Lincoln St Oroville CA 95966	530-538-2448	
Butte	Gridley Police-745	685 Kentucky St Gridley CA 95948	530-846-5670	
Butte	CHP-619	995 Fir St Chico CA 95927	530-879-1900	
Butte	Chico Police-610	1460 Humbolt Rd Chico CA 95928	530-897-4000	
Butte	Butte County Sheriff-571	33 County Center Dr Oroville CA 95965	530-538-7321	
Colusa	Primary Coordinator - Susanna Johnson	sjohnson@colusasheriff.com	530-458-0220	
Colusa	Colusa County Sheriff-661	929 Bridge St Colusa CA 95932	530-458-0200	
Nevada	Primary Coordinator -Kimaree Estes	Kimaree.Estes@co.nevada.ca.us	530-265-7250	
Nevada	CDF Grass Valley ECC-596	13699 Loma Rica Grass Valley CA 95945	530-477-0951	EMD
Nevada	Grass Valley Police-744	125 E. Main St Grass Valley CA 95945	530-477-4600	Tx to GVECC
Nevada	Nevada County Sheriff-844	950 Maidu Ave Nevada City CA 95959	530-265-7880	Tx to GVECC
Nevada	US Forest Service	PO Box 603 Nevada City CA 95959	530-478-6111	Tx to GVECC
Placer	Primary Coordinator - Tracey Kesler	tkesler@placer.ca.gov	530-886-5375	
Placer	Placer County Sheriff-877	2966 Richardson Dr Auburn CA 95603	530-889-5375	EMD
Placer	Rocklin Police-902	4060 Rocklin Road Rocklin CA 95677	916-632-4093	EMD
Placer	Roseville Police-904	1051 Junction Blvd Roseville CA 95678	916-786-6444	EMD
Placer	AMR Dispatch	1779 Tribute Road Sacramento CA 95815	916-348-4400	EMD
Placer	Auburn Police-540	1215 Lincoln Way Auburn CA 95603	530-823-4234	Tx to GVECC
Placer	Lincoln Police-785	472 E Street Lincoln CA 95648	916-645-4040	
Shasta	Primary Coordinator -Laurie Sowder	shascom4@snowcrest.net	530-245-6511	
Shasta	Cal Fire Redding-603	875 Cypress Ave Redding CA 96001	530-225-2411	
Shasta	Shasta Communications	3101 South St Redding CA 96001	530-245-6500	
Shasta	CHP Redding-640	2503 Cascade Blvd. Redding CA 96003	530-242-3200	
Shasta	Anderson Police-531	2200 North St Anderson CA 96007	530-378-6600	
Siskiyou	Todd Shelton	Tshelton@co.siskiyou.ca.us	530-842-8355	
Siskiyou	Yreka Police-1054	412 West Miner St Yreka CA 96097	530-841-2300	
Siskiyou	Weed Police-1042	PO Box 470 Weed CA	530-938-5020	
Siskiyou	Tulelake Police-1007	470 C Street Tulelake CA 96134	530-667-5284	
Siskiyou	Siskiyou County Sheriff-975	305 Butte St Yreka CA 96097	530-841-2900	

Siskiyou	Mt Shasta Police-839	303 N. Mt Shasts Blvd Mt Shasta CA 96067	530-926-7540		
Siskiyou	CHP Yreka-649	1739 South Main St Yreka CA 96097	530-841-6000		
Siskiyou	Cal Fire Yreka-607	PO Box 128 Yreka CA 96097	530-842-4359		
Sutter	Primary Coordinator - Jeff Pierce	jpierce@co.sutter.ca.us	530-822-7307		
Sutter	Bi-County Ambulance	1700 Poole Blvd Yuba City CA 95991	530-6742780		
Sutter	Sutter County Sheriff-993	1077 Civic Center Blvd Yuba City CA 95991	530-822-7307	EMD	
Sutter	Yuba City Police-1055	1201 Civic Center Blvd Yuba City CA 95991	530-822-4673	EMD	
Tehama	Primary Coordinator - Chris Thompson	christine.thompson@fire.ca.gov	530-528-5109		
Tehama	Corning Fire-669	774 Third St Corning CA 96021	530-824-7044		
Tehama	Cal Fire Red Bluff-605	604 Antelope Blvd Red Bluff CA 96080	530-528-5190		
Tehama	Red Bluff Police-888	555 Washington Blvd Red Bluff CA 96080	530-527-3131		
Tehama	Tehama Co. Sheriff-996	22840 Antelope Red Bluff CA 96080	530-529-7900		
Tehama	Corning Police-668	774 Third St Corning CA 96021	530-824-7000		
Yolo	Primary Coordinator - Karen Avara	kavara@yeca911.org	530-666-8911		
Yolo	Yolo County Communications Agency-1051	35 N. Cottonwood St Woodland CA 95695	530-666-8920	EMD	
Yolo	UC Davis Police-1013	1 Shields Ave Davis CA 95616	530-752-5516	EMD	
Yolo	Davis Police-691	226 F Street Davis CA 95616	530-747-5400	EMD	
Yolo	Yolo Co. Sheriff-1052	2500 E. Gibson Woodland CA 95776	530-668-5280		
Yuba	Primary Coordinator -Glenda Hyde	ghyde@co.yuba.ca.us	530-741-6331		
Yuba	Marysville Police-814	316 6th St Marysville CA 95901	530-741-6611	EMD	
Yuba	Yuba County Sheriff-1056	215 5th St Marysville CA 95901	530-749-7777	EMD	
Yuba	Beale AFB-549	Beale AFB CA 95903	530-634-2000		

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Butte County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 Chico</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. First Responder Ambulance Service & Enloe Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: The city of Chico is located within Butte County. It is in the northern Sacramento Valley, although some of the city does extend into the nearby foothills. There are several creeks that flow within Chico including Big Chico Creek, Little Chico Creek and Lindo Channel, all of which are tributaries of the Sacramento River. It lies between the Sierra Nevada Mountain Range and the Cascade Range.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Emergency Ambulance ALS</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Butte County is not exclusive pending litigation.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Butte County is not exclusive pending litigation.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Butte County</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 CSA 37 Biggs Gridley Area</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Enloe Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Butte County is not exclusive pending litigation.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Butte County</p>
<p>Area or subarea (Zone) Name or Title: Zone 3 Oroville (City of Oroville and surrounding area)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. First Responder Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Emergency Ambulance ALS</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Butte County is exclusive pending litigation.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Butte County is not exclusive pending litigation.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Butte County</p>
<p>Area or subarea (Zone) Name or Title: Zone 4 – East-Southeast (Eastern tip of county)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. First Responder Ambulance Service & Enloe Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: The city of Chico is located within Butte County. It is in the northern Sacramento Valley, although some of the city does extend into the nearby foothills. There are several creeks that flow within Chico including Big Chico Creek, Little Chico Creek and Lindo Channel, all of which are tributaries of the Sacramento River. It lies between the Sierra Nevada Mountain Range and the Cascade Range.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Emergency Ambulance ALS</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Butte County is exclusive pending litigation.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Butte County is not exclusive pending litigation.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Butte County</p>
<p>Area or subarea (Zone) Name or Title: Zone 5 – Paradise</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. First Responder Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Emergency Ambulance ALS</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Butte County is not exclusive.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Butte County is not exclusive.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Colusa County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 Colusa County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Enloe Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: Colusa County</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Colusa County Board action 1997</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. As of December 2009, the Colusa Board of Supervisors granted exclusivity to Enloe Ambulance Service following a competitive bid process.</p>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Nevada County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 – Donner Summit</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Donner Summit Public Utility district</p>
<p>Area or subarea (Zone) Geographic Description: Donner Summit</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Uninterrupted ambulance transport service since 1979 documented by patient care reports and statements of EMT-Is employed at the time.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Nevada County</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 – Nevada City/Grass Valley</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Sierra-Nevada Hospital Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: Grass Valley, Nevada City and surrounding rural areas. Sierra Nevada Rural and Nevada County Consolidated Fire District, Ophir Hill FPD, Highway 49 through Higgins FPD to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines Sierra Nevada, those portions of Higgins FPD not contained in the 15 min response zone. Peardale-Chicago Park FPD.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Sierra-Nevada Hospital bought Lincoln’s ambulance transport service in 1988. Documented renewal of Lincoln’s Ambulance permit in board minutes dated 1980. Sierra-Nevada Hospital has been providing ambulance transport since 1988.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Nevada Count</p>
<p>Area or subarea (Zone) Name or Title: Zone 3 – Penn Valley</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Penn Valley Fire</p>
<p>Area or subarea (Zone) Geographic Description: Penn Valley proper and Lake Wildwood. Six miles from Grass Valley.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Uninterrupted ambulance transport service since 1977 documented by patient care reports and statements of EMT-Is employed at the time.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Nevada County</p>
<p>Area or subarea (Zone) Name or Title: Zone 4 Truckee</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Truckee Fire Protection District</p>
<p>Area or subarea (Zone) Geographic Description: Truckee area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive based on EMSAs decision.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Placer County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 Foresthill</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Foresthill Fire</p>
<p>Area or subarea (Zone) Geographic Description: Foresthill, Todd Valley Estates, Baker Ranch -Foresthill is located on a broad ridge between the North and Middle Forks of the American River.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Uninterrupted ambulance transport service since 1955 documented by news articles, patient care records and board minutes.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Placer County</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 – Granite Bay</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Placer Fire District since 1962</p>
<p>Area or subarea (Zone) Geographic Description: Granite Bay is a primarily residential suburb of Sacramento located just east of Roseville and west of Folsom Lake.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Uninterrupted ambulance transport service since 1962 documented by board minutes and newspaper articles.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Placer County

Area or subarea (Zone) Name or Title:

Zone 3 Hwy 80 corridor, Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas.

Name of Current Provider(s):

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

Area or subarea (Zone) Geographic Description:

– I-80 corridor Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas All of the City of Auburn and County area – ½ mile West of Hwy 49 from the City of Auburn to Dry Creek Road. East of Hwy 49 up to and including Interstate 80 North to include Bell Road. In addition, ½ mile East of Hwy 49 from Bell Road to Dry Creek Road.

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

Include intent of local EMS agency and Board action.
10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

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

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

Emergency ambulance

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

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

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

See attached affidavit

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Placer County</p>
<p>Area or subarea (Zone) Name or Title: Zone 4 North Tahoe</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. North Tahoe Fire Protection District</p>
<p>Area or subarea (Zone) Geographic Description: The NTFPD protects an area of 31 square miles on the north and west shores of Lake Tahoe. There are six fire stations within the District which are located in Alpine Meadows, Tahoe City, Homewood, Dollar Hill, Carnelian Bay and Kings Beach, that are staffed by 50 uniformed and support personnel to nearly 20,000 people within the area we serve.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. See attached affidavit</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Shasta County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 – Falls River Mills Area</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mayers Memorial Hospital Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: From the top of Big Valley Mountain on the Fall River Valley side to the Pit River Bridge on Highway 299E to the junction of SR 89 and the county road which goes through Dana; The Day Road area, the Little Valley area and some of the back roads toward Hat Creek Rim.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Shasta County</p>
<p>Area or subarea (Zone) Name or Title: Zone 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Burney Fire</p>
<p>Area or subarea (Zone) Geographic Description: North: Hwy 89 at Dana cutoff East: Hwy 299 E at the Pit River bridge Southeast: SR 44 at the Lassen County Line Southwest: Hwy 44 at the Lassen Park turnoff West: Hwy 299 E x Halcumb Cemetery</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Shasta County</p>
<p>Area or subarea (Zone) Name or Title: Zone 3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response, Mercy Ground Ambulance, Shasta Regional Medical Center</p>
<p>Area or subarea (Zone) Geographic Description: North: 1-5 to Pollard Flat; east along Fenders Ferry Rd to Montgomery Creek East: SR 299E to Fenders Ferry Rd; east of Oak Run and Whitmore to Lassen Park SR 44 to Lassen Park entrance; approximately 25 miles into the park, Summit Lake, and southwest to Tehama County Line South: 1-5 to Tehama County Line, then following Cottonwood Creek West: Western horn of Shasta County, Platina from Tehama County Line north; Western boundary of Shasta County, including SR 299 to Buckhorn Summit to the area of Dog Creek Rd. and Trinity Mountain Rd.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): N/A</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 – Butte Valley and surrounding areas</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Butte Valley Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: North: Oregon State Line East: Approximately from the West Klamath Wildlife Refuge to toe Modoc Plateau South: SR 97 at Grass Lake West: Refuge Unit on Highway 161 And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 Etna and surrounding areas</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Etna Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: North: SR 3 to Forest Mountain Summit East: Gazelle-Callahan Road to Gazelle Summit South: SR 3 to Scott Mountain Summit Southwest: Cecilville Rd. to Cecilville Summit West: Sawyers Bar Rd. to Etna Summit Northwest: Scott River Rd. to Thompson Creek And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 3 – Happy Camp and surrounding areas</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Happy Camp Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: North: A line from the Oregon Border at the Del Norte County line to SR 96 at Horse Creek East: Lines from Horse Creek to Scotts Bar, then southwest South: SR 96 at Somes Bar West: A line from the Oregon Border at the Del Norte County line, passing SSW to approximately the latitude of Somes Bar And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 4 – McCloud and surrounding areas</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. McCloud Community Services District</p>
<p>Area or subarea (Zone) Geographic Description: North: Military Pass Road, 1 mile south of Medicine Lake East: SR 89 to the Modoc County Line South: Southwest Gerard Ridge east of Sims/So Grizzly Peak! SE Ponderosa @ SR 89 West: Mt. Shasta peak! Snowman Summit / SR 89 at Gerard Ridge And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 5 Mount Shasta and surrounding areas</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mt Shasta Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: North: 1-5 to Parks Creek, US 97 to Grass Lake East: SR 89 to Siskiyou County Line South: 1-5 at Pollard Flat West: Mt. Eddy Range And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. Siskiyou County Board of Supervisors recommended that Nor-Cal EMS proceed to determine the eligibility of Mt. Shasta Ambulance to be grandfathered under 1797.224, H&SC.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance service, ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The existing ambulance service in this zone will be granted exclusive operating rights under the grandfather clause. Mt. Shasta Ambulance Service has provided ambulance service in County Service Area 5 in the same scope and manner since the required date for grandfathering under 1797.224, H&SC. There have been no other ambulance services operating within this area. Mt Shasta Ambulance became incorporated in November 1981. The corporation continues as the successor organization to the previously existing provider and has continued uninterrupted the emergency transportation service previously provided. The Castella area of Shasta County is served by Mt. Shasta Ambulance, INC. but is not a part of CSA #5 and is not part of this exclusive operational area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County</p>
<p>Area or subarea (Zone) Name or Title: Zone 6 – Yreka and surrounding areas.</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mt Shasta Ambulance service</p>
<p>Area or subarea (Zone) Geographic Description: North: Oregon State Line East: West Siskiyou Mountains South: 1-5 at Parks Creek West: SR 96 to Horse Creek; SR 3 to Fort Jones Rd. And those wilderness areas best accessed by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. NA</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). NA</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. NA</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Sutter and Yuba Counties</p>
<p>Area or subarea (Zone) Name or Title: Sutter and Yuba County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: All of Sutter and Yuba Counties</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Tehama County</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 Red Bluff Area</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. St. Elizabeth Community Hospital Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: All of Tehama county</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. na</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). na</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. na</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Yolo County</p>
<p>Area or subarea (Zone) Name or Title: Zone B All of Yolo County except the City of Winters</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description: All of Yolo County except the City of Winters</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/2003 Board action to grant exclusivity pursuant to 1797.224</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Response Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. AMR has provided uninterrupted service in Yolo County, with the exception City of Winters with no changes to the scope and manner of service. See chronology previously submitted in 2003.</p>

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 415

SUBJECT: 9-1-1 AMBULANCE RESPONSE TIME CRITERIA

PURPOSE:

To establish response time standards and reporting criteria for all transporting 9-1-1 Advanced Life Support (ALS) ambulance providers.

In order to establish a policy on response time it is necessary to standardize the definition of response time. It is our purpose to establish fully automated response time reporting within the S-SV region.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections 1797 et seq.

California Code of Regulations, Title 22, Division 9.

California Vehicle Code, Division 11, Section 21055.

California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1, Sections 1100.7. and 1105.

California EMS Authority, EMS System Standards and Guidelines, Section 4.06.

DEFINITIONS:

Ambulance Response Time Zone - A geographic area, with boundaries established by the S-SV EMS Agency.

Code 3 – An emergency response using red lights and siren - (CVC section 21055 & CCR 1107.7 & 1105).

Dispatch Time – The point in time when a 9-1-1 ALS ambulance unit has been notified of a request for 9-1-1 ALS ambulance service.

On Scene Time - The point in time when the 9-1-1 ALS ambulance unit arrives at the address site or at a designated or assigned staging area.

Provider Dispatch Center - A dispatch center that the PSAP or Secondary PSAP transfers/relays the emergency calls to for the purpose of dispatching resources.

Effective Date: 06/01/2011

Date last Reviewed / Revised: 04/11

Next Review Date: 04/2014

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S-SV EMS Regional Executive Director

SUBJECT: 9-1-1 AMBULANCE RESPONSE TIME CRITERIA

Provider Dispatch Notification Time – The point in time when the provider dispatch is notified of the 911 call or the emergency.

PSAP – Public Safety Answering Point – The designated primary public safety agency or secondary PSAP at which the 9-1-1 call is first received and/or transferred.

PSAP Notification Time – The point in time when a 9-1-1 call is received by the PSAP.

Response Time – The time calculated from “Response Time Clock Start” to “On Scene Time”.

Response Time Clock Start – The point in time at which the response time clock starts for each individual 9-1-1 ambulance provider. See Policy section, item C.

Response Time Compliance Report – Report submitted monthly to S-SV EMS Agency by all transporting 9-1-1 ALS ambulance providers detailing compliance to the response time standards in this policy.

Secondary PSAP – Secondary Public Safety Answering Point – A dispatch center that the PSAP transfers/relays the emergency calls to for the purpose of dispatching resources.

Secondary PSAP Notification Time – The point in time when the secondary PSAP is notified of the 911 call or the emergency.

POLICY

A. ***Response Areas Population Density*** – When establishing response times the following shall be taken into consideration:

1. Call Volume
2. Population density
3. Type of event

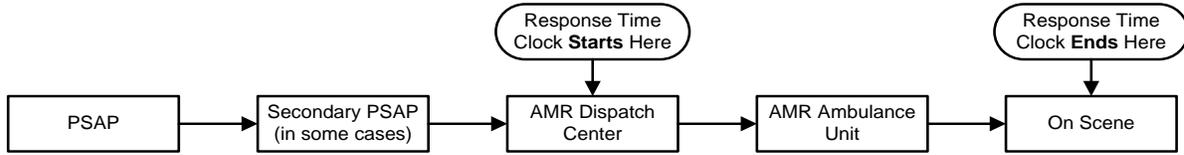
B. 9-1-1 ALS ambulance providers shall ensure that an ALS ambulance is on scene of all Code-3 calls 90% of the time as measured within the geographic service areas defined in the addendums for the counties as listed below:

1. Placer County – Addendum A
2. Yolo County – Addendum B
3. Sutter and Yuba County – Addendum C
4. Nevada County – Addendum D
5. Colusa County – Addendum E
6. Butte County – Addendum F

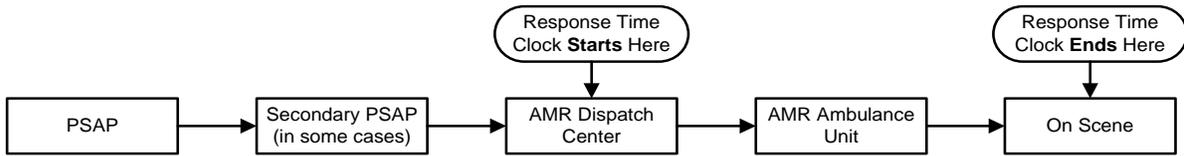
SUBJECT: 9-1-1 AMBULANCE RESPONSE TIME CRITERIA

C. For all 911 or 7 digit access calls dispatched code 3 the Response Time Clock Start and End Times are indicated below:

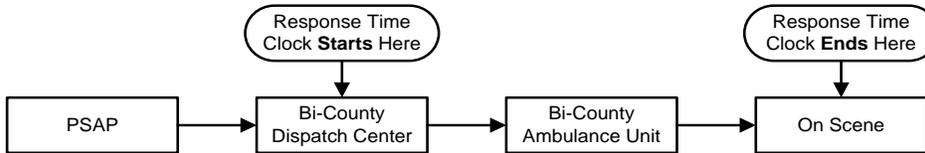
American Medical Response – Placer County



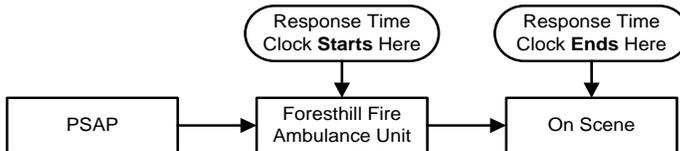
American Medical Response – Yolo County



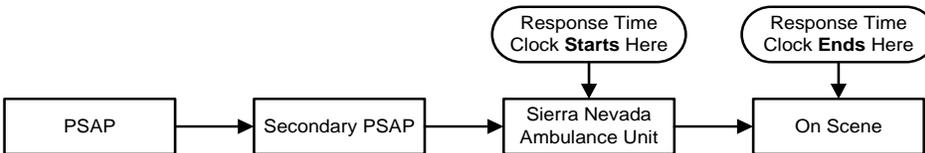
Bi-County Ambulance



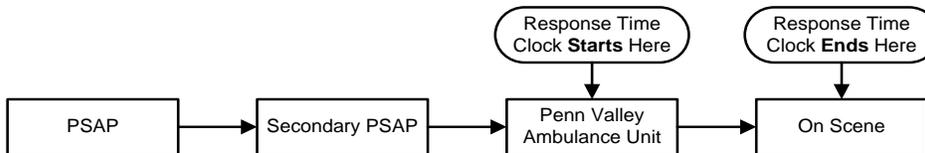
Foresthill Fire Protection District



Sierra Nevada Ambulance

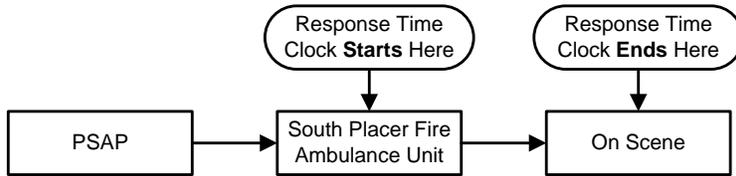


Penn Valley Fire District

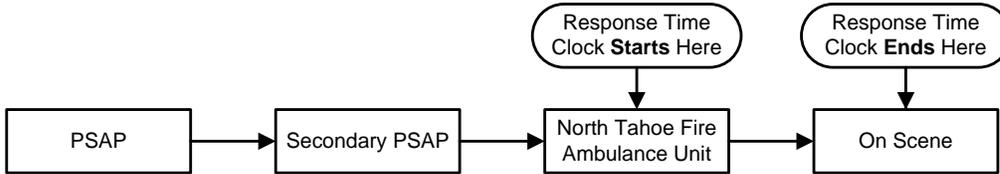


SUBJECT: 9-1-1 AMBULANCE RESPONSE TIME CRITERIA

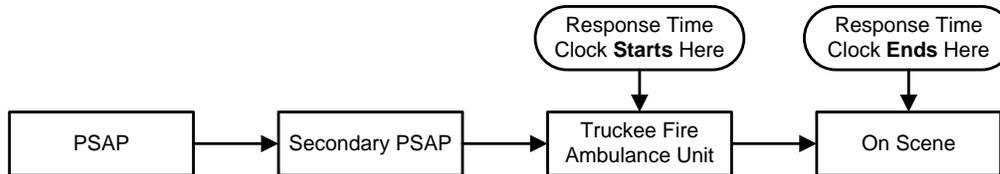
South Placer Fire Protection District



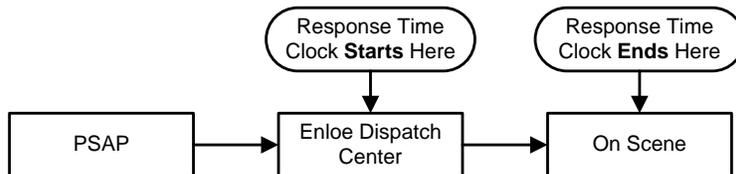
North Tahoe Fire Protection District



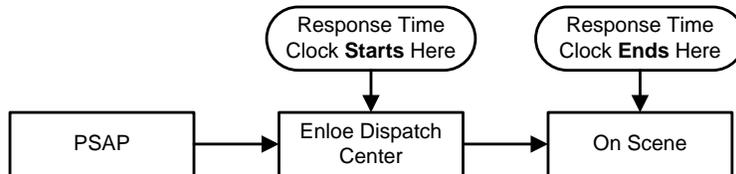
Truckee Fire Protection District



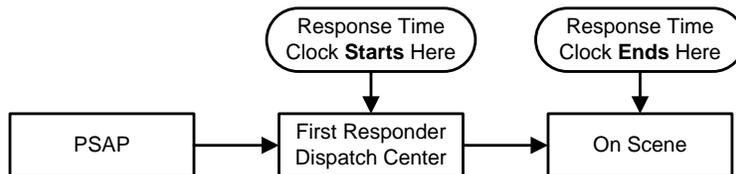
Enloe Ambulance – Colusa County



Enloe Ambulance – Butte County



First Responder Ambulance – Butte County



SUBJECT: 9-1-1 AMBULANCE RESPONSE TIME CRITERIA

- D. Actual response time shall be computed to the second with no rounding of numbers.
- E. In calculating compliance with response time requirements, calls dispatched other than Code-3 shall be excluded. This includes cancelled enroute or calls downgraded from Code 3 to Code 2. Calls located outside of a provider's exclusive operating area shall not be included in response time calculations.
- F. The calculation of the ninety (90%) requirement shall be made on a monthly basis.
- G. During periods of system overload, ALS overhead personnel who are a routine part of the EMS delivery system (Field Supervisors, Battalion Chiefs, etc.) may be used in the calculation of the 9-1-1 ambulance response time if previously approved by the Agency and the following criteria are met:
 - 1. Personnel are employed by/working for the 9-1-1 ambulance provider and are licensed and accredited as a paramedic in the S-SV EMS region.
 - 2. Response vehicles used by these personnel are fully equipped according to S-SV EMS Policy #701 for ALS Non-Transport and are inspected and approved by the Agency.

In these circumstances, the On Scene time of the ALS overhead personnel may be used in calculating the total 9-1-1 ambulance response time. The response time shall be calculated from the "Response Time Clock Start" as listed above under item C, until the first ALS overhead personnel arrives on scene. These times may be utilized in the overall monthly response time calculations. Each instance where these alternate times are used must be separately identified in the monthly response time compliance report and shall include the following information:

- a. Total response time for the initial ALS overhead personnel.
 - b. Total response time for the transport ambulance.
 - c. Any additional pertinent information (cancelled call, ambulance reduced to code 2, RAS / AMA, etc.).
- H. Responses delayed by events beyond the control of ambulance provider (e.g., adverse weather conditions, freeway gridlock, road construction, train crossing, etc.) have been considered in determining the response time standards and shall not be considered as automatic exceptions to the response time standard.

Official declared disasters may be considered by the Agency as reason to temporarily adjust response time standards. In addition, it is recognized that extreme weather can affect response times, i.e. snow with chain control. Providers experiencing these issues shall notify the Agency and request an exemption.

SUBJECT: 9-1-1 AMBULANCE RESPONSE TIME CRITERIA

- I. In the event that response time compliance for single or multiple zones with a call volume of less than 50 calls in that calendar month fall below 90%, the provider may exclude one (1) late call from each low volume zone that falls below 90% compliance for that month for the purpose of response time calculation. All of the following criteria must be met for the provider to utilize this exemption:
 - 1. Provider must exclude the entire call for purposes of calculating the response compliance for that zone (i.e. excluded from both the total call tally as well as the late call tally).
 - 2. Provider must clearly identify the call(s) that they are excluding, the total response time for the excluded call(s), and the reason why the excluded call(s) were late in their monthly report.
 - 3. Provider may utilize this exemption for no more than three (3) consecutive months or a total of four (4) months in any twelve (12) consecutive month period for a particular low volume response zone.
- J. The provider is responsible for maintaining official response times for the Agency in a secure manner that prevents the changing of any information without such a change being permanently recorded.
- K. Every ambulance service shall submit the following information to the S-SV EMS Agency data system:
 - 1. Response Time Clock Start Time for all 9-1-1 calls or 7 digit access calls dispatched code 3.
 - 2. On scene time.
- L. 9-1-1 ambulance providers shall submit a monthly response time compliance report for all code 3 calls, utilizing CAD data, to the S-SV EMS Agency.

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 415-A

SUBJECT: 9-1-1 RESPONSE TIME CRITERIA – PLACER COUNTY

RESPONSE TIME STANDARDS	
PLACER COUNTY	
AMERICAN MEDICAL RESPONSE (AMR)	
Roseville	8 minutes 90% of the time
Rocklin	8 minutes 90% of the time
Auburn City & County All of the City of Auburn and County area – ½ mile West of Hwy 49 from the City of Auburn to Dry Creek Road. East of Hwy 49 up to and including Interstate 80 North to include Bell Road. In addition, ½ mile East of Hwy 49 from Bell Road to Dry Creek Road.	8 minutes 90% of the time
Auburn – East to include Colfax	15 minutes 90% of the time
Auburn West to Rocklin	15 minutes 90% of the time
Lincoln	10 Minutes 90% of the time
AMR Placer County Rural	20 minutes 90% of the time
AMR Placer County - Wilderness	As soon as possible
SOUTH PLACER FIRE PROTECTION DISTRICT	
South Placer FPD	ALS on scene 10 minutes 90% of the time and ambulance on scene 15 minutes 90% of the time
FORESTHILL FIRE PROTECTION DISTRICT	
Foresthill, Todd Valley Estates, Baker Ranch	15 minutes 90% of the time
Foresthill - Wilderness	As soon as possible
NORTH TAHOE FIRE PROTECTION DISTRICT	
Kings Beach and Tahoe City	10 minutes 90% of the time
Remainder of NTFPD	20 minutes 90% of the time
Wilderness	As soon as possible

Effective Date: 06/01/2010
Next Review Date: 01/2013
Approved:

Date last Reviewed / Revised: 01/10
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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 415-B

SUBJECT: 9-1-1 RESPONSE TIME CRITERIA –YOLO COUNTY

RESPONSE TIME STANDARDS	
YOLO COUNTY	
AMERICAN MEDICAL RESPONSE (AMR)	
City of Davis, UC Davis	8 minutes 90% of the time
Woodland	8 minutes 90% of the time
West Sacramento	8 minutes 90% of the time
West Plainfield, Willow Oak Fire, and Yolo Fire	15 minutes 90% of the time
Winters	18 minutes 90% of the time
Elkhorn Fire, Knights Landing, Madison, Zamora Fire, Esparto Fire, Dunnigan Fire, and Clarksburg Fire	20 Minutes 90% of the time
Capay Fire, and Yocha Dehe Fire	25 minutes 90% of the time
Yolo County – Wilderness	As soon as possible

Effective Date: 06/01/2012
Next Review Date: 10/2012
Approved:

Date last Reviewed / Revised: 06/12
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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 415-C

SUBJECT: 9-1-1 RESPONSE TIME CRITERIA – SUTTER & YUBA COUNTY

RESPONSE TIME STANDARDS	
SUTTER & YUBA COUNTY	
BI-COUNTY AMBULANCE	
Yuba City	8 minutes 90% of the time
Marysville	8 minutes 90% of the time
Linda	10 minutes 90% of the time
Olivehurst	10 minutes 90% of the time
Rural – Sutter County	20 minutes 90% of the time
Rural – Yuba County	20 minutes 90% of the time
Bi-County - Wilderness	As soon as possible
BEALE AIR FORCE BASE	
Beale AFB	8 minutes 90% of the time
Beale – Wilderness	ASAP

Effective Date: 06/01/2012
Next Review Date: 04/2015
Approved:

Date last Reviewed / Revised: 04/12
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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 415-D

SUBJECT: 9-1-1 RESPONSE TIME CRITERIA – NEVADA COUNTY

RESPONSE TIME STANDARDS	
NEVADA COUNTY	
SIERRA NEVADA MEMORIAL HOSPITAL AMBULANCE	
Grass Valley and Nevada City	9 minutes 90% of the time
Sierra Nevada Rural 15: Nevada County Consolidated Fire District, Ophir Hill FPD, Highway 49 through Higgins FPD to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines.	15 minutes 90% of the time
Sierra Nevada – Rural 20: Those portions of Higgins FPD not contained in the 15 min response zone. Peardale-Chicago Park FPD.	20 minutes 90% of the time
Sierra Nevada – Wilderness	As soon as possible
PENN VALLEY FIRE PROTECTION DISTRICT	
Penn Valley Proper & Lake Wildwood	ALS on scene 10 minutes 90% of the time and ambulance on scene 15 mins 90% of the time
Penn Valley Rural	ALS on scene 20 minutes 90% of the time and ambulance on scene 30 minutes 90% of the time
Penn Valley - Wilderness	As soon as possible
TRUCKEE FIRE PROTECTION DISTRICT	
Truckee	10 minutes 90% of the time
Truckee Rural 15: Tahoe Donner, West-End Donner Lake with South Shore Drive, Prosser Lakeview, Prosser Lake Acreage, Wolfe Estates.	15 minutes 90% of the time
Truckee Rural 20	20 minutes 90% of the time
Truckee - Wilderness	As soon as possible
DONNER SUMMIT FIRE PROTECTION DISTRICT	
Donner Summit Fire	20 minutes 90% of the time
Donner Summit Fire - Wilderness	As soon as possible

Effective Date: 12/01/2010
 Next Review Date: 07/2013
 Approved:

Date last Reviewed / Revised: 07/10
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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 415-E

SUBJECT: 9-1-1 RESPONSE TIME CRITERIA – COLUSA COUNTY

RESPONSE TIME STANDARDS	
COLUSA COUNTY	
COLUSA AMBULANCE (ENLOE)	
Colusa	8 minutes 90% of the time
Williams	8 minutes 90% of the time

Effective Date: 12/01/2010
Next Review Date: 06/2013
Approved:

Date last Reviewed / Revised: 06/10
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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 415-F

SUBJECT: 9-1-1 RESPONSE TIME CRITERIA – BUTTE COUNTY

RESPONSE TIME STANDARDS	
BUTTE COUNTY	
ENLOE AMBULANCE	
Chico 8	8 minutes 90% of the time
Chico 15	15 minutes 90% of the time
Gridley 8	8 minutes 90% of the time
Gridley 15	15 minutes 90% of the time
Butte County Rural 25	25 minutes 90% of the time
Butte County Wilderness	As soon as possible
FIRST RESPONDER AMBULANCE	
Chico 8	8 minutes 90% of the time
Chico 15	15 minutes 90% of the time
Paradise 10	10 minutes 90% of the time
Paradise 15	15 minutes 90% of the time
Oroville 8	8 minutes 90% of the time
Oroville 15	15 minutes 90% of the time
Butte County Rural 25	25 minutes 90% of the time
Butte County Wilderness	As soon as possible

Effective Date: 12/01/2010
Next Review Date: 10/2013
Approved:

Date last Reviewed / Revised: 10/10
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S-SV EMS Regional Executive Director

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 450

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

PURPOSE:

To establish minimum standards for the integration of EMS aircraft and flight personnel into the EMS prehospital patient transport system. It is recognized that EMS aircraft services are a specialized resource for the transport and care of critical emergency patients.

AUTHORITY:

Health & Safety Code, Division 2.5, Sections 1797.200, 1797.204, 1797.206, 1797.218, 1797.220, 1797.222, 1798, 1798.2, 1798.6, 1798.100, 1798.102, 1798.160, 1798.162, 1798.163, 1798.165, 1798.169 and 1798.170.

California Code of Regulations, Title 22, Chapters 2, 3, 4 and Chapter 8, Section 100276 et seq.

California Code of Regulations, Title 13, Section 1105.

California Division of Aeronautics, Title IV, 370.3, Sub-Chapter 2.1, Article 1.

Federal Aviation Regulations, 91.3, 91.11 and 91.12.

DEFINITIONS:

1. "Emergency medical services aircraft" or "EMS aircraft" means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
2. "Air ambulance" means any aircraft specially constructed, modified or equipped, and used for the primary purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum of two (2) attendants certified or licensed in advanced life support.
4. "Rescue aircraft" means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and auxiliary rescue aircraft.

Effective Date: 01/01/2010

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Next Review Date: 09/2012

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Approved:

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

5. "Advanced life support rescue aircraft" or "ALS rescue aircraft" means a rescue aircraft whose medical flight crew has, at a minimum, one attendant licensed in advanced life support.
6. "Basic life support rescue aircraft" or "BLS rescue aircraft" means a rescue aircraft whose medical flight crew has, at a minimum, one attendant certified as an EMT-I with at least eight (8) hours of hospital clinical training and whose field/clinical experience specified in Section 10074 (c) of Title 22, California Code of Regulations, is in the aero medical transport of patients.
7. "Auxiliary rescue aircraft" means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements of a basic life support rescue aircraft.
8. "Regional Coordination Center" in this policy means: The CAL FIRE Grass Valley Emergency Command Center (ECC), an agency which has been designated by the S-SV EMS Agency for the purpose of centralized coordination of the requests for an air ambulance or rescue aircraft to respond to the scene of a medical emergency, within the S-SV EMS jurisdiction.

POLICY:

The Sierra-Sacramento Valley (S-SV) EMS Agency is the authorizing agency which approves utilization of specific EMS aircraft within the S-SV EMS region.

Any aircraft utilized for the purpose of prehospital emergency patient response and transport within the S-SV EMS region shall adhere to the policies and provisions of the S-SV EMS Agency and any applicable county ordinance.

I. GENERAL PROVISIONS:

- A. No person or organization shall provide or hold themselves out as providing prehospital Air Ambulance or Air Rescue services unless that person or organization has aircraft which have been classified by a local EMS agency or, in the case of the California Highway Patrol, CAL FIRE, and California National Guard, by the EMS Authority.
- B. All EMS aircraft shall be classified. EMS aircraft classification shall be limited to the following categories:
 1. Air Ambulance
 2. ALS Rescue Aircraft
 3. BLS Rescue Aircraft
 4. Auxiliary Rescue Aircraft
- C. Reclassification shall occur if there is a transfer of ownership or a change in the aircraft's category.

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

- D. EMS aircraft must be authorized by the Agency in order to provide prehospital patient transport within the Agency's jurisdiction.

Advanced Life Support EMS aircraft service provider agencies, which utilize paramedic personnel, shall complete the ALS service provider application process, and when applicable, shall comply with county ordinances if the service provider agency is located within the agency's region.

- E. EMS aircraft and air rescue service providers including any company, lessee, agency (excluding agencies of the federal government), provider, owner, operator who provides or makes available prehospital air transport or medical personnel either directly or indirectly or any hospital where an EMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state, and local statutes, ordinances, policies, and procedures related to EMS aircraft operations, including qualifications of flight crews and aircraft maintenance.

II. DISPATCH:

The dispatch of EMS aircraft within the S-SV EMS region shall be governed by the following provisions:

- A. Whenever the public safety provider agency, private ambulance paramedic having patient care jurisdiction over the location of the incident and/or the primary PSAP determines the use of an EMS air ambulance may be advantageous, an EMS air ambulance should be immediately requested.
- B. All EMS Aircraft requests shall be requested through the Incident Commander (IC). If communication with the IC is not possible or practical the helicopter shall be requested through the applicable public safety agency's primary dispatch center.
- C. EMS aircraft shall be requested by the Incident Commander, or designee. The request shall be made to the primary dispatch center of the public safety provider agency having patient care jurisdiction over the location of the incident.

If a private ALS ambulance arrives on-scene before the arrival of public safety agency personnel, the helicopter shall be requested through the applicable public safety agency's primary dispatch center. This may be accomplished via radio or cellular telephone. If unable to contact the primary dispatch directly from the field, the private ALS ambulance dispatch center may be used to relay the request to the applicable primary dispatch.

No EMS aircraft shall respond to an EMS incident without the formal request of the public safety provider agency.

- D. Immediately following a request for an EMS aircraft, the Public Safety Agency primary dispatch Center shall contact the CAL FIRE Grass Valley Emergency Command Center (ECC) and request the aircraft. The ECC shall be utilized as the helicopter coordination center for initial response emergency incidents only. (Note: Interfacility transfers and certain subscription-services are outside the scope of this plan.)

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

Requesting dispatch centers will provide information to the ECC regarding the incident. The information they must give will include:

- Physical location: The general geographic location will suffice.
 - Nature of call: Type of incident and severity of injuries, if known.
 - The designated LZ contact identified by incident name: i.e. the designated LZ contact for an incident on Jones Road would be identified as “Jones Road LZ”. Individual personnel / unit identifiers should not be used as LZ contacts as they may change during the incident.
 - Any known aircraft hazards in the area, including; power lines, hazardous materials, other aircraft, or inclement weather conditions at the scene.
- E. The ECC will verify the location, determine the latitude/longitude, and retrieve the EMS aircraft proximity list of the location. Based on current status (provided by EMS aircraft providers individually or utilizing the electronic online service) the ECC will contact the dispatch center of the EMS air ambulance provider that will provide the most rapid and appropriate air resource. If the EMS air ambulance is available, dispatch information will be relayed, and the ETA will be determined utilizing the ECC Computer-Aided Navigation (CAN) program. If it is determined that the EMS air ambulance is unavailable, the next most rapid and appropriate identified EMS air ambulance will be contacted.

Upon securing a responding EMS air ambulance, the ECC will re-contact the requesting dispatch center and relay resource and CAN determined ETA information, and also request any subsequent or updated information relative to the EMS aircraft request.

In the event the air ambulance is unavailable, the use of an ALS rescue helicopter is permissible and they should be dispatched. If an ALS rescue helicopter is in the vicinity of an emergency, they should land and deliver patient care. ALS rescue helicopters may be utilized for prehospital emergency patient transport when, in the opinion of the “licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care”, the patient’s condition warrants immediate transport. However, consideration should be given to airway stabilization and/or the need for higher level medical procedures.

If a BLS EMS provider is on-scene and a request is received from a responding ALS EMS provider to activate an air ambulance, the on-scene Incident Commander may override the request. The IC shall consult with the most medically qualified person on scene in determining helicopter utilization if there aren’t any safety issues.

The Public Safety Agency Primary Dispatch will then relay the information to the Incident Commander.

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

- F. The ECC will contact the requesting dispatch center providing ETA and aircraft identifier.
- G. The responding EMS aircraft shall contact the ECC when lifting or en route, providing updated accurate ETA, or if unable to contact the ECC, then contact the designated LZ contact.
- H. All communications between EMS aircraft and the designated LZ contact will be done using CALCORD.
- I. When practical and when Sutter Roseville Medical Center (SRMC) will most likely be the receiving facility EMS Aircraft shall contact SRMC with dispatch information.
- J. All parties involved in a request for EMS Aircraft (requesting agency, requesting dispatch center and CAL FIRE ECC) shall inform any EMS Aircraft requested to respond of inclement weather related to the response. Any subsequent EMS Aircraft providers requested to respond shall also be informed of prior EMS Aircraft which were requested but declined to respond due to weather conditions, either at base, enroute, or at scene.

III. REGIONAL COORDINATION CENTER:

- A. The ECC will update and maintain status of the EMS aircraft availability and document the dispatch accordingly.
- B. Any responding EMS aircraft shall notify the ECC when entering and flying through the CAL FIRE Nevada-Yuba-Placer Ranger Unit's geographical area. The ECC will inform the aircraft crew of any other EMS aircraft, known to be responding to the incident and/or any known aircraft activities, such as fire suppression, in the area.

The ECC will not perform any "flight-following" operations with the responding EMS aircraft; this will remain the responsibility of the ordering PSAP and/or home helicopter dispatch center.

- C. Upon notification of an EMS aircraft response, the ECC personnel shall alert the aircraft of any known aircraft activities already underway in close proximity to the incident, e.g., fire suppression and/or previously dispatched aircraft.

IV. COMMUNICATIONS:

- A. The EMS aircraft provider shall be honest, open, ethical and responsible for informing the ECC of any changes in their availability status, in a timely manner. This shall include any circumstances and/or activities that will affect the immediate, (longer than 10 minutes) availability or capability to participate in an emergency call, i.e., maintenance, training flights, interfacility transports, etc.

All air ambulance providers that routinely respond in the S-SV EMS Region shall maintain and update their availability on the regional electronic online

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

service. This will require at a minimum, updating availability once per pilot shift.

- B. In addition to maintaining Med. 9 or 10, each EMS aircraft shall have the capability of communicating directly, while in flight, with those entities listed below:
 - 1. Required FAA facilities.
 - 2. Regional Emergency Coordination Center (ECC) and PSAP on designated frequency(s).
 - 3. Provider agency ground units, through a frequency(s) to be determined, or through a frequency(s) designated at the time of dispatch.
 - 4. Designated base hospitals and receiving hospitals.
 - 5. S-SV EMS Agency air to air EMS helicopters on frequency 123.025.
- C. Maintain communications with the designated LZ contact using CALCORD operational frequency of 156.075.

V. SPACE AND EQUIPMENT:

- A. All EMS aircraft shall be configured so that:
 - 1. There is sufficient space in the patient compartment to accommodate one (1) patient on a stretcher and one (1) patient attendant. Air ambulances shall at a minimum have space to accommodate one (1) patient and two (2) patient attendants.
 - 2. There is sufficient space for medical personnel to have adequate access to the patient in order to carry out necessary procedures including CPR on the ground and in the air.
 - 3. There is sufficient space for medical equipment and supplies required by State regulations and local EMS agency policy.
- B. Each EMS aircraft shall have adequate safety belts and tie-downs for all personnel, patient(s), stretcher(s) and equipment to prevent inadvertent movement.
- C. Each EMS aircraft shall:
 - 1. Have onboard equipment and supplies commensurate with the scope of practice of the medical flight crew, as specified by the classifying EMS agency. This requirement may be fulfilled through the

SUBJECT: EMS PREHOSPITAL AIRCRAFT OPERATIONS PROTOCOL

utilization of appropriate kits (cases/packs) which can be carried on a given flight to meet the needs of a specific type of patient and/or additional medical personnel not usually staffing the aircraft.

2. Be equipped with a radio headset for each crew member, ride-along (including the patient, if needed), and additional clinical personnel. Each headset should allow intra-aircraft communication as well as communications with ground stations, base hospitals and receiving facilities.

VI. PATIENT DESTINATION:

- A. Due to the wide potential geographic range of an EMS aircraft, patient destination shall conform to Patient Destination Guidelines outlined in the California Code of Regulations, Title 13, Section 1105 and S-SV EMS policies, Patient Destination, Reference No. 505 and Trauma Triage Criteria, Reference No. 860.
- B. In ALL situations, the pilot of each EMS aircraft will exercise prime authority and responsibility for the safe operation of the aircraft including, but not limited to, routing, destination, and landing site (FAR 91.3). However, clinical personnel shall advise the pilot of any special considerations, appropriate destination alternatives or applicable information in order to meet the needs of the patient(s).

VII. PERSONNEL:

- A. All ALS EMS air ambulances shall be staffed with a minimum of two (2) medical flight crew members certified or licensed in advanced life support. Staffing can be achieved with any combination of:
 1. Paramedics
 2. Nurses
 3. Physicians
- B. Medical Flight Crew: The medical flight crew of an EMS aircraft shall have training in aeromedical transportation. Training should be equivalent to the DOT Air Medical Crew National Standard Curriculum.
- C. All medical flight crews shall participate in such continuing education requirements as required by their license or certification.
- D. In situations where the medical flight crew is less medically qualified than the ground personnel from whom they receive patients, they may assume patient care responsibility only in accordance with policies and procedures of the requesting local EMS agency.

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- E. EMS aircraft that do not have a medical flight crew shall not transport patients except in accordance with the policies and procedures of the local EMS agency.
- F. Medical Director: All air ambulance services shall have a physician Medical Director who, by training and experience, is qualified in Emergency Medicine. The Medical Director shall be responsible for the supervision of the quality assurance/improvement program of air medical transport patient care.
- G. Paramedics shall operate under the policies, procedures and protocols as established by the local EMS Agency. Standardized procedures for Registered Nurses may be developed by the air ambulance service's Medical Director, but must be on file with the S-SV EMS Agency Medical Director prior to implementation.
- H. If there is disagreement between EMS personnel regarding air vs. ground transport, base hospital contact shall be made to determine the mode of transport.

VIII. PATIENT CARE REPORTS:

The S-SV scannable Patient Care Report shall be initiated for every dispatched response in accordance with S-SV Policy "Patient Care Report (PCR) Form," Reference No. 605.

CROSS REFERENCES:

Policy and Procedure Manual

Patient Destination, Reference No. 505
Patient Care Report (PCR) Form, Reference No. 605
Trauma Triage Criteria, Reference No. 860
Multiple Casualty Incident, Reference No. 837
Medical Control at the Scene of an Emergency, Reference No. 835

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 505

SUBJECT: PATIENT DESTINATION

PURPOSE

To provide guidelines for determining the appropriate destination of patients transported in the S-SV EMS Region.

It is the intent of this policy to ensure, to the extent possible, that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.

AUTHORITY

California Health & Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88,
Chapter 6 § 1798.165 & 1798.170

California Code of Regulations, Title 13, § 1105(c), Title 22, Division 9, Chapter 4, § 100169, & Chapter 7, § 100243

POLICY

Determination of patient destination shall be governed by California Code of Regulations, Title 13, Section 1105 (c):

"In the absence of decisive factors to the contrary, ambulance drivers shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients."

Hospitals unable to accept patients due to incapacitating internal disaster shall be considered not "prepared to receive emergency cases."

In determining the "most accessible" facility, transport personnel shall take into consideration traffic obstructions, weather conditions, or similar factors, which clearly affect transport time.

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Approved:

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S-SV EMS Regional Executive Director

SUBJECT: PATIENT DESTINATION

GUIDELINES

A. "Most Accessible Facility"

"The most accessible medical facility" shall ordinarily be the nearest licensed health facility that maintains and operates a basic Emergency Department, except for:

1. Base Hospital/Modified Base Hospital Direction

The base hospital/modified base hospital may direct that the patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the paramedic provider agency's stated and reasonable time and/or travel limitations.

2. Designated Special Care Facilities

Local EMS agency protocols governing transport of special category patients to designated special care facilities should be followed.

B. "Decisive Factors to the Contrary"

"Decisive factors to the contrary" include, but are not limited to, the following:

1. Prepaid Health Plans

A member of a group practice prepayment health care service plan should be transported to a hospital that contracts with the plan when the base hospital/modified base hospital determines that the condition of the member permits such transport. However, when the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of treating the member. (Health & Safety Code, Section 1797.106(b)).

2. Patient Requests

When a person or his legally authorized representative requests emergency transportation to a hospital other than the most accessible acute care hospital, the request should be honored when the base hospital/modified base hospital determines that the condition of the patient permits such transport; except when the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the area. In such cases:

A. Arrangements shall be made for alternative transport appropriate to the medical needs of the patient.

SUBJECT: PATIENT DESTINATION

B. If such transport cannot be obtained without delay, the patient may be transported to the nearest hospital capable of treating him or her.

3. Private Physician's Request

When a private physician requests emergency transportation to a hospital other than the most accessible acute care hospital, the request should be honored unless:

A. The base hospital/modified base hospital determines that the condition of the patient does not permit such transport. In such cases, base hospital directions shall be followed. If communication with the requesting physician is feasible, the base hospital should contact the physician and explain the situation to him or her.

B. The paramedic provider agency determines that such transportation would unreasonably remove the unit from the area. In such cases:

- 1) Arrangements should be made for alternate transportation appropriate to the medical needs of the patient.
- 2) If alternate transportation cannot be arranged without unacceptable delay, and the private physician is immediately accessible, the patient may be transported to a mutually agreed-upon alternate destination.
- 3) If alternate transportation cannot be arranged without unacceptable delay, and the private physician is not immediately accessible, the patient should be transported to the nearest hospital capable of treating him or her.

CROSS REFERENCES:

Policy and Procedure Manual

Cardiovascular "STEMI" Receiving Centers, Reference No. 506

Stroke System Triage and Patient Destination, Reference No. 507

Base Hospital Contact, Reference No. 812

Trauma Triage Criteria, Reference No. 860

Chest Pain / Discomfort of Suspected Cardiac Origin, Reference No. C-8

Suspected CVA / Stroke, Reference No. N-3



SIERRA SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

Updated 06-2012

SUBJECT: S-SV EMS BASE / RECEIVING HOSPITALS

REFERENCE NO. 505-A

Hospital Name	County	Base Mod. Base Receiving	Level I / II Trauma Center	Level III Trauma Center	Level IV Trauma Center	Labor and Delivery	Pediatric Trauma Center	Burn Receiving Center	STEMI Receiving Center	Stroke Receiving Center
Biggs Gridley Memorial Hospital	Butte	Receiving			X					
Enloe Medical Center	Butte	Base	X			X			X	X
Feather River Hospital	Butte	Base				X				
Oroville Hospital	Butte	Base		X		X				X
Colusa Regional Medical Center	Colusa	Modified Base			X	X				
Sierra Nevada Memorial Hospital	Nevada	Modified Base				X				X
Tahoe Forest Hospital	Nevada	Modified Base				X				
Kaiser Roseville Medical Center	Placer	Modified Base				X			X	X
Sutter Auburn Faith Hospital	Placer	Modified Base								X
Sutter Roseville Medical Center	Placer	Base	X			X			X	X
Kaiser North Sacramento	Sacramento	Receiving								X
Kaiser South Sacramento	Sacramento	Receiving	X			X				X
Mercy General Hospital	Sacramento	Receiving				X			X	X
Mercy Hospital Folsom	Sacramento	Receiving				X				
Mercy San Juan Medical Center	Sacramento	Base	X			X			X	X
Methodist Hospital	Sacramento	Receiving				X				X
Sutter General Hospital	Sacramento	Receiving								X
Sutter Memorial Hospital	Sacramento	Receiving				X			X	X
UC Davis Medical Center	Sacramento	Base	X			X	X	X	X	X
Fairchild Medical Center	Siskiyou	Base			X	X				
Mercy Medical Center Mt. Shasta	Siskiyou	Base		X		X				
Mayers Memorial Hospital	Shasta	Base			X	X				
Mercy Medical Center Redding	Shasta	Base	X			X			X	X
Shasta Regional Medical Center	Shasta	Base		X					X	X



SIERRA SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

Updated 06-2012

SUBJECT: S-SV EMS BASE / RECEIVING HOSPITALS

REFERENCE NO. 505-A

Hospital Name	County	Base Mod. Base Receiving	Level I / II Trauma Center	Level III Trauma Center	Level IV Trauma Center	Labor and Delivery	Pediatric Trauma Center	Burn Receiving Center	STEMI Receiving Center	Stroke Receiving Center
Fremont Medical Center - L&D	Sutter	L & D Only				X				
St. Elizabeth Community Hospital	Tehama	Base		X		X				
Sutter Davis Hospital	Yolo	Modified Base				X				X
Woodland Memorial Hospital	Yolo	Modified Base				X				X
Rideout Memorial Hospital	Yuba	Modified Base		X					X	

S-SV EMS MCI CONTROL FACILITIES

Control Facility	County / Area of Responsibility
Enloe Medical Center	Butte and Colusa Counties
Rideout Memorial Hospital	Sutter and Yuba Counties
Sierra Nevada Memorial Hospital	Western Slope of Nevada County
Sutter Roseville Medical Center	Western Slope of Placer County
Tahoe Forest Hospital	Tahoe Basin and Eastern Slope of Nevada and Placer Counties
Woodland Memorial Hospital	Yolo County
UC Davis Medical Center	When requested by Woodland Memorial Hospital and agreed to by UCDMC, to handle patient dispersal for those MCI events that occur in Yolo County but patient dispersal will be primarily into Sacramento County
Mercy Medical Center Redding	Shasta County / Siskiyou County / Tehama County

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 506

SUBJECT: CARDIOVASCULAR “STEMI” RECEIVING CENTERS

PURPOSE:

A Cardiovascular STEMI Receiving Center (SRC) will be the preferred destination for patients who access the 9-1-1 system meeting defined criteria and who show evidence of a ST-elevation myocardial infarction on a 12 Lead electrocardiogram.

AUTHORITY:

Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 & 1798.172

California Code of Regulations, Title 13, § 1105 (c), Title 22, Division 9, Chapter 4, § 100169

DEFINITIONS:

- A. **STEMI** – ST Elevation Myocardial Infarction
- B. **PCI** – Percutaneous Coronary Intervention
- C. **Cardiovascular STEMI Receiving Centers (SRC)** – S-SV EMS designated facilities that have emergency interventional cardiac catheterization capabilities
- D. **STEMI Referring Centers** – Facilities that do not have emergency interventional cardiac catheterization capabilities

POLICY:

The following requirements must be met for a hospital to be designated as a Cardiovascular STEMI Receiving Center by S-SV EMS:

- A. Licensure as a Cardiac Catheterization Laboratory.
- B. Intra-aortic balloon pump capability.
- C. Cardiovascular surgical services permit:
This requirement may be waived by the EMS Agency Medical Director when appropriate for patient or system needs. The Medical Director will evaluate conformance with existing American College of Cardiology / American Heart Association or other existing professional guidelines for standards.
- D. Communication system for notification of incoming STEMI patients, available twenty four (24) hours per day, seven (7) days per week including a dedicated 12 Lead ECG receiving station and an in-house paging system.

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Approved:

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SUBJECT: CARDIOVASCULAR “STEMI” RECEIVING CENTERS

- E. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of 12 Lead ECG acquisition and interpretation, as well as assessment and management of STEMI patients.
- F. Provide public education about STEMI warning signs and importance of early utilization the 9-1-1 system.

G. STAFFING REQUIREMENTS

The hospital will have the following positions designated and filled prior to becoming a SRC:

1. Medical Directors

The hospital shall designate two physicians as co-directors of its SRC program. One physician shall be a board certified interventional cardiologist with active PCI privileges. The co-director shall be a board certified emergency medicine physician with active privileges to practice in the emergency department.

2. Nursing Director

The hospital shall designate two SRC nursing co-directors. One nursing director shall be an RN trained or certified in critical care nursing and affiliated with the Cardiac Catheterization Laboratory. The co-director shall be an RN trained or certified in critical care nursing and affiliated with the emergency department.

3. On-Call Physician Consultants and Staff

A daily roster of the following on-call physician consultants and staff must be maintained:

- a. Cardiologist with percutaneous coronary intervention (PCI) privileges.
- b. Cardiovascular Surgeon, if cardiovascular surgical services are offered.
If cardiovascular surgical services are not available on site, the facility must have a rapid transfer agreement in place with a facility that provides this service. This agreement must be on file with the S-SV EMS Agency. This agreement must include the requirement that the cardiac surgical hospital cannot “refuse” transfer based on limitation of resources (e.g. lack of available beds, or staff to care for the patient) for true emergent patients. Additionally, the facility must have a rapid transport agreement with an S-SV EMS approved transport provider agency. The expectation will be that the patient will arrive at the cardiac surgical hospital within one (1) hour of the decision to operate, in emergency cases.
- c. Cardiac Catheterization Laboratory team.
- d. Intra-aortic balloon pump capabilities 24/7.

H. INTERNAL HOSPITAL POLICIES

The hospital shall develop internal policies for the following situations:

1. Fibrinolytic therapy protocol to be used only in unforeseen circumstances when PCI for a STEMI patient is not possible.

SUBJECT: CARDIOVASCULAR “STEMI” RECEIVING CENTERS

2. Diversion of STEMI patients **only** during times of an incapacitating internal disaster. A written notification describing such events must be submitted to S-SV EMS within twenty four (24) hours of occurrence.
3. Prompt acceptance of appropriate STEMI patients from other STEMI referral centers that do not have PCI capability.

I. DATA COLLECTION / CONTINUOUS QUALITY IMPROVEMENT PROGRAM / PERFORMANCE STANDARDS

S-SV EMS designated SRC’s shall comply with all data collection, continuous quality improvement and performance standards as defined in individual SRC facility contracts. These requirements will be the same for each SRC.

DESIGNATION

- A. The Cardiovascular STEMI Receiving Center applicant shall be designated after satisfactory review of written documentation and an initial site survey by S-SV EMS or its designees and completion of a contract between the hospital and S-SV EMS.
- B. Initial designation as a SRC shall be for a period of four (4) years. Thereafter, re-designation shall occur every four (4) years, contingent upon satisfactory review.
- C. Failure to comply with the criteria and performance standards outlined in this policy and individual SRC facility contracts may result in probation, suspension or rescission of SRC designation. Compliance will be solely determined by the S-SV EMS Agency.

PATIENT DESTINATION

The following factors should be considered with regards to choice of destination for STEMI patients:

- A. An S-SV EMS designated SRC should be considered as the destination of choice if all of the following criteria are met:
 1. Identified STEMI patients based on machine interpretation of field 12 Lead ECG, verified by paramedics.
 2. Total transport time to the SRC is forty-five (45) minutes or less.
 3. Paramedics shall notify the SRC emergency department of the patient’s pending arrival by advising of a “STEMI ALERT” as soon as possible, to allow timely activation of the Cardiac Catheterization Lab team at the SRC.
- B. SRC destination will be in accordance with the guidelines used from the S-SV EMS Patient Destination Policy, Reference No. 505.
- C. Base / modified base hospital contact and consultation is mandatory in these and similar situations:

SUBJECT: CARDIOVASCULAR “STEMI” RECEIVING CENTERS

1. Patients in cardiac arrest, refractory ventricular fibrillation, or with an unmanageable airway should be considered for transport to the closest receiving hospital.
2. Patients with unstable ventricular tachycardia, ventricular fibrillation, second degree type II heart block and third degree heart blocks may be considered for transport to the closest receiving hospital, based on specific clinical scenario.
3. Patients with obvious contraindications to thrombolytic therapy should be considered for transport to the closest SRC.
4. In the rare instance when the closest SRC Cardiac Catheterization Laboratory is unavailable, the patient should be transported to the next closest SRC if the total transport time to the alternate SRC is forty-five (45) minutes or less.

CROSS REFERENCES:

Prehospital Care Policy Manual

12 Lead Program, Reference No. 440

Patient Destination, Reference No. 505

S-SV EMS Base / Receiving Hospital Capabilities, Reference No. 505-A

Base / Modified Base / Receiving Hospital Contact, Reference No. 812

Chest Pain or Suspected Symptoms of Cardiac Origin, Reference No. C-8

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 507

SUBJECT: STROKE SYSTEM TRIAGE AND PATIENT DESTINATION

PURPOSE:

The purpose of this policy is to describe the Sierra Sacramento Valley EMS (S-SV EMS) stroke system. This system is designed to provide timely, appropriate care to patients who have suffered symptoms of a stroke within 2.5 hours of onset of symptoms. Acute Stroke Patients will be transported to a Stroke Receiving Center in accordance with S-SV EMS policy.

AUTHORITY:

Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 & 1798.172

California Code of Regulations, Title 13, § 1105(c), Title 22, Division 9, Chapter 4, § 100169

DEFINITIONS:

- A. **Acute Stroke Patient** – A patient who meets assessment criteria for an acute stroke in accordance with S-SV EMS patient care protocols and whose onset of symptoms is 2.5 hours or less.
- B. **Stroke Receiving Center** – An acute care hospital that has successfully completed and maintains Joint Commission Accreditation as a Primary Stroke Center or that has been alternately approved by the S-SV EMS Agency, and enters into a memorandum of understanding (MOU) with S-SV EMS relative to being a Stroke Receiving Center.

POLICY:

- A. Identification and Destination of the Acute Stroke Patient:
 - 1. Criteria for the assessment, identification and treatment of an acute stroke patient will be based on S-SV EMS treatment protocols.
 - 2. Patients identified by prehospital personnel as having the onset of stroke symptoms within the past 2.5 hours will be transported to a Stroke Receiving Center if transport time is less than 30 minutes.

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Next Review Date: 06/2013

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SUBJECT: STROKE SYSTEM TRIAGE AND PATIENT DESTINATION

3. If there is any question as to the status of a patient within the 30 minute catchment area of a Stroke Receiving Center with symptoms of a stroke, prehospital personnel will consult with the ED physician at the closest Stroke Receiving Center as early as possible in the patient's evaluation.
4. If the onset of symptoms is unknown or exceeds 2.5 hours, the patient should be transported per S-SV EMS routine destination criteria.
5. If the patient has an uncontrolled airway or is in cardiac arrest the patient should be transported to the closest receiving facility.

B. Notification of the Stroke Receiving Center:

As soon as feasible, preferably from the scene, prehospital personnel will contact the intended Stroke Receiving Center and inform them that a stroke patient is enroute to that facility. It is recommended that the report be started with the statement that this is a "Stroke Alert". The prehospital report will include at a minimum:

1. The nature of the symptoms
2. The time of onset of symptoms or when patient was last seen normal
3. The blood glucose
4. Vital signs
5. Treatment provided

C. Diversion by a Stroke Receiving Center:

Stroke Receiving Centers will not close to acute stroke patients except in the following circumstances:

1. A declared internal disaster
2. There is a failure of all CT scanners

D. Documentation:

A complete Patient Care Report (PCR) shall be left at the Stroke Receiving Center for all stroke patients before prehospital personnel leave the receiving hospital.

E. Notification:

S-SV EMS shall be notified as soon as possible if any of the following occur:

SUBJECT: STROKE SYSTEM TRIAGE AND PATIENT DESTINATION

1. A patient within the 30 minute catchment area of a Stroke Receiving Center transported by the EMS system is identified as an acute stroke patient by the receiving facility and was not transported to a Stroke Receiving Center.
 2. Any instance of diversion of a stroke patient by a Stroke Receiving Center.
 3. An EMS field provider fails to leave a completed PCR at the receiving facility at the time of initial patient transport.
- F. Transferring an Acute Stroke Patient to a higher level of stroke care:

In the event that an acute stroke patient needs to be transferred to a higher level of stroke care the emergency department will:

1. Follow their facility's policies and procedures regarding patient transfers.
2. Request an ALS ambulance utilizing the 9-1-1 system to transport the patient to a Stroke Receiving Center, unless there is an equivalent agreement for emergent transport in place with another S-SV approved provider. If patient care has been initiated that exceeds the prehospital provider's scope of practice, qualified medical or nursing staff will accompany the patient in the ambulance, or a Critical Care Transport unit may be utilized if their response time is appropriate.
3. Provide the ambulance personnel with a complete patient report and all appropriate documentation including a CT scan. Do not delay transport of the patient if complete documentation is not available. If complete documentation is not sent with the ambulance, the sending hospital will Fax the report to the Stroke Receiving Center in sufficient time that it should arrive prior to the patient.

CROSS REFERENCES:

Prehospital Care Policy Manual

Patient Destination, Reference No. 505

Base Hospital / Modified Base Hospital Contact, Reference No. 812

Suspected CVA / Stroke, Reference No. N-3

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 701

SUBJECT: ALS INVENTORY

PURPOSE:

To establish a standardized inventory on all S-SV approved Advanced Life Support EMS response vehicles.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220

California Code of Regulations, Title 22, Division 9, Section 100173

California Code of Regulations, Title 13

California Vehicle Code, Section 2418.5

Emergency Medical Services Authority Guidelines and Recommendations,
Highway Patrol Handbook 82.4

POLICY:

All S-SV approved ALS EMS response vehicles shall carry the following equipment and supply inventory. Reasonable variations may occur; however, any exceptions or additions shall have prior approval of the S-SV EMS Agency.

For inventory list see attached table

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Sierra-Sacramento Valley EMS Agency			
EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS			
	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
RADIO EQUIPMENT			
Mobile UHF Med-Net Radio	1	1	0
Portable UHF Med-Net Radio OR Portable Cell Phone	1	1	1
MISCELLANEOUS EQUIPMENT & SUPPLIES			
Map Book (covering the areas the ambulance provides service)	1 each	1 each	0
D.O.T Emergency Response Guidebook	1	1	0
FIRESCOPE Field Operations Guide (FOG)	1	1	0
Hazardous Materials medical management reference	1	1	0
Approved ePCR	1	1	1
RAS / AMA Forms	10 each	5 each	5 each
Triage Tags	10 each	10 each	0
Infection control packs (per crew member)	1 pk each	1 pk each	1 pk
Antiseptic hand wipes or waterless hand sanitizer	10 / 1	10 / 1	10 / 1
Covered waste container (red bio hazard bags acceptable)	1	1	0
Adult & Pediatric BP cuff	1 each	1 each	1 each
Thigh BP cuff	1	1	0
Stethoscope	1	1	1
Flashlight or Penlight	1	1	1
Bedpan or Fracture pan	1	0	0
Urinal	1	0	0
Sharps container	1	1	1
Padded soft wrist & ankle restraints	1 set	1 set	0
Pillows, sheets, pillow cases, towels	2 each	0	0
Blankets	2	2	0
Emesis basin / disposable emesis bags	2	2	0
Length based Pediatric Resuscitation Tape (Broselow)	1	1	1
Ambulance cot with straps to secure patient to cot and necessary equipment to properly secure cot in vehicle	1	0	0
Collapsible stretcher (Breakaway Flat) with straps to secure patient	1	0	0
Thermometer (optional)	1	1	0
BIOMEDICAL EQUIPMENT & SUPPLIES			
Monitor / Defibrillator Equipment & Supplies			
Portable Monitor/Defibrillator - Battery operated, with ECG printout, capable of synchronized cardioversion. (Transcutaneous Pacing, Waveform Capnography, &/or 12 Lead capability optional).	1	1	0
AED with cardiac monitoring and manual defibrillation capabilities (optional in place of portable monitor / defibrillator above for bike teams only)	0	0	1
Spare monitor/ defibrillator battery	1	1	as needed
Defibrillator paddles - adult & pediatric with defibrillation gel pads or paddle conduction gel OR Hands free defibrillator patches - adult & pediatric	1 set each	1 set each	1 set each
Electrode leads (wires)	2 sets	2 sets	1 set
ECG paper	2 rolls	2 rolls	as needed
Adult disposable ECG electrodes	4 sets	2 sets	2 sets
Pediatric disposable ECG electrodes	2 sets	1 set	2 sets
Miscellaneous Biomedical Equipment & Supplies			
Pulse Oximeter	1	1	1
Capnometer (optional)	1	1	1
Co-Oximeter (optional)	1	1	1
Glucometer	1	1	1
Glucometer test strips	10	10	5
Lancets	10	10	5
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES			
Oxygen Delivery			
"H" or "M" oxygen tank mounted in ambulance	1	0	0
Wall mounted oxygen regulator with liter flow mounted in ambulance	1	0	0

Sierra-Sacramento Valley EMS Agency EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS

	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES (cont.)			
"D" or "E" portable oxygen cylinder ("C" size acceptable for bike teams)	2	1	1
Portable oxygen regulator with liter flow	1	1	1
Adult non-rebreather oxygen mask	6	2	1
Pediatric oxygen mask	2	2	1
Nasal cannula	6	2	1
Hand held nebulizer	2	1	1
Aerosol / nebulizer mask	2	1	0
Bag-Valve Device (with O2 inlet, reservoir & one way valve)			
Adult (1000 cc bag vol.)	1	1	1
Pediatric (450 - 500 cc bag vol.)	1	1	0
Bag-Valve Mask (transparent)			
Large (adult)	1	1	1
Medium (adult)	1	1	0
Small (adult)	1	1	0
Child	1	1	1
Neonatal	1	1	1
BLS Airways			
Oropharyngeal Airways (sizes 0-6 or equivalent sizes)	2 each	2 each	1 each
Nasopharyngeal Airways (sizes 24-34 Fr. or equivalent sizes)	2 each	2 each	1 each
Suction Equipment & Supplies			
Suction catheters - 6 fr, 8 fr, 10 fr, 14 fr	2 each	2 each	0
Tonsillar tip suction handle	2	2	0
Portable mechanical suction unit (manual suction device including adult & pediatric suction tubes acceptable for bike teams)	1	1	1
Advanced Airway Equipment & Supplies			
Laryngoscope handle	1	1	1
Batteries - extra set	2	2	1
Bulb - extra bulb for adult and pediatric blade	1 each	1 each	1 each
Miller (straight blade) sizes 0-4	1 each	1 each	1 each
Macintosh (curved blade) sizes 3-4	1 each	1 each	1 each
Magill forceps - adult & pediatric	1 each	1 each	1 each
Water soluble lubricant (K-Y jelly or equivalent)	4	1	1
Topical vasoconstrictor (Neosynephrine or equivalent)	1	1	1
2% Lidocaine jelly	1 tube	1 tube	1 tube
Cuffed endotracheal tubes, sizes 2.5, 3.0	2 each	2 each	1 each
Cuffed endotracheal tubes, sizes 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5	2 each	2 each	1 each
Cuffed endotracheal tube, size 9.0	2 each	2 each	0
Endotracheal tube stylettes - neonatal, child & adult	1 each	1 each	1 each
Flex Guide ETT introducer - caudal tip 15 fr x 70 cm	2	2	1
ET tube holder	2	2	1
Esophageal Tracheal Airway Device - Adult 37 and 41 Fr OR King Airway Device - Size 3, Size 4, Size 5	1 each	1 each	0
End tidal CO2 detector device - disposable single patient use colorimetric device (adult & pediatric) or disposable capnography circuit	2 each	2 each	1 each
Esophageal Intubation Detector Device (EDD) (optional for providers using waveform capnography)	2	1	1
Meconium aspirator	1	1	0
Airway airflow monitor (optional)	2	2	0
Inspiratory Impedance Threshold Device (optional)	2	2	0
S-SV approved CPAP equipment	2	1	0
Manual Jet Ventilator device OR ENK Flow Modulator Kit	1	1	1
Adult and Pediatric Transtracheal Catheter or minimum 12 ga x 3" catheter for use with the manual Jet Ventilator device (if carried)	1 each	1 each	1 each

Sierra-Sacramento Valley EMS Agency			
EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS			
	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES (cont.)			
Needle thoracostomy kit with minimum 14 ga X 3 " catheter specifically designed for needle decompression	1	1	1
IMMOBILIZATION EQUIPMENT & SUPPLIES			
Ked	1	1	0
Long spine board with straps	2	2	0
Pediatric spine board	1	1	0
Foam-filled or equivalent S-SV approved head immobilization device	2 pair	2 pair	0
Traction splint: Hare, Sager or equivalent	1	1	0
Arm & leg splints (i.e. cardboard, SAM type, vacuum)	3 each	3 each	0
Tape (optional) *Type approved by SSV EMSA Medical Director	1 roll	1 roll	0
Cervical Collars (rigid) - large, medium, small, pediatric <u>OR</u> adjustable adult & pediatric	2 each	2 each	0
OBSTETRICAL EQUIPMENT & SUPPLIES			
OB Kit containing a minimum: sterile gloves, umbilical cord tape or clamps (2), dressings, towels, bulb syringe and clean plastic bags.	2 kits	1 kit	1 kit
Stocking head cap (infant)	2	2	0
BANDAGING EQUIPMENT & SUPPLIES			
Triangle bandages	4	4	4
Adhesive tape rolls 1" & 2" rolls	2 each	2 each	1 each
Sterile 4x4 compresses	12	12	4
Non sterile 4x4 compresses	50	50	10
Kling/Kerlix in 2", 3" or 4" rolls	10	6	4
Trauma dressing (10"x30" or larger universal dressings)	4	2	1
Surgipads (optional)	6	6	2
Band-Aids	1 box	1 box	10
Sterile petroleum impregnated dressing	4	4	2
Asherman Chest Seal (optional)	1	1	1
Cold packs and heat packs	2 each	2 each	2 each
Gloves (unsterile) various sizes	1 box each	10 each	2 pr each
Sterile saline for irrigation	2 liters	2 liters	0
Potable water	2 liters	2 liters	0
Bandage shears	1 pr	1 pr	1 pr
S-SV EMS Agency approved commercial tourniquet device (optional)	1	1	1
IV / MEDICATION ADMINISTRATION EQUIPMENT & SUPPLIES			
Catheter over needle- 14 ga, 16 ga, 18 ga, 20 ga	6 each	4 each	2 each
Catheter over needle- 22ga, 24ga	2 each	2 each	2 each
Micro-drip & Macro-drip venosets <u>OR</u> Selectable drip tubing	4 each	2 each	1 each
Blood administration tubing (optional)	6	4	2
IV extension	2	2	0
Saline Locks (optional)	4	2	1
IV start pack or equivalent with tourniquets	2	2	1
Alcohol wipes & Betadine swabs	4	4	2
Chlorhexidine swabs/skin prep	20 each	10 each	8 each
Syringes / Needles / Medication Administration Devices	5 each	5 each	2 each
TB / 1 cc syringe	3	2	2
3 - 5 cc syringe	3	2	2
10 - 12 cc syringe	3	2	2
20 cc syringe	1	1	1
50 - 60 cc syringe	1	0	0
22 ga, 25 ga safety injection needles	2 each	2 each	2 each
Vial access Cannulas	2 each	2 each	2 each
Mucosal Atomization Device (MAD)	4	2	0
Arm boards - (short, long)	2 each	1 each	0

Sierra-Sacramento Valley EMS Agency EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS

	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
IV / MEDICATION ADMINISTRATION EQUIPMENT & SUPPLIES (cont.)			
Blood Tubes (optional)	4	2	0
Vacutainer holder (optional)	1	1	0
Vacutainer needles (optional)	4	4	0
Vials or pre-filled syringes - Sterile Normal Saline for injection (optional)	2	2	1
INTRAOSSUEOUS ACCESS EQUIPMENT & SUPPLIES			
ALS providers must stock the equipment and supplies to establish IO access on both an adult and pediatric patient as indicated below:			
Pediatric IO Devices (providers must stock one of the following devices in the minimum quantity listed)			
Jamshidi ® Illinois device with 15 ga adjustable length needle	2	1	1
Bone Injection Gun (B.I.G. ®) - Pediatric	2	1	1
EZ-IO ® 15 mm Pediatric Needle Set (including a minimum of 1 EZ-IO ® Power Driver used for both adult and pediatric patients)			
Adult IO Devices (providers must stock one of the following devices in the minimum quantity listed)			
Bone Injection Gun (B.I.G. ®) - Adult	2	1	1
EZ-IO ® Adult Needle Set (including a minimum of 1 EZ-IO ® Power Driver used for both adult and pediatric patients). At least one needle set shall be 45 mm length	2	1	1
Lidocaine HCl 2% (100mg/5ml)	1	1	1
IV SOLUTIONS			
Normal saline - 1000 cc bag	8	3	2
Normal saline - 250 cc bag	2	1	0
MEDICATIONS			
Activated charcoal (50 gm)	1	1	0
Adenosine 6 mg - vial or pre-filled syringe	5	5	5
Albuterol - 2.5mg (pre-mixed w/NS). If not premixed; Normal Saline 2.5cc, without preservatives, is required for dilution of each dose.	3	2	2
Amiodarone 3 ml - 150 mg (50 mg/ml)	6	6	6
Aspirin (chewable)	1 bottle	1 bottle	1 bottle
Atropine 1 mg/1ml vial	6	6	4
Benadryl (50 mg/ml)	2	2	2
Benadryl elixir - 100 mg	1	1	1
Calcium Chloride 10% - (1 gm/10ml)	4	2	1
Dextrose 50% (25gm/50ml)	2	2	1
Dextrose 25% (12.5gm/10ml)	2	1	0
Dopamine 400 mg	1	1	0
Epinephrine 1:1,000	5 mg	5 mg	5 mg
Epinephrine 1:10,000 (1mg/10ml)	8	4	4
Furosemide 40 mg (10mg/ml)	2	2	2
Glucagon 1mg (1unit)	1	1	1
Glucose paste OR Glucose solution (oral prepackaged)	2	2	1
Mark-I / Duo Dote Nerve Agent Antidote Kits (optional)	(Optional)	(Optional)	(Optional)
Naloxone (Narcan) 2.0 mg	4	4	2
Nitroglycerin 0.4 mg/tab (1/150) bottle OR Nitroglycerine spray actuation	2	1	1
Pralidoxime Chloride (2-PAM) 1 gm / 20 ml vial (optional)	(Optional)	(Optional)	(Optional)
Sodium Bicarbonate (50mEq/50ml)	2	1	1
Zofran (4mg/2ml vial)	4	2	2
Zofran Oral Disintegrating Tablets (ODT) 4 mg	4	2	2
Controlled Substances			
Midazolam (Versed) 5 mg/cc concentration	20 - 60 mg	20 - 60 mg	20 mg (Optional)
Morphine HCL 10 mg/ml unit dose	20-60 mg	20-60 mg	20 mg (Optional)
Double lock container system for controlled meds.	1	1	1
Controlled substance log sheet	1	1	1

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 812

SUBJECT: BASE / MODIFIED BASE / RECEIVING HOSPITAL CONTACT

PURPOSE:

To provide for delineation of the circumstances in which EMS field provider personnel shall make base / modified base / receiving hospital contact for medical control or patient reporting purposes on EMS calls.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.2, 1798.102.

California Code of Regulations, Title 22, Division 9, Chapters 2, 3 and 4.

POLICY:

- A. S-SV EMS field personnel shall make appropriate hospital contact according to the requirements contained in this policy.
- B. Base / modified base hospital contact is required by EMS personnel to perform procedure(s) and/or administer medications(s) that are identified in S-SV policy / protocol as 'Base / Modified Base Hospital Physician Order Only'. In the event of communication failure those procedures/medications shall not be performed / administered.
- C. When requesting to speak directly to a base / modified base hospital physician, EMS personnel shall advise the hospital staff member who initially answers the telephone or radio of the reason for the request (AMA approval, destination consultation, medication or procedure approval, treatment consultation, etc.).

PROCEDURE:

- A. Contact with the base / modified base hospital that is in closest proximity to the incident shall be made for any of the following circumstances:

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S-SV EMS Regional Executive Director

SUBJECT: BASE / MODIFIED BASE / RECEIVING HOSPITAL CONTACT

1. For authorization to administer medications and/or perform field procedures that are delineated in S-SV EMS policies and protocols as "Base /Modified Base Hospital Physician Order Only."
2. For any of the following classes of patients refusing assessment, treatment and/or transportation:
 - a. Released at Scene (RAS) patients meeting the following criteria:
 - RAS within the previous 24 hours
 - Children 3 years of age or under
 - Patients age 4 years to 17 years old without a responsible adult signature
 - b. All Against Medical Advice (AMA) patients.
3. For destination decision consultation on the following classes of patients:
 - a. Trauma patients who meet the following criteria as defined in S-SV EMS 'Trauma Triage Criteria' policy (Reference No. 860).
 - Anatomic and/or Physiologic criteria when the time closest trauma center is a Level III Trauma Center (*Note: contact shall be made with that Level III Trauma Center for these patients)
 - 'Mechanism of Injury Criteria' only, with or without meeting any of the 'Special Considerations Criteria'.
 - 'Special Considerations Criteria' only when prehospital personnel determine that transport to a trauma center may be in the best interest of the patient.
 - b. When there is initiation of an ALS / LALS protocol and transport to a facility other than the most accessible is being considered

EXCEPTION:

The following classes of patients meeting criteria for transport directly to a designated specialty care facility

- STEMI patients identified with a 12 Lead EKG

If a STEMI patient identified with a 12 Lead EKG is within the authorized catchment area of a designated or recognized STEMI Receiving Center, contact shall be made with the designated or recognized STEMI receiving center.

SUBJECT: BASE / MODIFIED BASE / RECEIVING HOSPITAL CONTACT

- Stroke patients

If a patient is identified as meeting stroke symptom criteria and the patient is within the authorized catchment area of a Stroke Receiving Center, contact shall be made with the Stroke Receiving Center.

- Trauma patients

If a patient meets Anatomic and/or Physiologic Trauma Triage Criteria, contact shall be made with the appropriate designated trauma center.

***Note – These exceptions do not apply to patients that require transport to the closest facility (i.e. – unable to establish an airway, CPR in progress)**

4. For any patient who, in the opinion of the EMS field provider, requires the additional input or judgment of the base / modified base hospital for appropriate management.

- B. S-SV EMS field personnel shall make contact directly with the destination facility for any patient who does not meet the above criteria or when base / modified base contact is made and the patient is authorized / directed to be transported to a facility other than the base / modified base hospital initially contacted.

CROSS REFERENCES:

Policy and Procedure Manual

Patient Destination, Reference No. 505

S-SV EMS Base / Receiving Hospitals List, Reference No. 505-A

Cardiovascular “STEMI” Receiving Centers, Reference No. 506

Stroke System Triage and Patient Destination, Reference No. 507

Trauma Triage Criteria, Reference No. 860

Communication Failure, Reference No. 890

Chest Pain or Suspected Symptoms of Cardiac Origin, Reference No. C-8

Suspected CVA / Stroke, Reference No. N-3

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 820

**SUBJECT: DETERMINATION OF DEATH: PUBLIC SAFETY, EMT, ADVANCED
EMT, & PARAMEDIC PERSONNEL**

PURPOSE:

This policy provides criteria for Public Safety, EMT, Advanced EMT, and Paramedic personnel to determine death in the prehospital setting. This policy outlines the procedures to be followed whenever CPR is not started or if CPR is discontinued in the prehospital setting.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798.6.

California Code of Regulations, Title 22, Division 9.

POLICY - PUBLIC SAFETY, EMT OR PARAMEDIC PERSONNEL:

CPR need not be initiated and may be discontinued for patients who meet the criteria for "Obviously Dead."

OBVIOUSLY DEAD: Persons who, in addition to the absence of respiration, cardiac activity, and neurological reflexes have one or more of the following:

- A. Decapitation
- B. Decomposition
- C. Incineration of the torso and/or head
- D. Exposure, destruction, and/or separation of the brain or heart from the body
- E. Rigor Mortis
- F. A valid Do Not Resuscitate (DNR) form or medallion in accordance with the S-SV EMS Agency DNR policy # 823. Note: This applies regardless of the cause of death (e.g., person with a terminal illness who is a trauma victim).

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SUBJECT: DETERMINATION OF DEATH: PUBLIC SAFETY, EMT, ADVANCED EMT, & PARAMEDIC PERSONNEL

PROCEDURE – OBVIOUSLY DEAD:

- A. The initial assessment shall include a visual and physical examination. The examination shall be conducted in close proximity and with sufficient lighting to assure the existence of the obviously dead criteria.
- B. The body and scene should be disturbed as little as possible to protect potential crime scene evidence. An immediate request for law enforcement shall be made. See S-SV Policy, "Crime Scene Management," Reference No. 825.
- C. If the determination of death is based on **RIGOR MORTIS**, ALL of the following specific assessments shall be completed and documented.
 1. Assessment to confirm absence of respiration:
 - a. Assess the patient's airway.
 - b. Look, listen, and feel for respirations. This shall include auscultation of the lungs for a minimum of 30 seconds.
 2. Assessment to confirm absence of pulse:
 - a. Palpate the carotid pulse for a minimum of 30 seconds.
 - b. Auscultate the apical pulse for a minimum of 30 seconds.
 3. Assessment to confirm absence of neurological response:
 - a. Check for pupil response with a penlight or flashlight.
 - b. Check for a response to painful stimuli.

A positive response to any of the above assessments requires immediate resuscitative intervention unless the patient has a valid "Do Not Resuscitate (DNR)" order. See S-SV Policy, "Do Not Resuscitate" - Reference No. 823.

4. Assessment to confirm **RIGOR MORTIS**:
 - c. Confirm muscle rigidity of the jaw by attempting to open the mouth.
 - d. Confirm muscle rigidity of one arm by attempting to move the extremity.

IF ANY DOUBT EXISTS, prehospital personnel shall initiate CPR unless the patient has a valid DNR order.

SUBJECT: DETERMINATION OF DEATH: PUBLIC SAFETY, EMT, ADVANCED EMT, & PARAMEDIC PERSONNEL

POLICY – ADVANCED EMT & PARAMEDIC PERSONNEL ONLY:

NOTE: BLS personnel are not authorized to determine death based on the “Probable Death” criteria. They are limited to use of “Obviously Dead” criteria only.

PROBABLE DEATH: An Advanced EMT or Paramedic may determine death, as follows, for individuals for whom "Obvious Death" criteria do not apply. The absence of respiration, pulses, and neurological reflexes, in addition to one or more of the following, **at the time of INITIAL assessment by the Advanced EMT or Paramedic:**

- A. Lividity or ‘Livor Mortis’ (Lividity or Livor Mortis: Discoloration appearing on dependent parts of the body after death, as a result of cessation of circulation, stagnation of blood, and settling of the blood by gravity), and the monitor shows asystole in two (2) leads.
- B. The patient is a victim of cardiac arrest secondary to blunt or penetrating trauma, and the monitor shows asystole in two (2) leads.
- C. The patient is a victim of cardiac arrest secondary to blunt trauma, and the monitor shows PEA at a rate ≤ 40 beats per minute.

All other patients shall have base / modified base physician consult for determination of death. In the event of communication failure the Advanced EMT or Paramedic shall not determine death.

If there is any objection or disagreement by family members or prehospital personnel regarding terminating or withholding resuscitation, basic life support, including defibrillation, should continue or begin immediately and paramedics should contact the base hospital for further directions.

PROCEDURE – PROBABLE DEATH:

- A. The assessments to confirm absence of respiration, pulse and neurological reflexes (and rigor mortis, if applicable) shall be performed and documented as defined on page 2, item C.
- B. Probable death requires confirmation of Asystole in two (2) leads to confirm death. Attach the six-second rhythm strips to the PCR.
- C. Notify the county coroner or appropriate investigative authorities.
- D. Document all relevant facts/findings, including approximate time of determination of death and submit the completed PCR to the base/modified base hospital.

**SUBJECT: DETERMINATION OF DEATH: PUBLIC SAFETY, EMT, ADVANCED
EMT, & PARAMEDIC PERSONNEL**

SPECIAL INFORMATION:

- A. Hypothermia, drug and/or alcohol ingestion/overdose can mask the positive neurological reflexes which indicate life, so it is imperative to be certain no contributing environmental factors exist, such as cold water submersion or cold exposure. If any possibility exists that such conditions could be a factor, resuscitation should be started immediately.
- B. In the event of a disaster/multi-casualty incident, death may be determined in accordance with START Triage criteria.
- C. If a patient does not meet determination of death criteria on scene, once ambulance transport is started the base/modified base hospital on-line medical control can direct the paramedic to stop resuscitation efforts. When this occurs the ambulance will reduce transport code and continue transport on to the destination hospital.
- D. If a patient undergoing resuscitation is transported in a ground ambulance to rendezvous with an air ambulance and is determined dead by the flight nurse, the body shall not be moved from the rendezvous location. Notify the county coroner or appropriate investigative authorities.

CROSS REFERENCES:

Policy and Procedure Manual

Crime Scene Management, Reference No. 825.

Do Not Resuscitate (DNR), Reference No 823.

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 825

SUBJECT: CRIME SCENE MANAGEMENT

PURPOSE:

To provide guidelines for prehospital care personnel when patient assessment, treatment and/or transport is required at the scene of a crime.

It is clearly understood that the first and foremost duty of all personnel (law enforcement and prehospital care) is to protect and preserve human life. Prehospital care personnel must ensure that patient care is given highest priority. In addition, and to the extent possible, this care should be given with consideration to the needs of law enforcement with respect to personnel safety, crime scene management and preservation of evidence.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1798.6, 1797.220.

California Code of Regulations, Title 22, Division 9.

POLICY:

Prehospital care personnel shall follow the directions of law enforcement with respect to crime scene management. This direction should not prevent nor detract from quality patient care. The following guidelines should be followed:

- A. Parking of EMS vehicles should be done in such a way as to provide access for EMS personnel but with consideration for the crime scene; i.e., do not run over expended shell casings or destroy physical evidence such as tire tracks, foot prints and/or broken glass.
- B. Entry to the crime scene should be made by the minimum number of EMS personnel necessary to access and provide care to patient(s).
- C. Entry and exit to the crime scene should be accomplished by the same route, if possible.
- D. Care should be taken not to disturb any physical evidence. Physical evidence can be as small as a single hair.

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SUBJECT: CRIME SCENE MANAGEMENT

- E. Removal of the patient's clothing should be kept to a minimum. Clothing removal should be done in a manner which will minimize the loss of physical evidence; i.e., do not cut clothing through bullet or knife holes.
- F. Clothing and all other personal articles of the patient are to be left in the possession of law enforcement personnel. Do not discard anything.
- G. Put wrappers and other disposable "trash," which accumulates as patient care is rendered, in a single site away from the patient and/or potential crime scene evidence. Do not pick up on-scene trash items and discard because evidence may be destroyed. On-scene law enforcement personnel may suggest a site to be used for trash which would be most ideal to maximize preservation of evidence.
- H. Patients who meet the "obvious death" criteria, as stated in S-SV Policy, "Determination of Death," Reference No. 821, do not require EKG confirmation of asystole. These include:
 - 1. Decapitation.
 - 2. Total incineration of torso and/or head.
 - 3. Decomposition.
 - 4. Total separation of vital organs from the body or total destruction of these organs accompanied by no detectable pulse or respiration. Note: A single person can check for pulse and respiration.
 - 5. Rigor Mortis.
- I. Patients who meet the "probable death" criteria, as stated in S-SV Policy, "Determination of Death," Reference No. 820, should be assessed utilizing the minimum number of EMS personnel.
- J. It is important that prehospital care personnel understand that law enforcement personnel have the authority to declare death. If this has occurred, the responsibility for the declaration of death is law enforcement's. If death has been declared by a law enforcement officer, medical confirmation procedures do not need to be performed by prehospital care personnel.
- K. Every effort to cooperate with law enforcement should be made. In the event of disagreement with law enforcement, EMS personnel should document the problem and refer the matter to their superior for follow-up and/or action. If the disagreement involves, in the opinion of prehospital care personnel, an issue that will or could result in patient harm, an immediate request for on-scene supervisory personnel will be made.

SUBJECT: CRIME SCENE MANAGEMENT

- L. In the event that EMS personnel discover a crime scene, or are at a crime scene without law enforcement, an immediate request for law enforcement shall be made. Until such time as law enforcement arrives, EMS personnel shall assure their own safety and, if possible, attempt to follow the guidelines contained in this policy.

CROSS REFERENCES:

Policy and Procedure Manual

Base Hospital Contact, Reference No. 812.

Determination of Death - Public Safety, EMT, Advanced EMT & Paramedic Personnel, Reference No. 820.

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 840

SUBJECT: MEDICAL CONTROL FOR TRANSFERS BETWEEN ACUTE CARE FACILITIES

PURPOSE:

This policy is to assure medical control of patients during transfers between acute care facilities.

This policy does not exempt any acute care hospital or physician from meeting their statutory or regulatory obligations for transfers. The medical/legal responsibility for the patient rests with the transferring physician.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.185, 1797.194, 1797.218, 1797.220, 1798.102, 1798.170, 1798.172.

California Code of Regulations, Title 22, Division 9.

United States Code, Title 42, Section 395dd, EMTALA Statute

Code of Federal Regulations 42, Sections 489.20 and 489.24, EMTALA Regulations

POLICY:

- A. Prior to accepting the patient for an acute care inter-facility transfer, the paramedic shall:
 - 1. Obtain pertinent patient information to include: Patient diagnosis, history, and documentation of the therapies that the patient received while in the hospital or the previous four (4) hours, whichever is less.
 - 2. Complete a physical assessment, including vital signs.

- B. The Paramedic and Advanced EMT scope of practice will be identical to the prehospital scope of practice identified in policy #802 and #803. The Paramedic or Advanced EMT will follow orders of the transferring physician, however the Paramedic or Advanced EMT cannot provide ALS / LALS care outside of the EMS Agency approved scope of practice. Should medical consultation be needed during transport, the Paramedic or Advanced EMT will follow S-SV EMS policy #812 for base hospital / modified base hospital contact.

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SUBJECT: MEDICAL CONTROL FOR TRANSFERS BETWEEN ACUTE CARE FACILITIES

- C. If a patient is to be transferred outside of the S-SV EMS region or base / modified base hospital radio contact range, the Paramedic or Advanced EMT may provide care according to approved S-SV EMS policies and ALS / LALS Field Treatment Protocols.

CROSS REFERENCES:

Policy and Procedure Manual

Advanced EMT Scope of Practice, Reference No. 802

Paramedic Scope of Practice, Reference No. 803

Base Hospital / Modified Base Hospital Contact, Reference No. 812

Patient Care Report (PCR) Form, Reference No. 605

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 860

SUBJECT: TRAUMA TRIAGE CRITERIA

PURPOSE:

To identify those patients who are at greatest risk for severe injury and determine the most appropriate facility to transport persons with different injury types and severities.

AUTHORITY:

California Health & Safety Code, Division 2.5; Chapter 6, Article 2.5, Section 1798.160 et seq.

California Code of Regulations, Title 22, Division 9, Chapter 7

Centers for Disease Control and Prevention 'Morbidity and Mortality Weekly Report' (MMWR), Recommendations and Reports, January 13, 2012 / Vol. 61 / No. RR-01, 'Guidelines for Field Triage of Injured Patients, Recommendation of the National Expert Panel on Field Triage, 2011':

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6101a1.htm?s_cid=rr6101a1_w

PRINCIPLES:

The trauma triage criteria indicate high-risk factors for serious traumatic injuries. Trauma patients meeting triage criteria should be transported as soon as possible, and time on scene should be limited. Procedures at the scene should be limited to triage, patient assessment, airway management, control of external hemorrhage and appropriate immobilization. Additional interventions should be completed en route with the exception of those incidents requiring prolonged extrication.

TRAUMA CENTER LEVELS

Level I: A Level I Trauma Center has the greatest amount of resources and personnel for care of the injured patient. Typically, it is also a tertiary medical care facility that provides leadership in patient care, education and research for trauma, including prevention programs.

Level II: A Level II Trauma Center offers similar resources as a Level I facility, differing only by the lack of research activities for a Level I designation.

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SUBJECT: TRAUMA TRIAGE CRITERIA

Level I and II Pediatric: Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level I Pediatric Trauma Centers require some additional pediatric specialties and are research and teaching facilities.

Level III: A Level III Trauma Center is capable of assessment, resuscitation and emergency surgery, if warranted. Injured patients are stabilized before transfer, if indicated, to a facility with a higher level of care according to pre-existing arrangements.

Level IV: A Level IV Trauma center is capable of providing 24-hour physician coverage, resuscitation and stabilization to injured patients before they are transferred, if indicated.

PATIENT DESTINATION:

- A. Patients with an unmanageable airway shall be transported to the closest receiving hospital for airway stabilization.
- B. For any patient who is found to meet at least one of the Anatomic or Physiologic Trauma Triage Criteria:
 - 1. If the time closest designated Trauma Center is a Level I or Level II Trauma Center, transport directly to the Level I or Level II Trauma Center.
 - 2. If the time closest designated trauma center is a Level III Trauma Center, contact the Level III Trauma Center for a destination decision.
- C. If a trauma patient meets Mechanism of Injury Trauma Criteria only, with or without meeting any of the Special Considerations Criteria, prehospital personnel shall contact the closest base/modified base hospital for a destination decision.
- D. If a trauma patient meets the Special Considerations Criteria only, without meeting any of the Anatomic, Physiologic or Mechanism of Injury trauma triage criteria, contact with the closest base/modified base hospital shall be made for a destination decision when prehospital personnel determine that transport to a trauma center may be in the best interest of the patient.
- E. The use of EMS aircraft for transport of trauma patients should provide a clinically significant reduction in arrival time to the most appropriate designated trauma center. If the total time for air transport exceeds the ground ambulance arrival time, air transport may not be indicated.
- F. Pediatric Trauma Patient Destination
 - 1. When ground ambulance or EMS aircraft (if utilized) transport times do not exceed 45 minutes, all children \leq 14 years of age who meet Anatomic and/or

SUBJECT: TRAUMA TRIAGE CRITERIA

Physiologic Trauma Triage Criteria should be transported directly to a designated pediatric trauma center.

2. If a pediatric patient meets criteria for direct transport to a designated pediatric trauma center, but the patient's condition is so critical that any additional transport time may jeopardize the patient's life, the patient shall be transported to the closest designated trauma center.

G. Prehospital personnel shall notify the designated receiving trauma center of the patient's pending arrival as soon as possible.

TRAUMA TRIAGE CRITERIA:

A. Physiologic Criteria:

1. Respiratory Rate < 10 or > 29 breaths per minute (< 20 in infant aged < 1 year) or need for ventilatory support, or
2. Glasgow Coma Score ≤ 13 , or
3. Systolic Blood Pressure < 90

B. Anatomic Criteria:

1. All penetrating injuries to the head, neck, chest, torso, and extremities proximal to the elbow or knee
2. Chest wall instability or deformity (e.g. flail chest)
3. Two or more proximal long-bone fractures
4. Paralysis
5. Pelvic fractures
6. Amputation proximal to wrist or ankle
7. Crushed, degloved or mangled or pulseless extremity
8. Open or depressed skull fracture

C. Mechanism of Injury Criteria:

1. High-risk auto crash (one or more of the following):
 - a. Ejections (partial or complete) from automobile
 - b. Death in the same passenger compartment

SUBJECT: TRAUMA TRIAGE CRITERIA

- c. Intrusion, including roof: > 12 inches at occupant site or > 18 inches at any site
2. Non-Automotive crash > 20 mph including, but not limited to: motorcycle, ATV, go-cart, bicycle, skateboard, watercraft and aircraft
3. Auto vs Pedestrian / Bicycle: thrown, run over, or with significant (> 20 mph) impact
4. Adults who fall > 20 feet
5. Children who fall > 10 feet or two to three times the height of the child
6. Other high energy impact

D. Special Considerations

1. Age:
 - a. Adults > 55 years of age
 - SBP <110 might represent shock after 65 years of age
 - Low impact mechanism (e.g. ground level falls) might result in severe injury.
 - b. Children ≤ 14 years of age
 - Children should be triaged to pediatric capable trauma centers when possible
2. Anticoagulation or bleeding disorders
 - Patients with head injury are at high risk for rapid deterioration
3. Burns:
 - a. With trauma mechanism: Triage to trauma center
 - b. Without trauma mechanism: Triage to burn facility
4. Pregnancy > 20 weeks
5. EMS provider judgment in conjunction with medical control

TRAUMA REGISTRY:

All hospitals receiving trauma patients from the S-SV EMS Region shall supply data to the S-SV EMS Trauma Registry.

SUBJECT: TRAUMA TRIAGE CRITERIA

GLASGOW COMA SCALE (GCS): Adult & Pediatric Combined GCS

Note: Modifications for age appropriate response for infant/young child are typed in bold print.

GLASGOW COMA SCORE		
EYE OPENING RESPONSE	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE
4 pts = Open spontaneously	5 pts = Oriented & converses Appropriate words and phrases Cries appropriately, coos, babbles	6 pts = Obeys commands Normal spontaneous movement
3 pts = To verbal stimuli To speech, to shout	4 pts = Disoriented & converses Irritable cry	5 pts = Localizes pain Withdraws to touch
2 pts = To painful stimuli	3 pts = Inappropriate words Inappropriate crying/screaming	4 pts = Flexion withdrawal Withdraws to pain
1 pt = No response	2 pts = Incomprehensible sounds/words Grunts	3 pts = Flexion abnormal (decorticate)
	1 pt = No response	2 pts = Extension (decerebrate)
		1 pt = No response
Risk of injury is high with GCS < 14 COMA is defined by GCS ≤ 8 Any patient with a GCS ≤ 8, consider intubation and hyperventilate at 20 to 24 breaths per minute to reduce cerebral swelling.		

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 890

SUBJECT: COMMUNICATION FAILURE

PURPOSE

To define the specific conditions under which a Paramedic or Advanced EMT may utilize Advanced Life Support (ALS) and Limited Advanced Life Support (LALS) drugs and procedures for patient care, in the event of communication failure.

AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.84, 1797.185, 1797.220, 1798, 1798.100, 1798.102

California Code of Regulations, Title 22, Division 9

POLICY

In the event that a Paramedic or Advanced EMT at the scene of an emergency attempts direct voice contact with a base hospital but cannot establish or maintain that contact:

- A. The Paramedic or Advanced EMT may initiate necessary ALS / LALS procedures specified in the approved S-SV EMS policies and protocols.
- B. Base / modified base contact is required to perform the procedures(s) and/or to administer medication(s) that are identified in S-SV policy/protocol as “**Base / Modified Base Hospital Physician Order Only.**” In the event of communication failure those procedures / medications **shall not** be performed / administered.

PROCEDURE

In each instance where ALS / LALS procedures are initiated or attempted under the conditions specified for communication failure, the Paramedic or Advanced EMT shall:

- A. Attempt to establish base hospital contact throughout the call, as circumstances permit.
- B. Immediately upon voice contact, provide a verbal report to the base hospital physician or mobile intensive care nurse.

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SUBJECT: COMMUNICATION FAILURE

EXCEPTION:

The Paramedic or Advanced EMT, functioning within a modified base hospital response area, renders patient care based on S-SV approved policy/protocol (standing orders) without “on-line” medical control.

The following procedures are currently identified as “**Base/Modified Hospital Physician Order Only**”:

1. Chemical restraint of combative patients with midazolam (Reference No. 852).
2. Terminating resuscitative efforts utilizing either the BLS or ALS termination of resuscitation criteria if no ROSC in an adult pulseless arrest patient (Reference No. C-1).
3. The administration of activated charcoal (Reference No. M-5)
4. The activation and use of the Nerve Agent Treatment Protocol (Reference No. E-8).

CROSS REFERENCES:

Policy and Procedure Manual

Modified Base Hospital, Reference No. 305

Base Hospital Contact, Reference No. 812

Violent Patient Restraint Mechanisms, Reference No. 852

Pulseless Arrest, Reference No. C-1

Ingestions and Overdoses, Reference No. M-5

Nerve Agent Treatment, Reference No. E-8