



Prepared and Updated by:

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Solano County EMS

SYSTEM STATUS PLAN UPDATE

FY 2010-11

County of Solano
Emergency Medical Services Agency
Emergency Services Bureau
Public Health Division
Health and Social Services Department

Standard	EMSA Requirement	Minimum (one year) (more than one year)			Progress	Objective
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changes in the EMS Bureau (noted in last Systems Report) necessitate updates in Policies and Procedures. Current Organizational Charts will be provided with this annual systems Status plan update.	Policy 1700 has been removed and Policy 1760 is being rewritten to reflect current changes. Updated policy will be provided in next annual report.
1.07	MINIMUM: The local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. RECOMMENDED: The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.		<input type="checkbox"/>		Trauma Plan was approved with the submission of Policy 5900 on 4/7/11. Further updates to the trauma system in Solano County will be reflected in further reports.	Complete. Annual Trauma system update will be submitted annually with the systems status plan beginning in the 11/12/ reporting year.
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.		<input type="checkbox"/>		Transition to EMS systems is complete.	Complete.
1.19	written policies, procedures, and/or protocols including, but not limited to: a) Triage; b), treatment; c) dispatch protocols and pre-arrival/post-dispatch instructions; 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; j) local scope of practice for prehospital personnel.		<input type="checkbox"/>		Minimum standards have been met. Efforts at developing the Priority Medical Dispatch portion of the EMSA requirements is still in its working phase. Budgetary constraints, as noted previously has forced realignment of resources.	On-going.

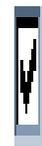
Standard	EMSA Requirement	Minimunge (one ye	(more th	Progress	Objective	
1.24	MINIMUM: Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency. RECOMMENDED: Each local EMS Agency, based on state approval, should,		<input type="checkbox"/>		MINIMUM: All ALS Agreements have been signed. RECOMMENDED: ALS EOA in place since 2000.	Complete.
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 area; b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two Level III Trauma Centers are active in Solano County. Both have indicated an interest in pursuing Level II Designation.	Complete.
3.05	RECOMMENDE:D All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric, and trauma		<input type="checkbox"/>		RECOMMENDED: Transition to EMSsystems is complete	Complete.
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.		<input type="checkbox"/>		Transition to EMSsystems is complete.	Complete.
5.07	The local EMS Agency shall, suing a process which allows all eligible facilities to apply, designate Base Hospitals or alternative base stations as it determines necessary to provide medical director of prehospital personnel.		<input type="checkbox"/>		Review of base hospital agreements is scheduled to begin in the next fiscal year.	On-going.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: **FY 10-11 (Jul 1, 2010 – Jun 30, 2011)**

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

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

County: **SOLANO COUNTY**

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | 0 % |
| B. Limited Advanced Life Support (LALS) | 0 % |
| C. Advanced Life Support (ALS) | 100 % |

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

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

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	X
Operation of oversight of EMS dispatch center	NA
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	NA
Administration of disaster medical assistance team (DMAT)	NA
Administration of EMS Fund [Senate Bill (SB) 12/612]	NA
Other: <u>Designation of STEMI Center</u>	X
Other: <u>Designation of TRAUMA Center</u>	X
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	458,099.91
Contract Services (e.g. medical director)		54,395.57
Operations (e.g. copying, postage, facilities)		15,964.79
Travel		3,747.89
Fixed assets		_____
Indirect expenses (overhead)		190,412.08
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: PPP Payments		1,132,840.31
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES	\$	1,774,460.55

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		11,805.50
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		16,000.00
Type: <u>STEMI</u>		
Other critical care center designation fees		_____
Type: <u>Trauma Application Fee</u>		50,000.00
Ambulance service/vehicle fees (<u>Franchise Fee</u>)		250,000.00
Contributions		_____
EMS Fund (SB 12/612)		_____
Other grants: _____		_____
Other fees: Fines		1,500.00
Other fees: Non-Exclusive Ambulance Fee		1,500.00
Other fees: Treasury Interest apportionment		2,759.86
Other (specify): PPP Payments		2,207,812.67
TOTAL REVENUE	\$	<u>2,541,378.03</u>
Difference between expenses and revenue*		766,917.48

* Difference is due primarily to prior year Public-Private Partnership funds being received in FY 2010/11

Table 2 - System Organization & Management (cont.)

7. Fee structure

_____ We do not charge any fees

XX Our fee structure is:

First responder certification	\$ NA
EMS dispatcher certification	NA
EMT-I certification	\$30.00
EMT-I recertification	\$30.00
EMT-defibrillation certification	NA
EMT-defibrillation recertification	NA
EMT-II certification	NA
EMT-II recertification	NA
EMT-P accreditation	\$55
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	NA
MICN/ARN recertification	NA
EMT-I training program approval (waived for public safety agencies & Solano County ALS Exclusive Provider	\$500
EMT-II training program approval	NA
EMT-P training program approval	\$500
MICN/ARN training program approval	NA
Base hospital application	NA
Base hospital designation	NA
Trauma center application	\$25,000.
Trauma center designation	\$50,000.
Pediatric facility approval	NA
Pediatric facility designation	NA
Other critical care center application	
Type: STEMI Center (in-county)	\$10,000
STEMI Center (Out-of-County)	\$4,000
Other critical care center designation	
Type: _____	
Ambulance service license	\$1,500.
Ambulance vehicle permits (BLS)	\$100/unit
Ambulance vehicle permits (CCT)	\$200/unit
Other: _____	_____
Other: _____	_____

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	ADMINISTRATOR	1.0	NA	NA	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	PRE-HOSPITAL CARE COORDINATOR	1.0	NA	NA	
Program Coordinator/ Field Liaison (Non-clinical)	PROJECT MANAGER	1.0	NA	NA	
Trauma Coordinator					
Medical Director	MEDICAL DIRECTOR	0.2	NA	NA	CONTRACT
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

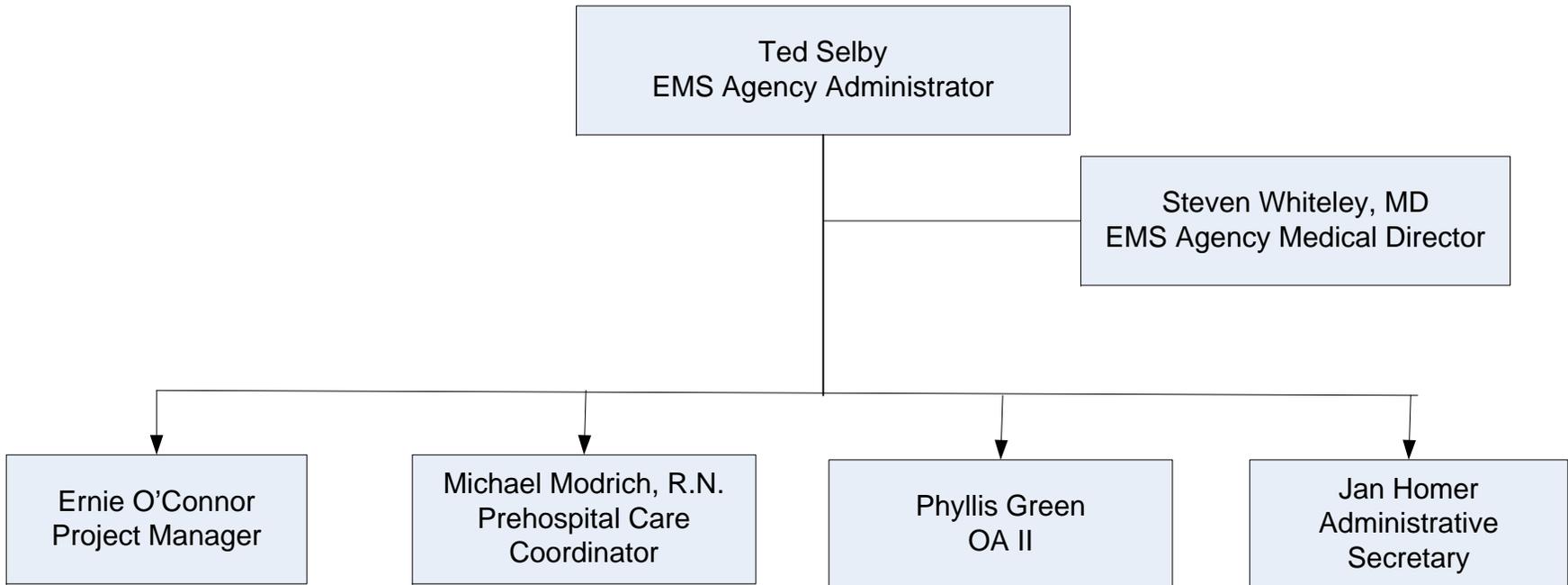
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	ADMINISTRATIVE SECRETARY	1.0	NA	NA	
Other Clerical	OFFICE ASSISTANT II	1.0	NA	NA	
Data Entry Clerk					
Other					

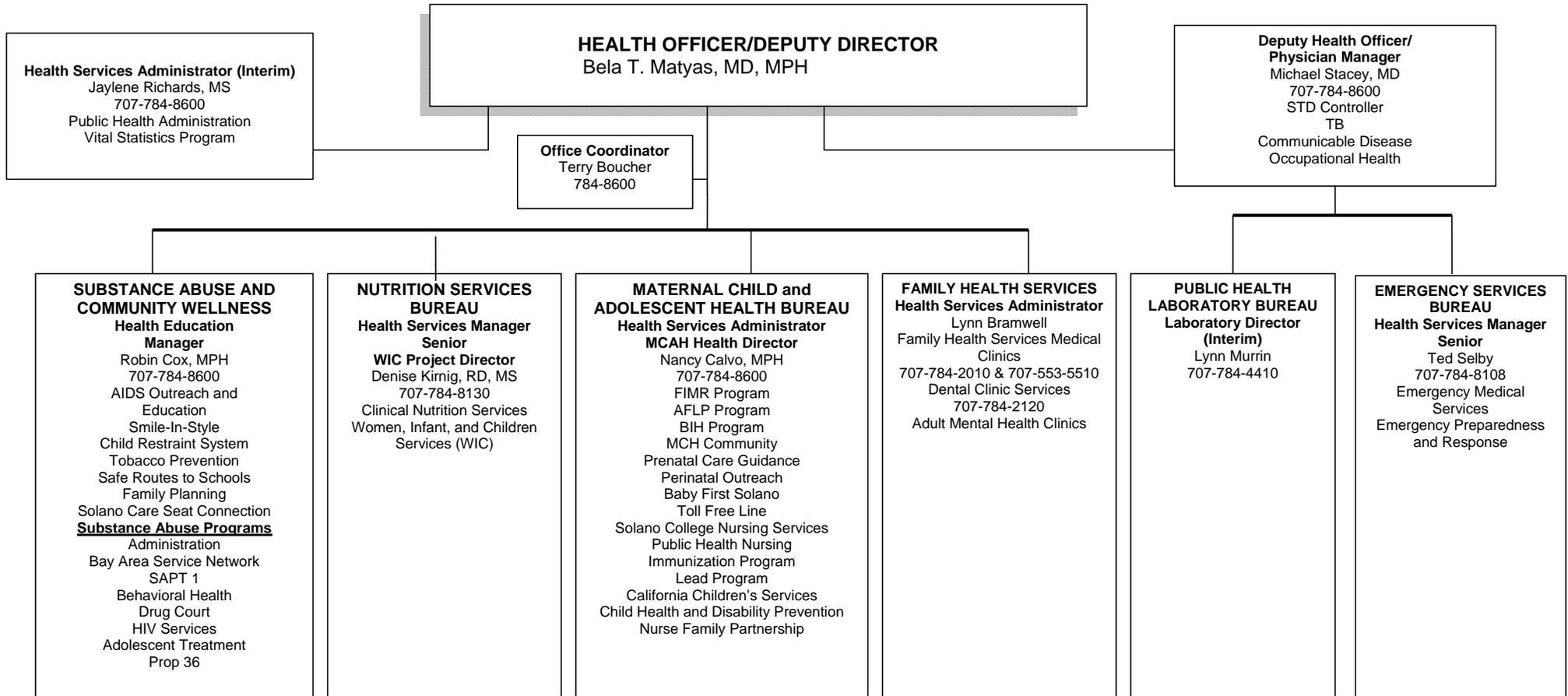
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

SOLANO COUNTY EMERGENCY MEDICAL SERVICE (EMS)
(FY 2010-2011)

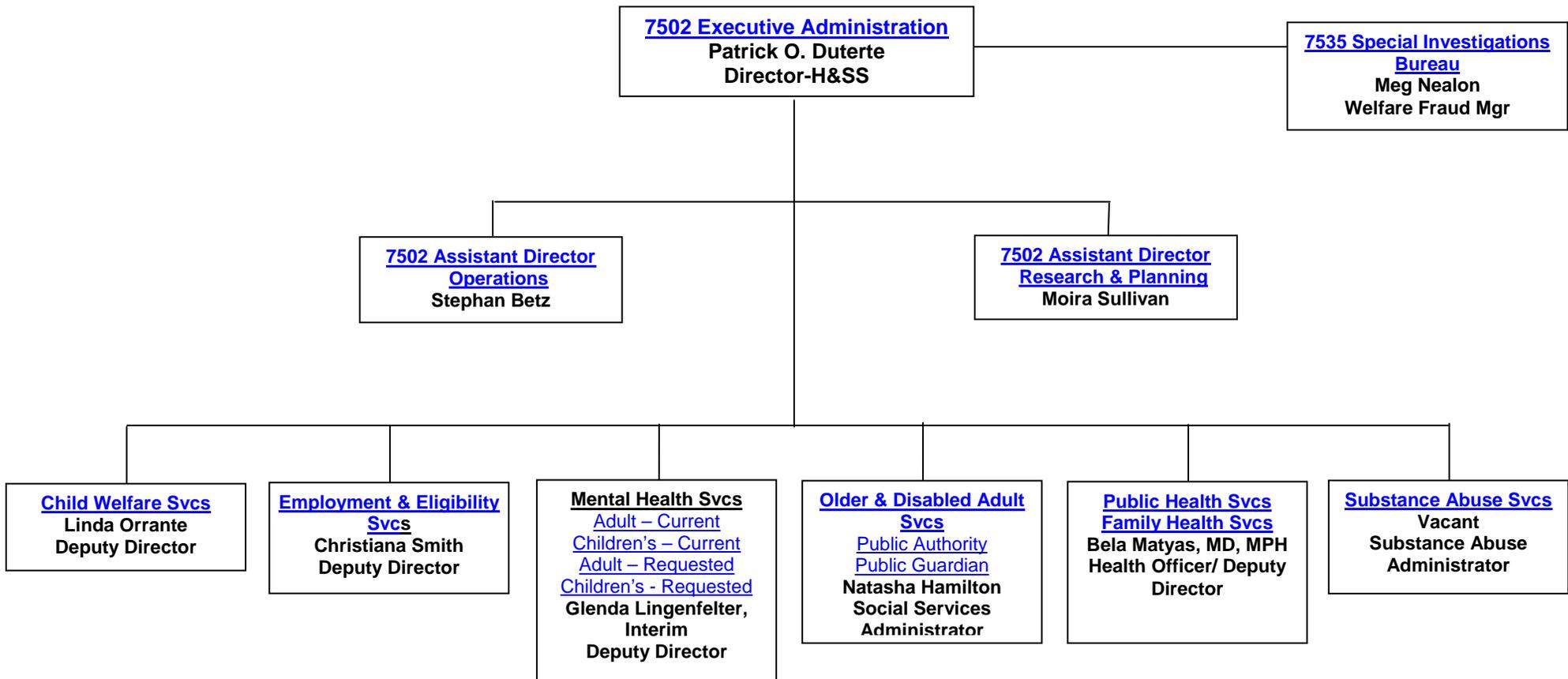


HEALTH and SOCIAL SERVICES DEPARTMENT

Public Health Division



Solano County FY2010-11
Health and Social Services
7501 – Administration



Electorate

County of Solano
Organizational Chart

Board of Supervisors



Barbara R. Kondylis
District 1



Linda J. Seifert
District 2



James P. Spering
District 3



John M. Vasquez
District 4



Michael J. Reagan
District 5



County Counsel
Dennis Bunting



County Administrator
Birgitta Corsello

Elected Officials



Auditor-Controller
Simona Padilla-Scholtens



District Attorney
Don du Bain



Assessor-Recorder
Marc Tonnesen



Sheriff/Coroner
Gary Stanton



Tax Collector/County
Clerk/Treasurer
Charles Lomeli

Appointed Officials



Ag. Comm./Sealer
Jim Allan



General Services
Mike Lango



Human Resources
Marc Fox



H&SS
Patrick Duterte



Public Defender
Lesli Caldwell



Library
Bonnie Katz



Resource Mgmt.
Bill Emlen



Veterans Services
Ted Puntillo



CIO/ROV
Ira Rosenthal



Probation
Christopher Hansen



UC Coop Extension
Morgan Doran



Child Support Services
Pamela Posehn

.....Personnel/Budgetary Controls Only

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: **FY 10-11**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	450 (approx)	NA		NA
Number newly certified this year	46	NA		NA
Number recertified this year	275 (approx)	NA		NA
Total number of accredited personnel on July 1 of the reporting year			350 (approx)	
Number of certification reviews resulting in:				
a) formal investigations	0	NA		NA
b) probation	5	NA	NA	NA
c) suspensions	0	NA	NA	NA
d) revocations	0	NA		NA
e) denials	1	NA		NA
f) denials of renewal	0	NA		NA
g) no action taken	2	NA	NA	NA

1. Early defibrillation:

a) Number of EMT=I (defib) certified

NA

b) Number of public safety (defib) certified (non-EMT-I)

NA

2. Do you have a first responder training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: SOLANO

Reporting Year: FY 10/11 (Jul 1, 2010 – Jun 30, 2011)

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

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

Reporting Year: **FY 10-11 (Jul 1, 2010 – Jun 30, 2011)**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **5**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	NA	NA	NA	NA
Early defibrillation responder	7 minutes	7 minutes	NA	NA
Advanced life support responder	7 minutes	7/15 minutes	90 minutes	NA
Transport Ambulance	9 minutes	9/15 minutes	90 minutes	NA

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: **FY 10-11 (Jul 1, 2010 – Jun 30, 2011)**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	389
2. Number of major trauma victims transported directly to a trauma center by ambulance	389
3. Number of major trauma patients transferred to a trauma center	389
4. Number of patients meeting triage criteria who weren't treated at a trauma center	0

Emergency Departments

Total number of emergency departments	5
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	5
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 10-11 (Jul 1, 2010 – Jun 30, 2011)

County: SOLANO COUNTY

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? NONE IDENTIFIED
 - 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 No

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No

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

 - c. Are they available for statewide response? Yes No

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No

 - b. At what HazMat level are they trained? NA

 - c. Do you have the ability to do decontamination in an emergency room? Yes No

 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes** No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7
3. Have you tested your MCI Plan this year in a:
 - a. real event? **Yes** No
 - b. exercise? Yes **No**
4. List all counties with which you have a written medical mutual aid agreement.
(NONE)
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes** No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes **No**
7. Are you part of a multi-county EMS system for disaster response? **Yes** No
8. Are you a separate department or agency? Yes **No**
9. If not, to whom do you report? **SOLANO COUNTY PUBLIC HEALTH**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **(NA)** Yes No

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Medic Ambulance

Telephone Number: 707-644-1761

Address: 506 Couch St.

Vallejo, CA 94590

Number of Ambulances: 35

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

Transporting Agencies

18815 Total number of responses
17176 Number of emergency responses
1639 Number of non-emergency responses

14184 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Vacaville Fire Department

Telephone Number: 707-449-5460

Address: 650 Merchant St

Vacaville, CA 95688

Number of Ambulances: 6

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

Transporting Agencies

5794 Total number of responses
5406 Number of emergency responses
388 Number of non-emergency responses

4827 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Benicia Fire Department

Telephone Number: 707-746-4742

Address: 250 East "L" St.

Benicia, CA 94510

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Dixon Fire Department

Telephone Number: 707-678-7060

Address: 205 Ford Way

Dixon, CA 95620

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Fairfield Fire Department

Telephone Number: 707-428-7375

Address: 1200 Kentucky St

Fairfield, CA 94533

Number of Ambulances: 0

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

Transporting Agencies

2721 Total number of responses
2701 Number of emergency responses
20 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Vallejo Fire Department

Telephone Number: 707-648-4420

Address: 970 Nimitz Ave.

Vallejo, CA 94592

Number of Ambulances: 0

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

Transporting Agencies

3474 Total number of responses
3474 Number of emergency responses
 _____ Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Cordelia Fire Protection District

Telephone Number: 707-746-4742

Address: 2155 Cordelia Rd

Fairfield, CA 94534

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Rio Vista Fire Department

Telephone Number: 707-374-2233

Address: 350 Main St.

Rio Vista, CA 94571

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Suisun City Fire Department

Telephone Number: 707-421-7205

Address: 621 Pintail Dr.

Suisun City, CA 94585

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Suisun Fire Protection District

Telephone Number: 707-425-3605

Address: 445 Jackson St.

Fairfield, CA 94533

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Vacaville Fire Protection District

Telephone Number: 707-447-2252

Address: 420 Vine St.

Vacaville, CA 95688

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: CALSTAR

Telephone Number: 925-798-7670

Address: 177 John Glenn Dr.

Concord, CA 94520

Number of Ambulances: 1 fixed/8 rotary

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: REACH Air Medical Services

Telephone Number: 707-529-1530

Address: 5005 Marsh Drive

Concord, CA 94520

Number of Ambulances: 2

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: NorthBay Medical Center Telephone Number: 707-646-5000
Address: 1200 B Gale Wilson Blvd
Fairfield, CA 94533

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: VacaValley Hospital Telephone Number: 707-446-5710
Address: 1000 Nut Tree Blvd
Vacaville, CA 95687

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: Kaiser Vallejo Telephone Number: 707-651-1000
Address: 975 Sereno Dr.
Vallejo, CA 94589

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: Kaiser Vacaville Telephone Number: 707-624-4000
Address: 1 Quality Drive
Vacaville, CA 95688

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV</p>
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¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: Sutter Solano Medical Center Telephone Number: 707-554-5210
Address: 300 Hospital Drive
Vallejo, CA 94589

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: SOLANO COUNTY

Reporting Year: FY 10-11

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

Training Institution:	<u>SOLANO COMMUNITY COLLEGE</u>	Telephone Number:	<u>707-864-7108</u>
Address:	<u>4000 Suisun Valley Rd.</u> <u>Fairfield, CA 94534</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:	**Program Level _____
		Basic:	<u>\$20/unit</u>
		Refresher:	<u>\$20/unit plus associated fees.</u>
		Number of students completing training per year:	
		Initial training:	<u>200</u> (approximate)
		Refresher:	<u>90</u> (approximate)
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>9/30/13</u>
		Number of courses:	
		Initial training:	<u>2</u> Per semester
		Refresher:	<u>3</u> Per semester
		Continuing Education:	<u>0</u>

Training Institution:	<u>NATIONAL INSTITUTE FOR HEALTHCARE EDUCATION (N.I.H.E.)</u>	Telephone Number:	<u>800-773-8895</u>
Address:	<u>1280 E. Cooley Dr., Ste 12</u> <u>Colton, CA 92324</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:	**Program Level _____
		Basic:	<u>*700-1300</u>
		Refresher:	<u>*250-350</u>
		Number of students completing training per year:	
		Initial training:	<u>70</u>
		Refresher:	<u>35</u>
		Continuing Education:	<u>10</u>
		Expiration Date:	<u>12/31/15</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>3</u>

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: FY 10-11

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

Name:	<u>Benicia Police Department</u>			Primary Contact:	<u>Lisa Krinsky</u>		
Address:	<u>200 East "L" St.</u>						
	<u>Benicia, CA 94510</u>						
Telephone Number:	<u>707-746-4247</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:		If Public:	If Public: <input checked="" 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					
		<input checked="" type="checkbox"/> Law					
		<input type="checkbox"/> Other					
		Explain: _____					

Name:	<u>Fairfield Police Department</u>			Primary Contact:	<u>Dawn Shepherd</u>		
Address:	<u>1000 Webster St</u>						
	<u>Fairfield, CA 94533</u>						
Telephone Number:	<u>707-428-7707</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:		If Public:	If Public: <input checked="" 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					
		<input checked="" type="checkbox"/> Law					
		<input type="checkbox"/> Other					
		Explain: _____					

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: FY 10-11

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

Name:	<u>Solano County Sheriff Dispatch</u>			Primary Contact:	Sgt. Dora Shelton		
Address:	<u>530 Union Ave., Ste 100</u>						
	<u>Fairfield, CA 94533</u>						
Telephone Number:	<u>707-421-7094</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input checked="" 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>Suisun City Police Department</u>			Primary Contact:	Amber Kent		
Address:	<u>701 Civic Center Blvd.</u>						
	<u>Suisun City, CA 94585</u>						
Telephone Number:	<u>707-421-7373</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input checked="" 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: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: FY 10-11

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

Name:	<u>Vacaville Police Department</u>			Primary Contact:	Bette Burnham		
Address:	<u>630 Merchant St.</u>						
	<u>Vacaville, CA 95688</u>						
Telephone Number:	<u>707-449-5256</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:		If Public:	If Public: <input checked="" 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					
		<input checked="" type="checkbox"/> Law					
		<input type="checkbox"/> Other					
		Explain: _____					

Name:	<u>Vallejo Police Department</u>			Primary Contact:	<u>Elisa Thomas</u>		
Address:	<u>111 Amador St.</u>						
	<u>Vallejo, CA 94590</u>						
Telephone Number:	<u>707-648-4685</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:		If Public:	If Public: <input checked="" 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					
		<input checked="" type="checkbox"/> Law					
		<input type="checkbox"/> Other					
		Explain: _____					

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: FY 10-11

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

Name:	<u>Medic Ambulance, Inc</u>			Primary Contact:	Sandra Whaley
Address:	<u>506 Couch St.</u>				
	<u>Vallejo, CA 94590</u>				
Telephone Number:	<u>707-644-8980</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS
			_____ BLS	_____ LALS	_____ Other
Ownership:		If Public:	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"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

Name:	_____			Primary Contact:	_____
Address:	_____				

Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-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: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

**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: Solano County EMS Cooperative</p>
<p>Area or subarea (Zone) Name or Title: Exclusive Operating Area (EOA).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Medic Ambulance Service, Inc.</p>
<p>Area or subarea (Zone) Geographic Description: For 911 responses, all of Solano County with the exception of the City of Vacaville and Zone C (see attached). Also included are portions of Sacramento County which include the City of Isleton, and the Delta and River Delta Fire Protection Districts. For ALS Inter-facility transport, Vacaville and Zone C are included.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. By action of the SEMSC Board of Directors, the above EOA was created through a competitive process in 1998.</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.). Exclusivity is for emergency and non-emergency 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 SEMSC conducted a competitive process via a Request for Proposals (RFP). It is on file with the Authority.</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: Solano County EMS Cooperative</p>
<p>Area or subarea (Zone) Name or Title: City of Vacaville and Zone C</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Vacaville Fire Department.</p>
<p>Area or subarea (Zone) Geographic Description: For 911 response, all of the City of Vacaville, plus that area known as Zone C. The boundaries of Zone C are approximately: the area including Interstate 80 westbound up to but not including the North Texas Street overcrossing. The intersections of Meridian Road and Hay Road, Lewis Road and Hay Road, Interstate 80 and Midway Road, all of Lewis Road, and all of O`Day Road. Nunes Road north of O`Day Road through the East-West segment. The intersections of Meridian Road and Allendale Road, and Robert Road and Sweeny Road are in this zone as is Interstate 505 and the frontage road east of Interstate 505 north to and including Wolfskill Road overcrossing. Putah Creek Road west of but not including the intersection with Yolo County Road 89 is included in Zone C.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. By action of the SEMSC Board of Directors, the above Zone was created by the SEMSC Board through a grandfather process (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.). Exclusivity is for emergency 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 Vacaville Fire Department has been providing emergency ALS First Response and transport since approximately 1976. To the Agency’s knowledge, no other entity has provided this service in the territory described above. The City is recognized as a “201 entity” under 1797.201. That portion of Zone C outside the City limits is considered grandfathered in accordance with 1797.224.</p>

