

EMERGENCY MEDICAL SERVICES AUTHORITY

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October 14, 2014

Ms. Victoria A. Pinette, MS, Regional Executive Director
Sierra-Sacramento Valley EMS Agency
5995 Pacific Street
Rocklin, CA 95677

Dear Ms. Pinette:

This letter is in response to your 2012 Sierra-Sacramento Valley EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Sierra-Sacramento Valley's 2012 EMS Plan and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Sierra-Sacramento Valley for its 1997, 1999, 2002, 2005, 2007, and 2009 – 2011 plan submissions, and most current, its 2012 plan submission.

Sierra-Sacramento Valley received its last Five-Year Plan approval for its 1997 plan submission, and its last annual Plan Update approval for its 2011 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

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

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b). Due to the pattern of inconsistent EMS Plan submissions, an ongoing assessment of the EMS system in Sierra-Sacramento Valley has been difficult.

III. Analysis of EMS System Components:

Following are comments related to Sierra-Sacramento Valley's 2012 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A. System Organization and Management

1. Table 1 (Minimum Standards/Recommended Guidelines)

- Several Standards identified in Table 1 are marked as meeting the recommended guideline, although recommended guideline criteria do not exist for the Standards. In the next plan submission, using the EMS Authority's *EMS System Guidelines (EMSA #101)*, please mark only the recommended guidelines that that have recommended guideline criteria established.
- The short- and long-range plan information identified on Table 1 is inconsistent with the information identified on the System Assessment Forms. In the next plan submission, please update Table 1 to coincide with the information indicated on the assessment forms.
- All Standards identified with an asterisk in Table 1 require "Coordination with other EMS Agencies" be listed on the System Assessment Forms. In the next plan submission, please include this language on the forms along with a description of Sierra-Sacramento Valley's efforts to coordinate resources and/or services with other EMS Agencies.

B. Staffing/Training

C. Communications

1. Table 4 (Communications)

- Table 4 has been revised. In the next plan submission, please use the table referenced on the EMS Planning

webpage at http://www.emsa.ca.gov/EMS_Planning. Please also provide a response for every question.

2. Table 11 (Dispatch Agency)

- The number of personnel providing services was not included in the information presented for several dispatch agencies. In the next plan submission, please include these numbers.

D. Response/Transportation

1. Table 5 (Response/Transportation)

- Table 5 has been revised. In the next plan submission, please use the table referenced on the EMS Planning webpage at http://www.emsa.ca.gov/EMS_Planning.

2. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of Sierra-Sacramento Valley EMS Agency's ambulance zones.

E. Facilities/Critical Care

1. Table 6 (Facilities/Critical Care)

- The data provided for basic emergency services, comprehensive emergency services, receiving hospitals, and base hospitals is inconsistent with the information presented for the facilities in Table 9. In the next plan submission, please ensure the data contained in both tables is consistent.

F. Data Collection/System Evaluation

G. Public Information and Education

H. Disaster Medical Response

1. System Assessment Forms

- Standard 8.09 does not meet the established minimum standard. The objective is to develop a regional DMAT program. In the next plan submission, please show that the standard has been met or that progress has been made in meeting the standard. If the standard is not met by the next plan submission, please assign a timeframe for meeting the objective.
- Standard 8.12 does not contain the correct language for the established minimum standard. In the next plan submission, please provide an updated document to reflect this language, and include updated language for the current status.

2. Table 7 (Disaster Medical)

- One consolidated table was provided for all nine (9) counties. In the next plan submission, please provide individual tables for each county. Please also provide a response for every question.

IV. Conclusion:

Based on the information identified, Sierra-Sacramento Valley may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

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

V. Next Steps:

Sierra-Sacramento Valley’s annual EMS Plan Update will be due on October 14, 2015. Please continue to submit the Trauma System Status Report as a separate document with your submission.

Ms. Victoria A. Pinette, MS, Regional Executive Director
October 14, 2014
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If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with the first name "Howard" and last name "Backer" clearly distinguishable.

Howard Backer, MD, MPH, FACEP
Director

Attachment

Sierra-Sacramento Valley 2012 EMS Plan

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Butte County															
Butte County		X	Competitive Process	X				X		X					
CSA 37		X	Competitive Process	X				X		X					
Colusa County															
Colusa County		X	Competitive Process	X				X		X					
Nevada County															
Zone 1 - Donner Summit		X	Non-Competitive	X				X							
Zone 2 - Nevada City/Grass Valley		X	Non-Competitive	X				X							
Zone 3 - Penn Valley		X	Non-Competitive	X				X		X					
Zone 4 - Truckee	X														
Placer County															
Zone 1 - Foresthill		X	Non-Competitive	X				X		X					
Zone 2 - Granite Bay		X	Non-Competitive	X				X		X					
Zone 3 - Hwy 80 Corridor		X	Non-Competitive	X				X		X					
Zone 4 - North Tahoe		X	Non-Competitive	X				X		X					
Shasta County															
Zone 1 - Falls River Mills	X														
Zone 2 - Burney	X														
Zone 3 - Western Shasta	X														
Siskiyou County															
Zone 1 - Butte Valley	X														

Sierra-Sacramento Valley 2012 EMS Plan

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Zone 2 - Etna	X														
Zone 3 - Happy Camp	X														
Zone 4 - McCloud	X														
Zone 5 - Mount Shasta		X	Non-Competitive	X			X			X					
Zone 6 - Yreka	X														
Sutter County															
Sutter County		X	Non-Competitive	X			X			X					
Tehama County															
Tehama County	X														
Yuba County															
Yuba County		X	Non-Competitive	X			X			X					
Beale AFB	X														

SIERRA-
SACRAMENTO
VALLEY

EMERGENCY
MEDICAL
SERVICES AGENCY

5995 PACIFIC STREET
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NEVADA CO.
PLACER CO.
SUTTER CO.
YUBA CO.
BUTTE CO.
COLUSA CO.
TEHAMA CO.
SHASTA CO.
SISKIYOU



Sierra-Sacramento Valley EMS Agency

2012/2013

EMS Plan

Executive Summary

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Yuba, Colusa, Butte, Shasta, Siskiyou and Tehama. 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, emergency medical dispatch and public information/education.

The Governing Board of Directors for the Joint Powers Agency consists of a County Supervisor from each of the member counties. 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.

These nine counties encompass an area of some 22,000 square miles with a resident population of approximately 1,350,925 people. The region ranges from remote rural areas to large urban centers. Extremes of weather are characteristic of the area, which encompasses the Sierra Nevada Mountains, the Cascade Mountain range and the heat of the Sacramento Valley region. Interstate 5, traverses Sacramento through Colusa, Tehama, Shasta and Siskiyou counties for 300 miles. This is a highly traveled interstate that runs north and south through the counties. Some of the areas are densely populated and others are fairly remote with less population. Interstate 80 runs through Placer and Nevada Counties to the east and Highway 49 also runs through Nevada County. Highway 99 & 70 also traverses through Butte, Sutter and

Yuba Counties through farmlands to urban areas.

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.

S-SV EMS has conducted procurement on behalf of Butte County and the S-SV EMS Agency JPA Board of Directors through a competitive bid process determined that Butte County EMS LLC. was the qualified ambulance service provider to deliver ALS 9-1-1 ambulance services for Butte County. The vote of the JPA Board of Directors took place on November 9, 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. You can also download the policy manual application on your cell phone.

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 115 CE providers that they are responsible for.

S-SV EMS has attached Policy #505-A which lists all of the hospitals in our nine 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. S-SV EMS has three Level II trauma centers, five Level III trauma centers and four Level IV trauma centers in the region.

As of July 1, 2013, Yolo County has decided to manage emergency medical services within its own health department and is no longer part of S-SV EMS.

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-rang 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					

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 Nine (9) county Joint Powers Agency (JPA) serving the counties of Placer, Yuba, Sutter, Nevada, Colusa, Butte, Tehama, Shasta and Siskiyou. The Agency has a nine (9) 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 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
- (.5) Office Assistant
- (1) Administrative Secretary
- (1) Certification Specialist
- (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

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 nine 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 nine 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 nine 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 Region has eleven approved base hospitals, five modified base hospitals, three Level II trauma centers, five Level III trauma centers, four Level IV trauma centers. (See policy 505-A for table) S-SV EMS has six designated STEMI receiving centers and ten designated Stroke receiving centers in its nine counties.

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, Level III and Level IV 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, 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 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 PCRs 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. S-SV's website www.ssvems.com has the policy manual and downloadable apps for cell phones. When contracts with EOA providers renew will include the development of EMD.

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, South Placer Fire, Foresthill Fire, Donner Summit Fire, Penn Valley Fire, Sierra Nevada Ambulance and Bi-County Ambulance. Butte County was put out to bid and Butte County Ambulance was awarded the contract for Butte County.

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.

CURRENT STATUS:

Medical dispatch responsibilities have not been delegated to S-SV EMS Agency by the member counties. S-SV EMS approves the EMD programs. S-SV EMS does not have responsibility for training of the personnel.

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 potential for each of the PSAPs to have EMDs or EMD dispatch services could be contracted out to certain PSAPs or dispatch centers. S-SV EMS has EMD in parts of Shasta, Placer and Nevada Counties. In the Butte County EMS EOA contract it is required that the EOA provider have EMD. In future contracts with EOA providers this language will be added as a requirement of the provider.

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. Currently many fire provider agencies are at the Emergency Medical Responder level.

NEEDS:

Minimum standard met.

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

 X Long Range Plan

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 and LALS responders are equipped with two-way radios to assist with dispatching, and to communicate from ambulance to ambulance and with hospitals.

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

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 EMS systems. – 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 website 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:

S-SV EMS has and continues to be involved with public education and awareness program. S-SV EMS has partnered with local fire departments and private ambulance providers to teach public education and awareness program. This past spring "Hands Only CPR was conducted region wide. 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:

Newly obtained EOA provider contracts mandate EMD training and when contracts with existing EOAs renew those contract will mandate EMD training.

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:

Approving training programs for emergency medical dispatch has 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, 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, 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 responders (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: *meets minimum standard and recommended guidelines*

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, 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. EMS aircraft must be authorized by S-SV EMS in order to provide prehospital patient transport within the S-SV EMS region. S-SV EMS has signed contracts with all EMS aircraft providers.

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 nine 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

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, 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 region and has contracted with each provider that has been granted exclusivity through grandfathering.

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 region and has contracted with each provider that has been granted exclusivity through grandfathering

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 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. 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 UCDCMC for specialized pediatric services. Sutter Memorial Hospital and UCDCMC are designated Pediatric Critical Care Centers. UCDCMC 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. S-SV EMS submitted the QI Plan 3-4 years ago. Please see Tom McGinnis for the plan.

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. As contracted EOA provider contract renew it is being required of them to provide EMD. S-SV EMS approves the EMD training programs and is not responsible for training of personnel.

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 Image Trend to provide an ePCR registry that is 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:

___ 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 contracts Image Trend for our prehospital data collection system.

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:

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 NEMSIS 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:

 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. All providers through contracts are responsible for public information and education.

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 are working with S-SV EMS and partnering with fire agencies, law enforcement and private providers focusing on public education and 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:

Each county OES has retained disaster preparedness and planning. OES and the county health departments follow S-SV EMS policies in the event where mutual aid is needed.

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. 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.

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. Mercy Medical Center Redding is the Control Facility for Shasta, Siskiyou and Tehama Counties. All of the stated hospitals have the capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

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. S-SV EMS has MOUs with operational area providers to monitor the expenditures of moneys and report to S-SV EMS and the health departments.

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 nine 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:

See attached list of CCPs

NEEDS:

Standard met.

OBJECTIVES:

N/A

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

S-SV EMS CCPs

Butte County

Southside Community Center, 2959 Lower Wyandotte Rd., Oroville, CA
Chico Junior High School, 280 Memorial Way, Chico, California
Manzanita Place, 1705 Manzanita Avenue, Chico, California
Gridley High School, 300 E. Spruce Street Gridley, California
Paradise High School, 5911 Maxwell Drive, Paradise, California
Pine Ridge School, 13878 Compton Drive, Magalia, California

Placer County

Gold Country Fairgrounds 1273 High St Auburn
Lincoln Community Center 2010 First St Lincoln
McBean Pavillion 65 McBean Park Dr Lincoln
Sierra College 5000 Rocklin Road Rocklin
St. Peter & Paul Church 4450 Granite Dr Rocklin
Sunset Center 2650 Sunset Blvd Rocklin
William Jessup 333 Sunset Blvd Rocklin
Adventure Christian Church 6410 Stanford Ranch Road Roseville
Del Webb Recreation Center 7050 Del Webb Blvd Roseville
Maidu Regional Park 1550 Maidu Dr Roseville
Oakmont High School 1710 Cirby Way Roseville
Olympus Jr. High School 2625 La Croix Dr Roseville
Placer County Fairgrounds 800 All American Blvd Roseville
Roseville High School 1 Tiger Way Roseville
St. Clare Catholic Church 1950 Junction Blvd Roseville
Woodcreek Oaks High School 2551 Woodcreek Oak Roseville
WRSP High School 2401 High School Roseville
Parkside Church 3885 Richardson Dr Auburn
Senior Center 11577 E Avenue Auburn
Church of Jesus Christ of LDS 1875 S. Auburn Colfax
Foresthill High School 23319 Foresthill Road Foresthill
North Tahoe Even Center 8318 North Lake Blvd Kings Beach
Del Oro High School 3301 Taylor Road Loomis
Sierra Hills Elementary 16505 Placer Hills Road Meadow Vista
North Tahoe Middle/High School 2945 Polaris Rd Tahoe City
Weimar Hills School 200 W. Weimar Cross Road Weimar

Tehama County

Red Bluff Community Center 1500 South Jackson St Red Bluff
Tehama District Fairground 650 Antelope Blvd Red Bluff
Corning Veteran Hall 1620 Solano Corning

Shasta County**Redding**

Shasta Community Health Center
Redding Rancheria Tribal Health Center
Martin Luther King Jr. Center
Shasta College
Redding Convention Center

North County

Shasta Community Health Center
John Beaudet Community Center
South County
Shasta District Fairgrounds

East County

Burney Veterans Hall
Hill Country Community Clinic
Pit River Health Services
Shingletown Medical Center
Burney Health Center

Yuba County

Marysville High School 12 E. Main St Marysville
Wheatland High School 1010 Wheatland Road Wheatland
Alcouffe Center 9185 Marysville Road Oregon House

Linda Area

Yuba College Nursing School 2088 North Beale Road Linda

Nevada County

Alder Creek Middle School 10931 Alder Dr Truckee
Truckee High School 11725 Donner Pass Road Truckee
Union Hill School 10879 Bartlett Dr Grass Valley
First Baptist Church 1866 Rodge Road Grass Valley
Twin Cities Church 117263 tough & Ready Hwy Grass Valley

Colusa County

Colusa High School 901 Colusa Avenue Colusa CA

Sutter County

River Valley High School 801 el Margarita Rd Yuba City
St. Andrews Presbyterian Church 1390 Franklin Rd Yuba City

Siskiyou County

Yreka High School 400 Preece Way Yreka
Yreka Community Center 810 N. Oregon St Yreka
Tulelake Fair Grounds 800 Main St Tulelake
The Honker 810 S. Main St Tulelake
Tulelake High School 850 Main St Tulelake

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. S-SV EMS has CCPs.

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. EMS provider agencies shall conduct an after action review of all MCI incidents, to include appropriate prehospital and CF representatives at a minimum, as soon as possible after the conclusion of the incident. The purpose of this after action review will be to identify any immediate issues, recognition, or areas for improvement. See Policy 837.

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 contracted with UCDCMC as the Level I trauma and Burn Center & for Pediatric Care. S-SV EMS has Level II, Level III and Level IV trauma centers 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, South Placer Fire, Foresthill Fire, Sierra Nevada Ambulance, Penn Valley Fire, Donner Summit Fire, North Tahoe Fire and Bi-County Ambulance and Butte County EMS Ambulance. The counties of Colusa, Tehama, Shasta and Siskiyou are being reviewed and monitored at this time. In the event of significant medical incident EOA contracts would obviously be waived during an event.

COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2013 – S-SV EMS - Placer, Nevada, Yuba, Sutter, Butte, Tehama, Shasta, Siskiyou, Colusa

- 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 ___ X ___
- Designation of other critical care centers ___ X ___
- Development of transfer agreements ___ na ___
- 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	<u> x </u>
Personnel training	<u> na </u>
Operation of oversight of EMS dispatch center	<u> na </u>
Non-medical disaster planning	<u> na </u>
Administration of critical incident stress debriefing team (CISD)	<u> na </u>
Administration of disaster medical assistance team (DMAT)	<u> na </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> na </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$1019202
Contract Services (e.g. medical director)	813500
Operations (e.g. copying, postage, facilities)	492939
Travel	56500
Fixed assets	0
Indirect expenses (overhead)	0
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other: _____	0
Other: _____	0
Other: _____	0
TOTAL EXPENSES	\$ 2,382,141

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ 0
Office of Traffic Safety (OTS)	0
State general fund	583519
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	667617
Certification fees	30000
Training program approval fees	4000
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center designation fees	206369
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	
Type: STEMI	0
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	0
Other grants: RDMHS, HPP	476720
Other fees: Air Dispatch	30020
Other (specify): Misc/Interest/ALS Application	383896
TOTAL REVENUE	\$ 2,382,141

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
AEMT- certification			28.00+75.00
AEMT- recertification			28.00+37.00
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.)

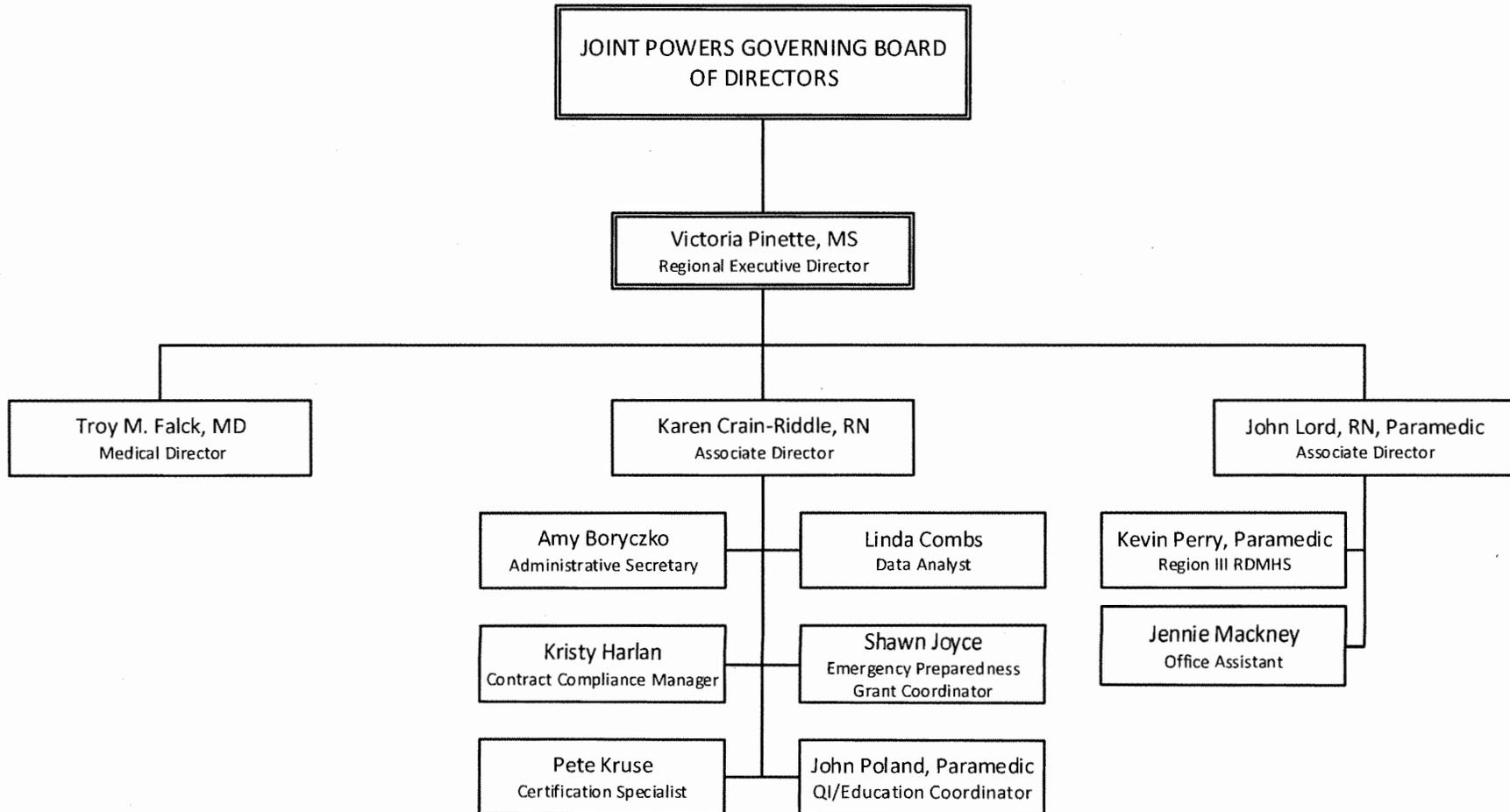
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Regional Executive Director	1	104,291	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Regional Executive Director	2	83,916	41%	
ALS Coord./Field Coord./ Training Coordinator	Quality Improvement/Education Coordinator	1	76,629	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	71,196	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	71,474	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	64,041	41%	
Other	Clerical Support	.5	13,284	41%	
Other	RDMHS	1	59,738	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



UPDATED 1-2014

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2012/13

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	999		279	65	
Number newly certified this year					
Number recertified this year					
Total number of accredited personnel on July 1 of the reporting year					
a) formal investigations	16		3		
b) probation	4				
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken	7				

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Butte

Reporting Year: 2012/13

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

1. Number of primary Public Service Answering Points (PSAP) _____7_____
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 _____
 - 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? Butte County SO & Fire
7. Who is your primary dispatch agency for a disaster? Butte County SO & Fire

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Sierra-Sacramento Valley EMS

County: Colusa

Reporting Year: 2012/13

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, EMSsystems, 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: 2012/13

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 EMSsystems, 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: 2012/13

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: 2012/13

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: 2012/13

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 x 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 x No _____
 - d. Do you participate in OASIS? Yes x No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes x No _____
 - 1) Within the operational area? Yes x No _____
 - 2) Between the operational area and the region and/or state? Yes x 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: 2012/13

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: 2012/13

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, EMSsystems, 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: Yuba

Reporting Year: 2012/13

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 x_____ No _____
 - d. Do you participate in OASIS? Yes x_____ No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes x_____ No _____
 - 1) Within the operational area? Yes x_____ No _____
 - 2) Between the operational area and the region and/or state? Yes x_____ 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: 2012/13

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		<u> 8 </u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		<u> 33 </u> %
3.	Total number responses		104,174
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	unknown
	b) Number non-emergency responses	(Code 1: normal)	unknown
4.	Total number of transports		100,656
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	unknown
	b) Number of non-emergency transports	(Code 1: normal)	unknown

Early Defibrillation Providers – See attached tables

5.	Number of public safety defibrillation providers		<u> 33 </u>
	a) Automated		<u> 33 </u>
	b) Manual		<u> 0 </u>
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		1459
	b) Number of non-emergency responses		unknown
8.	Total number of transports		
	a) Number of emergency (scene) responses		
	b) Number of non-emergency responses		1459
			unknown

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				

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 415-A

SUBJECT: 911 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: 06/01/2013

Date last Reviewed/Revised: 04/13

Next Review Date: 04/2016

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

**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

Date last Reviewed / Revised: 04/12

Next Review Date: 04/2015

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S-SV EMS Regional Executive Director

**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/Donner Summit Rural 20	20 minutes 90% of the time
Truckee/Donner Summit – Wilderness	As soon as possible

Effective Date: 06/01/2013
Next Review Date: 01/2016
Approved:

Date last Reviewed/Revised: 01/13
Page 1 of 1

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

S-SV EMS Regional Emergency Ground Ambulance Provider Response Time Compliance



Green Highlight = Call volume under 50 responses per month

Yellow Highlight = Compliance below required 90%

AMR Placer	Resp. Req. (min)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Roseville	8	90%	91%	91%	91%	90%	90%	91%	91%	91%	90%		
Rocklin	8	93%	91%	94%	91%	92%	91%	90%	91%	91%	91%		
Auburn City & County	8	93%	91%	91%	92%	93%	92%	91%	93%	92%	92%		
Auburn - East to include Colfax	15	93%	92%	92%	91%	93%	92%	95%	92%	94%	92%		
Auburn West to Rocklin	15	95%	93%	93%	92%	93%	97%	94%	94%	95%	93%		
Lincoln	10	92%	91%	91%	91%	92%	91%	94%	94%	93%	92%		
AMR Placer County Rural	20	93%	100%	95%	95%	100%	95%	91%	100%	100%	92%		
AMR Placer County Wilderness	ASAP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Butte EMS	Resp. Req. (min)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Butte County	30	95%	93%	97%	95%	93%	94%	96%	91%	97%	97%	97%	95%
Chico	10	98%	97%	97%	98%	95%	96%	97%	98%	97%	98%	97%	96%
Oroville	10	93%	91%	94%	94%	91%	92%	94%	94%	94%	94%	93%	93%
Paradise	10	92%	92%	93%	93%	87%	90%	92%	93%	90%	93%	91%	92%
Gridley	10	93%	93%	93%	98%	93%	97%	95%	96%	100%	94%	93%	93%
10 Min. Zone - All 10 Min. Combined	10	95%	94%	95%	96%	92%	94%	95%	96%	94%	96%	95%	94%
Priority 2 - High Density	15		90%	92%	96%	93%	95%	94%	97%	94%	97%	96%	93%
Priority 2 - Low Density	45		93%	100%	100%	100%	94%	100%	100%	100%	94%	94%	100%

Bi-County Ambulance	Resp. Req. (min)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Marysville (City Limits)	8	95%	95%	93%	93%	92%	94%	95%	94%	91%	98%	97%	97%
Yuba City (City Limits)	8	95%	94%	93%	94%	94%	94%	94%	94%	92%	93%	94%	95%
Linda	10	98%	95%	94%	95%	93%	93%	96%	95%	94%	96%	98%	96%
Olivehurst	10	93%	94%	94%	92%	94%	96%	91%	93%	96%	93%	96%	96%
Yuba County Rural	20	100%	100%	98%	98%	100%	97%	100%	98%	100%	100%	100%	100%
Sutter County Rural	20	99%	98%	99%	98%	99%	99%	98%	98%	100%	100%	100%	100%
Bi-County Wilderness - Yuba	ASAP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bi-County Wilderness - Sutter	ASAP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Foresthill Fire Protection District	Resp. Req. (min)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Foresthill, Todd Valley, Baker Ranch	15	95%	100%	96%	100%	94%	100%	91%	100%	100%	100%	100%	93%
Foresthill Wilderness	ASAP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

North Tahoe Fire Protection Dist.	Resp. Req. (min)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Shore to include Sunnyside	10	96%	94%	100%	90%	90%	98%	93%	100%	93%	92%	97%	93%
Homewood & Alpine Springs	20	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%
Wilderness	ASAP	NA	NA	NA	100%	100%	NA	100%	NA	NA	NA	NA	NA

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Sierra-Sacramento Valley EMS Agency

Reporting Year: 2013

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

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria 16606
- b) Number of major trauma victims transported directly to a trauma - 16606 center by ambulance
- c) Number of major trauma patients transferred to a trauma center 463
- d) Number of patients meeting triage criteria who weren't treated unknown at a trauma center

Emergency Departments

Total number of emergency departments	__17
a) Number of referral emergency services	__0__
b) Number of standby emergency services	__0__
c) Number of basic emergency services	__0__
d) Number of comprehensive emergency services	__17__

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements 6
- 2. Number of base hospitals with written agreements 11

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sierra-Sacramento Valley EMS Agency

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

Reporting Year: 2013

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? See attached list
 - b. How are they staffed?
 - 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.

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

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 x no

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

9. If not, to whom do you report? _____

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

S-SV EMS currently has a Field Treatment Sight planning guide and Operational Area guide.

S-SV EMS CCPs**Butte County**

Southside Community Center, 2959 Lower Wyandotte Rd., Oroville, CA
Chico Junior High School, 280 Memorial Way, Chico, California
Manzanita Place, 1705 Manzanita Avenue, Chico, California
Gridley High School, 300 E. Spruce Street Gridley, California
Paradise High School, 5911 Maxwell Drive, Paradise, California
Pine Ridge School, 13878 Compton Drive, Magalia, California

Placer County

Gold Country Fairgrounds 1273 High St Auburn
Lincoln Community Center 2010 First St Lincoln
McBean Pavillion 65 McBean Park Dr Lincoln
Sierra College 5000 Rocklin Road Rocklin
St. Peter & Paul Church 4450 Granite Dr Rocklin
Sunset Center 2650 Sunset Blvd Rocklin
William Jessup 333 Sunset Blvd Rocklin
Adventure Christian Church 6410 Stanford Ranch Road Roseville
Del Webb Recreation Center 7050 Del Webb Blvd Roseville
Maidu Regional Park 1550 Maidu Dr Roseville
Oakmont High School 1710 Cirby Way Roseville
Olympus Jr. High School 2625 La Croix Dr Roseville
Placer County Fairgrounds 800 All American Blvd Roseville
Roseville High School 1 Tiger Way Roseville
St. Clare Catholic Church 1950 Junction Blvd Roseville
Woodcreek Oaks High School 2551 Woodcreek Oak Roseville
WRSP High School 2401 High School Roseville
Parkside Church 3885 Richardson Dr Auburn
Senior Center 11577 E Avenue Auburn
Church of Jesus Christ of LDS 1875 S. Auburn Colfax
Foresthill High School 23319 Foresthill Road Foresthill
North Tahoe Even Center 8318 North Lake Blvd Kings Beach
Del Oro High School 3301 Taylor Road Loomis
Sierra Hills Elementary 16505 Placer Hills Road Meadow Vista
North Tahoe Middle/High School 2945 Polaris Rd Tahoe City
Weimar Hills School 200 W. Weimar Cross Road Weimar

Tehama County

Red Bluff Community Center 1500 South Jackson St Red Bluff
Tehama District Fairground 650 Antelope Blvd Red Bluff
Corning Veteran Hall 1620 Solano Corning

Shasta County**Redding**

Shasta Community Health Center
Redding Rancheria Tribal Health Center
Martin Luther King Jr. Center
Shasta College
Redding Convention Center

North County

Shasta Community Health Center
John Beaudet Community Center

South County
Shasta District Fairgrounds

East County

Burney Veterans Hall
Hill Country Community Clinic
Pit River Health Services
Shingletown Medical Center
Burney Health Center

Yuba County

Marysville High School 12 E. Main St Marysville
Wheatland High School 1010 Wheatland Road Wheatland
Alcouffe Center 9185 Marysville Road Oregon House

Linda Area

Yuba College Nursing School 2088 North Beale Road Linda

Nevada County

Alder Creek Middle School 10931 Alder Dr Truckee
Truckee High School 11725 Donner Pass Road Truckee
Union Hill School 10879 Bartlett Dr Grass Valley
First Baptist Church 1866 Rodge Road Grass Valley
Twin Cities Church 117263 tough & Ready Hwy Grass Valley

Colusa County

Colusa High School 901 Colusa Avenue Colusa CA

Sutter County

River Valley High School 801 el Margarita Rd Yuba City
St. Andrews Presbyterian Church 1390 Franklin Rd Yuba City

Siskiyou County

Yreka High School 400 Preece Way Yreka
Yreka Community Center 810 N. Oregon St Yreka
Tulelake Fair Grounds 800 Main St Tulelake
The Honker 810 S. Main St Tulelake
Tulelake High School 850 Main St Tulelake

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Butte **Provider:** Butte County EMS Inc. **Response Zone:** Butte Zone1

Address: 333 Huss Dr Ste 100
Chico

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 530-879-5512

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

22065 Total number of responses
20050 Number of emergency responses
2015 Number of non-emergency responses

16838 Total number of transports
14492 Number of emergency transports
1891 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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Butte **Provider:** Gridley Fire **Response Zone:** Butte Zone2

Address: PO Box 1119
Oroville

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-538-7111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Butte **Provider:** Oroville City Fire **Response Zone:** Butte Zone1

Address: 2055 Lincoln St
Oroville

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-538-2480

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Butte **Provider:** Paradise Fire **Response Zone:** Butte Zone1

Address: 767 Burch St
Paradise

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-872-6264

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Arbuckle FPD **Response Zone:** Colusa Zone 1

Address: PO Box 727
Arbuckle

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-476-2231

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Bear Valley Indian FPD **Response Zone:** Colusa Zone 1

Address: PO Box 127
Stonyford

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-963-3231

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** CAL Fire Colusa **Response Zone:** Colusa Zone 1

Address: 1199 big Tree
St Helena

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 707-994-2441

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Colusa Fire **Response Zone:** Colusa Zone 1

Address: 750 Market st
Colusa

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-458-7721

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Butte, Colusa **Provider:** Enloe Flightcare Chico **Response Zone:** Colusa Zone 1, Butte Zone 1, 2

Address: 1531 Esplande
Chico CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-680-2428

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input checked="" 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	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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

1359 Total number of responses
587 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Maxwell FPD **Response Zone:** Colusa Zone 1

Address: 260 Oak St
Maxwell

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-458-7230

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Princeton FPD **Response Zone:** Colusa Zone 1

Address: PO Box 176
Princeton

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-439+2235

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Sacramento River FPD **Response Zone:** Colusa Zone 1

Address: 235 Market St
Colusa

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-439-2235

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Colusa **Provider:** Williams FPD **Response Zone:** Colusa Zone 1

Address: PO Box 755
Williams CA

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-473-2269

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada Provider: Donner Summit Water District Response Zone: Nevada Zone 1

Address: 53823 Sherrit Lane
Soda Springs, CA 95728

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-426-9239

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1, 2 on peak times

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>water district</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

272 Total number of responses
227 Number of emergency responses
45 Number of non-emergency responses

237 Total number of transports
224 Number of emergency transports
13 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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** 49er Fire **Response Zone:** Nevada Zone 2

Address: PO Box 354
Grass Valley

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-265-4431

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** Grass Valley Fire **Response Zone:** Nevada Zone 2

Address: 125 E. Main St
Grass Valley

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-274-4370

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** Higgins Fire **Response Zone:** Nevada Zone 2

Address: 10106 Combie Road
Auburn

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-274-4370

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada City Fire **Response Zone:** Nevada Zone 2

Address: 317 Broad St
Nevada City

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-265-2351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><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></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** Penn Valley Fire **Response Zone:** Nevada Zone 3

Address: _____
Penn Valley

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-432-2630

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1492 Total number of responses
1492 Number of emergency responses
0 Number of non-emergency responses

1492 Total number of transports
1492 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** Sierra Nevada Ambulance **Response Zone:** Nevada Zone 2

Address: 13120 Loma Rica Dr
Grass Valley

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-265-2351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

7860 Total number of responses
4244 Number of emergency responses
3616 Number of non-emergency responses

7237 Total number of transports
3627 Number of emergency transports
3610 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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada **Provider:** Truckee Fire **Response Zone:** Nevada Zone 4

Address: PO Box 2768
Truckee

Number of Ambulance Vehicles in Fleet: 26

Phone Number: 530-414-6871

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT
				<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1733 Total number of responses
1066 Number of emergency responses
667 Number of non-emergency responses

1167 Total number of transports
69 Number of emergency transports
1098 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

NON-EXCL

Table 8: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** AMR **Response Zone:** Placer Zone 3

Address: 6101 Pacific St
Rocklin

Number of Ambulance Vehicles in Fleet: 26

Phone Number: 916563-0704

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

29290 Total number of responses
28236 Number of emergency responses
1057 Number of non-emergency responses

23312 Total number of transports
23312 Number of emergency transports
1057 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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Auburn Fire **Response Zone:** Placer Zone 3

Address: 1225 Lincoln Way
Auburn

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-823-4211

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Dutch Flat Fire **Response Zone:** Placer Zone 3

Address: PO Box 83
Dutch Flat

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-389-2287

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Foresthill Fire **Response Zone:** Placer Zone 1

Address: PO Box 557 **Number of Ambulance Vehicles in Fleet:** 3
Foresthill

Phone Number: 530-389-2287 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS
				<input checked="" type="checkbox"/> 9-1-1
				<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> CCT
				<input type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground
				<input type="checkbox"/> Air
				<input type="checkbox"/> Water

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 type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

677 Total number of responses
677 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Lincoln Fire **Response Zone:** Placer Zone 3

Address: 472 E St
Lincoln

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 916-645-4040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Facility Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Northstar Fire **Response Zone:** Placer Zone 4

Address: PO Box 210
Truckee

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-562-1212

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** North Tahoe Fire **Response Zone:** Placer Zone 4

Address: PO Box 5879
Tahoe City

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-583-6913

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

1484 Total number of responses
1273 Number of emergency responses
211 Number of non-emergency responses

1273 Total number of transports
448 Number of emergency transports
825 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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Placer Hills Fire **Response Zone:** Placer Zone 3

Address: PO Box 308
Meadow Vista

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-878-0405

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Rocklin Fire **Response Zone:** Placer Zone 3

Address: PO Box 1380
Rocklin

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 916-632-4150

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Penryn Fire **Response Zone:** Placer Zone 3

Address: PO Box 219
Penryn

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 916-663-3389

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** South Placer Fire **Response Zone:** Placer Zone 2

Address: 6900 Eureka Road
Granite Bay

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-791-7059

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1377 Total number of responses
1377 Number of emergency responses
0 Number of non-emergency responses

1058 Total number of transports
1058 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer **Provider:** Squaw Valley Fire **Response Zone:** Nevada Zone 4

Address: PO Box 2522
Olympic Valley

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-583-6111

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** AMR Shasta **Response Zone:** Zone 3

Address: 4989 Mountain Lake Blvd
Redding

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-241-2323

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

14799 Total number of responses
13089 Number of emergency responses
1710 Number of non-emergency responses

11331 Total number of transports
9636 Number of emergency transports
1695 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: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Anderson FPD **Response Zone:** Zone 3

Address: 1925 Howard St
Anderson

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-379-6699

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Burney Fire **Response Zone:** Zone 2

Address: 37072 Hwy 299 E
Burney

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-335-2212

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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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 type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

668 Total number of responses
668 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** CAL Fire **Response Zone:** Zone 3

Address: 6105 Airport Rd
Redding

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-224-2460

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Cottonwood Fire **Response Zone:** Zone 3

Address: PO Box 618
Cottonwood

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-347-4737

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Fall River Mills Fire **Response Zone:** Zone 1

Address: PO Box 582
Fall River Mills

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-336-6117

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Happy Valley Fire **Response Zone:** Zone, 3

Address: 17441 Palm Ave
Anderson

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-357-2345

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Mercy Ambulance Service **Response Zone:** Zone, 3

Address: 2175 Rosalina Ave
Redding

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-245-4847

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

10131 Total number of responses
4549 Number of emergency responses
5582 Number of non-emergency responses

8206 Total number of transports
4549 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Redding Fire **Response Zone:** Zone, 3

Address: PO Box 496071
Redding

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-225-2418

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <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></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta County Fire **Response Zone:** Zone 2, 3

Address: 875 Cypress Ave
Redding

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-225-2418

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta Lake FPD **Response Zone:** Zone 1

Address: 4126 Ashby Ct
Shasta Lake

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-336-5511

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Ambulance **Response Zone:** Zone 1

Address: 104 N Railroad
Dorris

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-397-2105

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

56 Total number of responses
56 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Ambulance **Response Zone:** Zone 1

Address: 104 N Railroad
Dorris

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-397-2105

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

56 Total number of responses
56 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Dorris **Response Zone:** Zone 4

Address: PO Box 786
Dorris

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-397-2121

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <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></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Dunsmuir Fire **Response Zone:** Zone 4

Address: PO Box 196
Dunsmuir

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-235-2551

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><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></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Etna Ambulance **Response Zone:** Zone 2

Address: 450 Main st
Etna

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-467-3331

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

513 Total number of responses
513 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Happy Camp Ambulance **Response Zone:** Zone 3

Address: 26 4th Ave
Happy Camp

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-4932643

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

356 Total number of responses
356 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Montague Fire **Response Zone:** Siskiyou Zone 5

Address: PO Box 281
Montague

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-459-5343

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** MT Shasta Ambulance **Response Zone:** Siskiyou Zone

Address: PO Box
Mt Shasta

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4797 Total number of responses
3200 Number of emergency responses
1797 Number of non-emergency responses

4491 Total number of transports
129 Number of emergency transports
3367 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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mt Shasta Fire **Response Zone:** Siskiyou Zone 5

Address: 305 N. Mt Shasta Blvd
Mt Shasta

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-926-7546

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Facility Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Siskiyou **Provider:** CAL Fire Siskiyou **Response Zone:** Siskiyou Zone 1-6

Address: PO Box 128
Yreka

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-842-3516

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Sutter **Provider:** Pleasant Grove Fire **Response Zone:** Sutter Zone 1

Address: 3100 Howsley
Pleasant Grove

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-655-3937

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Facility Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Sutter **Provider:** Sutter County Fire **Response Zone:** Sutter Zone 1

Address: 1160 Civic Center Blvd
Yuba City

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-822-7400

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Sutter **Provider:** Yuba City Fire **Response Zone:** Sutter Zone 1

Address: 824 Clark Ave
Yuba City

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-741-4691

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><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></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Tehama **Provider:** Capay Fire **Response Zone:** Tehama Zone 1

Address: 50 4th Ave
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-2070

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><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></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Tehama **Provider:** Gerber VFD **Response Zone:** Tehama Zone 1

Address: 327 Benito Ave
Gerber

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-385-1549

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><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></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Tehama **Provider:** Red Bluff Fire **Response Zone:** Tehama Zone 1

Address: 555 Washington St
Red Bluff CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-527-1126

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

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground</p> <p><input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air</p> <p><input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water</p> <p><input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Tehama **Provider:** St Elizabeth's Ambulance **Response Zone:** Tehama Zone 1

Address: 2550 Sister Columba Dr
Red Bluff CA

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-529-8318

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

9376 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

5660 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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Beale AFB Ambulance **Response Zone:** Yuba Zone2

Address: 6451 B St
Beale AFB CA

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-634-8672

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

231 Total number of responses
172 Number of emergency responses
41 Number of non-emergency responses

102 Total number of transports
96 Number of emergency transports
4 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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Bi-County Ambulance **Response Zone:** Yuba Zone1

Address: PO Box 3130
Yuba City CA

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

20487 Total number of responses
15839 Number of emergency responses
4648 Number of non-emergency responses

15672 Total number of transports
11610 Number of emergency transports
4062 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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Dobbins Oregon House Fire **Response Zone:** Yuba Zone1

Address: PO Box 164
Oregon House CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-675-2343

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Foothill Fire **Response Zone:** Yuba Zone1

Address: PO Box 332
Brownsville CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-675-2343

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Linda Fire **Response Zone:** Yuba Zone1

Address: 1286 Scales Ave
Marysville CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-743-1553

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Loma Rica/Browns Valley Fire **Response Zone:** Yuba Zone1

Address: PO Box 8153
Marysville CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-749-2316

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Marysville Fire **Response Zone:** Yuba Zone1

Address: 107 Ninth St
Marysville CA

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-741-6622

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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: Provider Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Yuba **Provider:** Wheatland Fire **Response Zone:** Yuba Zone1

Address: PO Box 395
Wheatland CA 95692

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-633-2930

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

Reporting Year: 2013

Response/Transportation/Providers

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

County: Placer, Nevada, Yuba Provider: Calstar Response Zone: Placer Zones 1,2,3 Nev Zones 2,3 Yuba zones 1,2

Address: 13750 Lincoln Wy Auburn Ca 95603 Number of Ambulance Vehicles in Fleet: 13R/2FW

Phone Number: 530-887-0569 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13R/2FW

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> x Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport</p> <p><input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS</p> <p><input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT?</p> <p><input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other</p> <p>Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal</p> <p><input type="checkbox"/> County <input type="checkbox"/> Fire District</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

_____ 281 Total number of responses
 _____ 281 Number of emergency responses
 _____ 0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Butte, Colusa **Provider:** Enloe Flightcare Chico **Response Zone:** Colusa Zone 1, Butte Zone 1, 2

Address: 1531 Esplande
Chico CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-680-2428

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<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
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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

1359 Total number of responses
587 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Shasta **Provider:** PHI **Response Zone:** Shasta Zone 1,2,3

Address: 5900 Old Oregon Trail
Redding CA 96002

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<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
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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

190 Total number of responses
190 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Sutter, Yuba, Shasta, Butte, Tehama, Colusa **Provider:** REACH **Response Zone:** Sutter Zone 1, Yuba Zone 1, Shasta Zone 3, Tehama Zone 1

Address: 5010 Flightline Dr
Santa Rosa

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-221-0646

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

292 Total number of responses
292 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Source Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Nevada Placer **Provider:** REMSA CareFlight **Response Zone:** Nev Zone 1,2,3,4 Placer 4

Address: 750 Edison Way
Reno NV

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 775-858-5700

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<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
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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

66 Total number of responses
66 Number of emergency responses
0 Number of non-emergency responses

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



SIERRA SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

Updated 06-2013

S-SV EMS AGENCY HOSPITAL CAPABILITIES

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				X
Mercy San Juan Medical Center	Sacramento	Receiving	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
Fremont Medical Center - L&D	Sutter	L & D Only				X				



SIERRA SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

Updated 06-2013

S-SV EMS AGENCY HOSPITAL CAPABILITIES

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
St. Elizabeth Community Hospital	Tehama	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
Mercy Medical Center Redding	Shasta County/Siskiyou County/Tehama County

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Butte **Reporting Year:** 2012/13

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

Facility: Oroville Hospital Telephone Number: 530-513-4103
Address: 2767 Olive Highway
Oroville, CA 95966

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

EMS System: S-SV EMS Agency

County: Butte **Reporting Year:** 2012/13

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

Facility: Orchard Hospital Telephone Number: 530-846-9068
Address: 240 Spruce Street
Gridley, CA 95948

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

EMS System: S-SV EMS Agency

County: Butte **Reporting Year:** 2012/13

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

Facility: Enloe Medical Center Telephone Number: 530-680-2428 (Judy Cline, RN)
Address: 1531 Esplanade
Chico, CA 95926

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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

EMS System: S-SV EMS Agency

County: Butte **Reporting Year:** 2012/13

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

Facility: Feather River Hospital Telephone Number: 530-877-9361 Wendy VanCott, RN
Address: 5974 Pentz Road
Paradise, CA 95969

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

EMS System: S-SV EMS Agency

County: Colusa **Reporting Year:** 2012/13

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

Facility: Colusa Regional Medical Center Telephone Number: 530-458-5821 Ext. 283
Address: 199 East Webster Street
Colusa, CA 95932

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Nevada **Reporting Year:** 2012/13

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

Facility: Sierra Nevada Memorial Hospital Telephone Number: 530-274-6020 (Sandra Cummings RN)
Address: P.O.Box 1029
Grass Valley, CA

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Nevada **Reporting Year:** 2012/13

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

Facility: Tahoe Forest Hospital Telephone Number: 530-582-3219
Address: P.O.Box 759
Truckee, CA

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Placer **Reporting Year:** 2012/13

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

Facility: Kaiser Roseville
Address: 1600 Eureka Road
Roseville, CA

Telephone Number: 916-973-6600 (Pankaj Patel, MD)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Placer **Reporting Year:** 2012/13

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

Facility: Sutter Auburn Faith Hospital
Address: 11815 Education Street
Auburn, CA

Telephone Number: 530-888-4553 (BeBe Pedicini RN)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Placer **Reporting Year:** 2012/13

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

Facility: Sutter Roseville Medical Center Telephone Number: 916-781-1127 (Debbie Manning, RN)
Address: One Medical Plaza
Roseville, CA

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁸ EDAP²⁹ PICU³⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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²⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Shasta **Reporting Year:** 2012/13

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

Facility: Mercy Medical Center Redding Telephone Number: Aaron Wolf 530-225-6000
Address: 2175 Rosaline Avenue
Redding, CA 96001

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³¹ EDAP³² PICU³³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Shasta **Reporting Year:** 2012/13

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

Facility: Shasta Regional Medical Center Telephone Number: 530-244-5353
Address: 1100 Butte Street
Redding, CA 96001

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³⁴ EDAP³⁵ PICU³⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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³⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Siskiyou **Reporting Year:** 2012/13

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

Facility: Mercy Medical Center Mt. Shasta Telephone Number: 530-956-9363
Address: 914 Pine Street
Mt. Shasta, CA

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³⁷ EDAP³⁸ PICU³⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Siskiyou

Reporting Year: 2012/13

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

Facility: Fairchild Medical Center
Address: 444 Bruce Street
Yreka, CA 96097

Telephone Number: David Cook 530-842-4121

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁰ EDAP⁴¹ PICU⁴²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁴¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁴² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2012/13

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

Facility: Rideout Memorial Hospital
Address: 726 4th Street
 Marysville, CA

Telephone Number: 530-749-4511

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴³ EDAP⁴⁴ PICU⁴⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁴⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: Tehama

Reporting Year: 2012/13

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

Facility: St. Elizabeth Memorial Hospital
Address: 2550 Sister Mary Columbia Drive
Red Bluff, CA 96080

Telephone Number: 530-529-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁶ EDAP⁴⁷ PICU⁴⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁴⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

EMS System: S-SV EMS Agency

County: **Reporting Year:** 2012/13

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

Facility: UCDMC Telephone Number: 916-734-3790
Address: 2315 Stockton Blvd
Sacramento CA

<u>Written Contract:</u> x <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency x <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> x <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> x <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center⁴⁹ EDAP⁵⁰ PICU⁵¹	x <input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> x <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> x <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> x <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> x <input type="checkbox"/> Yes <input type="checkbox"/> No
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⁴⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁵⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁵¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte _____

Reporting Year: 2013 _____

Training Institution: <u>Butte-Glenn Community College</u>		Telephone Number: <u>530-893-7532</u>
Address: <u>3536 Butte Campus Drive</u>		
<u>Oroville, Ca. 95965</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMR</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$138</u>	Initial training:	<u>141</u>
Refresher: _____	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>12/31/1</u>
		<u>6</u>
	Number of courses:	
	Initial training:	<u>9</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

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

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

Training Institution: <u>Butte-Glenn Community College</u>		Telephone Number: <u>530-893-7532</u>
Address: <u>3536 Butte Campus Drive</u>		
<u>Oroville, Ca. 95965</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMT</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$322</u>	Initial training:	<u>128</u>
Refresher: <u>\$46</u>	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>12/31/1</u>
		<u>6</u>
	Number of courses:	
	Initial training:	<u>5</u>
	Refresher:	<u>1</u>
	Continuing Education:	<u>0</u>

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

** Indic

Butte-Glenn Community College
3536 Butte Campus Drive
Oroville, Ca. 95965

Telephone
Number:530-893-
7532

Address:

Student Eligibility*: General Public

**Program Level Paramedic

Cost of Program:

Basic \$1610

Refresher: _____

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

17

0

0

12/31/1

7

Number of courses:

Initial training:

Refresher:

Continuing Education:

1

0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Shasta _____

Reporting Year: 2013 _____

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

Training Institution: <u>Institute of Technology - Redding</u>		Telephone Number: <u>530-224-1000</u>
Address: <u>1755 Hilltop Dr Redding Ca 96002</u>		
Student Eligibility*: <u>General public</u>	**Program Level <u>EMT</u>	
Cost of Program:		
	Basic: <u>xxx</u>	Number of students completing training per year:
	Refresher: <u>576.00</u>	Initial training: <u>26</u>
Xxx – part of degree program That is \$25,000.00		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>12/31/1</u>
		<u>7</u>
Number of courses:		
	Initial training: <u>3</u>	
	Refresher: <u>1</u>	
	Continuing Education: <u>1</u>	

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

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

Training Institution: <u>Institute of Technology - Modesto</u>		Telephone Number: <u>209-498-8201</u>
Address: <u>5601 Stoddard Road Modesto CA 95356</u>		
Student Eligibility*: <u>General public</u>	**Program Level <u>EMT</u>	
Cost of Program:		
	Basic: <u>xxx</u>	Number of students completing training per year:
	Refresher: <u>576.0</u>	Initial training: <u>42</u>
Xxx – part of degree program That is \$25,000.00		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>12/31/1</u>
		<u>7</u>
Number of courses:		
	Initial training: <u>3</u>	
	Refresher: <u>0</u>	

TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer

Reporting Year: 2013

Training Institution:	<u>National College of Technical Instruction</u>		Telephone Number:	<u>916.960.6284</u>
Address:	<u>333 Sunrise Ave., Ste. 500</u>			
	<u>Roseville, CA 95661</u>			
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>All Levels</u>
		Basic: <u>\$40-\$395</u>	Number of students completing training per year:	_____
		Refresher: <u>\$40-\$190</u>	Initial training:	_____
			Refresher:	_____
			Continuing Education:	<u>3200</u>
			Expiration Date:	_____
		Number of courses:		
		Initial training:		_____
		Refresher:		_____
		Continuing Education:		<u>245</u>

Blank lines = NA Cannot type on the lines.

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

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

Training Institution:	_____		Telephone Number:	_____
Address:	_____			

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

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

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

TABLE 10: IMPROVED TRAINING PROGRAMS

County: Placer

Reporting Year: 2013

Training Institution: National College of Technical Instruction Telephone Number: 916.960.6284
 Address: 333 Sunrise Ave., Ste. 500
Roseville, CA 95661

Student Eligibility*: Open **Program Level: Paramedic
 Cost of Program:
 Basic: \$9100 Number of students completing training per year:
 Refresher: _____ Initial training: 82
 _____ Refresher: _____
 _____ Continuing Education: _____
 _____ Expiration Date: _____
 Number of courses:
 Initial training: 3
 Refresher: _____
 Continuing Education: _____
Blank lines = NA
Cannot type on the
lines.

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

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

Training Institution: National College of Technical Instruction Telephone Number: 916.960.6284
 Address: 333 Sunrise Ave., Ste. 500
Roseville, CA 95661

Student Eligibility*: Open **Program Level: EMT
 Cost of Program:
 Basic: \$1875 Number of students completing training per year:
 Refresher: _____ Initial training: 45
 _____ Refresher: _____
 _____ Continuing Education: _____
 _____ Expiration Date: _____
 Number of courses:
 Initial training: 5

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou

Reporting Year: 2013

Training Institution:	<u>National College of Technical Instruction – College of the Siskiyou</u>		Telephone Number:	_____
Address:	<u>800 College Ave.</u>			
	<u>Weed, CA 96094</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:			
	Basic:	<u>\$11872</u>	Number of students completing training per year:	
	Refresher:	_____	Initial training:	<u>22</u>
			Refresher:	_____
			Continuing Education:	_____
			Expiration Date:	_____
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		_____
		Continuing Education:		_____

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

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

Training Institution:	_____		Telephone Number:	_____
Address:	_____			

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

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou _____

Reporting Year: 2013 _____

Training Institution: NOLS Wilderness Medicine Institute Telephone Number: 866-831-9001
 Address: 284 Lincoln St, Lander WY 82520
Teaching site: College of the Siskiyous, 800 College Ave, Weed CA
96094

Student Eligibility*: <u>General public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$3690</u>	Number of students completing training per year:	
	Refresher: <u>na</u>	Initial training:	<u>120</u>
		Refresher:	<u>na</u>
		Continuing Education:	<u>na</u>
		Expiration Date:	<u>12/31/1</u>
			<u>6</u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>na</u>
		Continuing Education:	<u>na</u>

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

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

Training Institution: _____ Telephone Number: _____
 Address: _____

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte _____

Reporting Year: 2013 _____

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

Training Institution: Oroville Adult Education/Absolute Safety Training		Telephone Number: 530-521-6520
Address: 275 Mitchell Ave		
Oroville CA 95966		
Student Eligibility*: Open	**Program Level	EMT
Cost of Program:	Number of students completing training per year:	
Basic: 750.00	Initial training:	50-60
Refresher: 150.00	Refresher:	10-20
	Continuing Education:	varies
	Expiration Date:	12-31-15
	Number of courses:	
	Initial training:	2
	Refresher:	2
	Continuing Education:	varies

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

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

Training Institution: _____		Telephone Number: _____
Address: _____		

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

TABLE 10: IMPROVED TRAINING PROGRAMS

County: Placer

Reporting Year: 2013

Training Institution: Sierra College (916) 781-6251

— Telephone Number:

Address: 5000 Rocklin Road, Rocklin, CA 95677

Student Eligibility*: Public Cost of Program: 3 20 46 ****Program Level** EMT

Basic: 3 Number of students completing training per year:

20

Refresher: 46 Initial training: 325
 Refresher: 180
 Continuing Education: 85
 Expiration Date: 12/31/16

Number of courses:
 Initial training: 13
 Refresher: 6
 Continuing Education: 4

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

**Indicate whether EMT-1, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Sierra College (916) 781-6251

Telephone Number:

Address: 5000 Rocklin Road, Rocklin, CA 95677

Student Eligibility*: Public Cost of Program: 138 46 138 46 ****Program Level** EMR

Basic: 138 Number of students completing training per year:

Refresher: 46

Continuing Education:
 Initial training: 88
 Refresher: 20
 Continuing Education: -
 Expiration Date: 12/31/16

Number of courses:
 Initial training: 5
 Refresher: 2

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou _____

Reporting Year: 2013 _____

Training Institution: College of the Siskiyous Telephone Number: 530-938-5512
 Address: 800 College Ave
Weed, Ca 96094

Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT-P</u>
	Cost of Program:		
	Basic: <u>\$3500</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>30</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>2016</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

Training Institution: _____ Telephone Number: _____
 Address: _____

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

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer

Reporting Year: 2013 _____

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

Training Institution:	Placer School for Adults		Telephone Number	530-885-8585
Address:	11990 Heritage Oak Place			
	Auburn CA 95603			
Student Eligibility*:	Open	**Program Level	EMT 1	
		Cost of Program:		
		Basic:	1250	Number of students completing training per year:
		Refresher:	NA	Initial training:
				Refresher:
				Continuing Education:
				Expiration Date:
		Number of courses:		
		Initial training:		10
		Refresher:		0
		Continuing Education:		0
		Expiration Date:		0
		Number of courses:		
		Initial training:		1
		Refresher:		0
		Continuing Education:		0

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

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

Training Institution:	_____		Telephone Number:	_____
Address:	_____			

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou

Reporting Year: 2013

Training Institution: College of the Siskiyous Telephone Number: 530-938-5512
 Address: 800 College Ave
Weed, Ca 96094

Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT-1</u>
		Basic: <u>\$180</u>	Number of students completing training per year:	
		Refresher: <u>\$30</u>	Initial training:	<u>70</u>
			Refresher:	<u>5</u>
			Continuing Education:	<u>25</u>
			Expiration Date:	<u>2016</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>3</u>
			Continuing Education:	<u>3</u>

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: College of the Siskiyous Telephone Number: 530-938-5512
 Address: 800 College Ave
Weed, CA 96094

Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMR</u>
		Basic: <u>\$75</u>	Number of students completing training per year:	
		Refresher: <u>\$30</u>	Initial training:	<u>60</u>
			Refresher:	<u>3</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>2016</u>
			Number of courses:	
			Initial training:	<u>4</u>
			Refresher:	<u>4</u>
			Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.
 ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yuba _____

Reporting Year: 2013 _____

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

Training Institution:	Yuba Community College	Telephone Number:	530-749-3879
Address:	2088 North Beale Road Marysville CA 95901		
Student Eligibility*:	General public	**Program Level	EMT
	Cost of Program:	Number of students completing training per year:	
	Basic: 286.00	Initial training:	100
	Refresher: _____	Refresher:	Na
		Continuing Education:	Na
		Expiration Date:	Na
		Number of courses:	
		Initial training:	2
		Refresher:	Na
		Continuing Education:	na

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

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

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

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yuba

Reporting Year: 2013

Training Institution:		Woodland Community College-Yuba Community College School District		Telephone Number:	530-661-6202
Address:		2300 E. Gibson Rd			
		Woodland, CA 95776			
Student Eligibility*:	General Public	**Program Level	EMT		
Cost of Program:		Number of students completing training per year:			
	Basic:	\$286	Initial training:	33	
	Refresher:	\$46	Refresher:	0	
			Continuing Education:	0	
			Expiration Date:	2016	
		Number of courses:			
			Initial training:	2	
			Refresher:	1	
			Continuing Education:	0	

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

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

Training Institution:		_____		Telephone Number:	_____
Address:		_____			

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

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

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

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Butte

Reporting Year: 2012/13

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 checked="" 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 checked="" 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: SOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2012/13 _____

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

Oroville Police		Primary Contact: _____	
Name:	_____		
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 checked="" 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	

Gridley Police		Primary Contact: _____	
Name:	_____		
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 checked="" 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: SOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2012/13 _____

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

Name: <u>CHP</u>		Primary Contact: _____	
Address: <u>995 Fir St</u>		_____	
<u>Chico CA 95927</u>		_____	
Telephone Number: <u>530-879-1900</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>18</u>
			_____ 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: <u>Chico Police</u>		Primary Contact: _____	
Address: <u>1460 Humboldt Road</u>		_____	
<u>Chico CA 95927</u>		_____	
Telephone Number: <u>530-897-4000</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Butte _____

Reporting Year: 2012/13

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 checked="" 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 xLaw <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 _____ 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: SOURCES DIRECTORY -- Dispatch Agency

County: Colusa _____

Reporting Year: 2012/13

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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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 11: SOURCES DIRECTORY -- Dispatch Agency

County: Nevada _____

Reporting Year: 2012/13

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:	Medical Director:	xDay-to-Day	Number of Personnel Providing Services:
x <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	xDisaster	_____x_ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
x <input type="checkbox"/> Public <input type="checkbox"/> Private		xFire	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 type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: _____	

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

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Nevada _____

Reporting Year: 2012/13

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

Nevada County Sheriff			
Name:	_____		Primary Contact:
Address:	950 Maidu Ave Nevada City CA 95959		
Telephone Number:	530-265-7880		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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 ___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

US Forest Service			
Name:	_____		Primary Contact:
Address:	PO Box 603 Nevada City CA 95959		
Telephone Number:	530-478-6111		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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 ___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: SOURCES DIRECTORY -- Dispatch Agency

County: Placer _____

Reporting Year: 2012/13

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	17 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: SOURCES DIRECTORY -- Dispatch Agency

County: Placer _____

Reporting Year: 2012/13

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

Roseville Police			
Name:		Primary Contact: _____	
Address:	_____		
	1051 Junction Blvd Roseville CA 95678		
Telephone Number:	916-786-6444		
Written Contract:	Medical Director:	xDay-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	<u>24</u> 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 type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		xLaw	
		<input type="checkbox"/> Other	
		Explain: _____	

AMR Dispatch			
Name:		Primary Contact: _____	
Address:	_____		
	1779 Tribute Dr Sacramento CA 95815		
Telephone Number:	916-348-4400		
Written Contract:	Medical Director:	xDay-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	<u>60</u> x EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" 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: SOURCES DIRECTORY -- Dispatch Agency

County: Placer

Reporting Year: 2012/13

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 checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ BLS
			_____ EMT-D _____ LALS
			_____ ALS _____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	

Name: Lincoln Police		Primary Contact: _____	
Address: 472 E Street		_____	
Lincoln CA 95648		_____	
Telephone Number: 916-645-4040		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ BLS
			_____ EMT-D _____ LALS
			_____ ALS _____ 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: SOURCES DIRECTORY -- Dispatch Agency

County: Shasta _____

Reporting Year: 2012/13

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:	Medical Director:	xDay-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 checked="" type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D
			_____ BLS	_____ LALS
			_____ ALS	_____ Other
Ownership:		If Public:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	Shasta Communications	Primary Contact:		
Address:	3101 South Street			
	Redding CA 96001			
Telephone Number:	530-245-6500			
Written Contract:	Medical Director:	xDay-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 checked="" type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D
			_____ BLS	_____ LALS
			_____ ALS	_____ Other
Ownership:		If Public:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	<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: SOURCES DIRECTORY -- Dispatch Agency

County: Shasta

Reporting Year: 2012/13

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

CHP Redding			
Name:		Primary Contact:	
Address:	2503 Cascade Blvd		
	Redding CA 96003		
Telephone Number:	530-242-3200		
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
x <input type="checkbox"/> Public <input type="checkbox"/> Private		<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
		xLaw	
		<input type="checkbox"/> Other	
		Explain: _____	

Anderson Police			
Name:		Primary Contact:	
Address:	2200 North St		
	Anderson CA 96007		
Telephone Number:	530-378-6600		
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
x <input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> x 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: SOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2012/13

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

Name: <u>Yreka Police</u>		Primary Contact: _____	
Address: <u>412 West Miner St</u>		_____	
<u>Yreka CA 96097</u>		_____	
Telephone Number: <u>530-841-2300</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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	

Name: <u>Weed Police</u>		Primary Contact: _____	
Address: <u>PO Box 470</u>		_____	
<u>Weed Ca</u>		_____	
Telephone Number: <u>530-938-5020</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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: SOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2012/13

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

Tulelake Police			
Name:		Primary Contact: _____	
Address:	470 C Street		
	Tulelake CA 96134		
Telephone Number:	530-667-5284		
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:	
<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: _____	

Siskiyou County Sheriff			
Name:		Primary Contact: _____	
Address:	305 Butte St		
	Yreka CA 96097		
Telephone Number:	530-841-2900		
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:	
<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: _____	

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2012/13

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

Mt Shasta Police		Primary Contact: _____	
Name:	_____		
Address:	303 N. Mt Shasta Blvd Mt Shasta CA 96067		
Telephone Number:	530-926-7540		
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: x <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
x <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other		
	Explain: _____		

CHP Yreka		Primary Contact: _____	
Name:	_____		
Address:	1739 S. Main St Yreka CA 96067		
Telephone Number:	530-841-6000		
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 type="checkbox"/> City <input type="checkbox"/> County x <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
x <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire xLaw <input type="checkbox"/> Other		
	Explain: _____		

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Siskiyou _____

Reporting Year: 2012/13

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>14</u> 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: SOURCES DIRECTORY -- Dispatch Agency

County:
Sutter _____

Reporting Year: 2012/13

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____x_____ EMD Training _____ BLS
			_____ EMT-D _____ LALS
			_____ <u>75</u> ALS _____ 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 checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	xDay-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>13</u> x_____ EMD Training <u>13</u> BLS
			_____ EMT-D <u>13</u> LALS
			_____ <u>13</u> ALS _____ 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: SOURCES DIRECTORY -- Dispatch Agency

County:
 Sutter _____

Reporting Year: 2012/13

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

Yuba City Police			
Name:	_____		Primary Contact:
Address:	1201 Civic Center Blvd Yuba City CA 95991		
Telephone Number:	530-822-4673		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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: SOURCES DIRECTORY -- Dispatch Agency

County: Tehama _____

Reporting Year: 2012/13

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

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

Corning Police		Primary Contact: _____	
Name:	_____		
Address:	774 Third St Corning CA 96021		
Telephone Number:	530-824-7000		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Yuba _____

Reporting Year: 2012/13

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

Marysville Police			
Name:	_____		Primary Contact: _____
Address:	316 6 th St.		
	Marysville CA 95901		
Telephone Number:	530-741-6111		
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 checked="" 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: _____	

Yuba County Sheriff			
Name:	_____		Primary Contact: _____
Address:	215 5 th St		
	Marysville Ca 95901		
Telephone Number:	530-749-7777		
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	____x____ EMD Training _____ EMT-D _____ ALS
			____ BLS _____ LALS <u>15</u> 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: _____	

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: Yuba _____

Reporting Year: 2012/13

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

Name: <u>Beale AFB</u>		Primary Contact: _____	
Address: <u>Beale AFB Ca 95903</u>		_____	
Telephone Number: <u>530-634-2000</u>		_____	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" 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 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 _____ 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

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		
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.

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Beale AFB
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Beale AFB Ambulance
Area or subarea (Zone) Geographic Description: Beale is located outside of <u>Linda</u> , about 10 miles (16 km) east of the towns of <u>Marysville</u> and <u>Yuba City</u> and about 40 miles (64 km) north of <u>Sacramento</u> . Beale Air Force Base spans 23,000 acres (93 km ²) of rolling hills in northern California
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Butte County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Butte County EMS LLC</p>
<p>Area or subarea (Zone) Geographic Description Butte County lies between the Sierra Nevada Mountain Range and the Cascade Range. Butte County is watered by the Feather River and the Sacramento River. Butte Creek and Big Chico Creek are additional perennial streams, both tributary to the Sacramento. The county has a total area of 1,677.11 square miles, of which 1,639.49 square miles (or 97.76%) is land and 37.62 square miles (or 2.24%) is water.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusive 911 emergency and ALS non-emergency medical ground ambulance provider. Emergency Ambulance 9-1-1 , ALS Transport</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. A competitive bid was conducted and on November 9, 2012 at the S-SV EMS Agency JPA Board of Directors meeting the Board determined that Butte County EMS submitted the proposal that best served the county.</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.

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency – Colusa County

Area or subarea (Zone) Name or Title:

Zone 1
Colusa County

Name of Current Provider(s):

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

Area or subarea (Zone) Geographic Description:

Colusa County

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

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 9-1-1 ALS Transport

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.

Date: 2013

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Nevada County
Area or Subarea (Zone) Name or Title: Zone 1 – Donner Summit
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Donner Summit Public Utility District
Area or Subarea (Zone) Geographic Description: Donner Summit
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive (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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Uninterrupted ambulance transport service since 1979 documented by patient care reports and statements of EMT-Is employed at the time.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Nevada County

Area or subarea (Zone) Name or Title:

Zone 2 – Nevada City/Grass Valley

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Sierra-Nevada Hospital Ambulance Service

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.

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 9-1-1 Emergency Response

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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Nevada Count
Area or subarea (Zone) Name or Title: Zone 3 – Penn Valley
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Penn Valley Fire
Area or subarea (Zone) Geographic Description: Penn Valley proper and Lake Wildwood. Six miles from Grass Valley.
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 9-1-1 ALS Transport
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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Nevada County

Area or subarea (Zone) Name or Title:

Zone 4 Truckee

Name of Current Provider(s):

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

Area or subarea (Zone) Geographic Description:

Truckee is located along Interstate 80 in the Sierra Nevada mountains.

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

Include intent of local EMS agency and Board action.
Non-Exclusive

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

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

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Placer County

Area or subarea (Zone) Name or Title:

Zone 1 Foresthill

Name of Current Provider(s):

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

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.

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 9-1-1 ALS Transport

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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Placer County
Area or subarea (Zone) Name or Title: Zone 2 – Granite Bay
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
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.
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 9-1-1 ALS Transport
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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

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 9-1-1 ALS Transport

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**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Placer County
Area or subarea (Zone) Name or Title: Zone 4 North Tahoe
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. North Tahoe Fire Protection District
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.
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 9-1-1 ALS Transport
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**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency – Shasta County

Area or subarea (Zone) Name or Title:

Zone 1 – Falls River Mills Area

Name of Current Provider(s):

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

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.

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

Include intent of local EMS agency and Board action.
Non-exclusive

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

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

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Shasta County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Burney Fire
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
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Revised 10/12

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency – Shasta County

Area or subarea (Zone) Name or Title:

Zone 3

Name of Current Provider(s):

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

American Medical Response, Mercy Ground Ambulance, Shasta Regional Medical Center

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.

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

Non-exclusive

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

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

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

Revised 10/12

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Siskiyou County

Area or subarea (Zone) Name or Title:

Zone 2 Etna and surrounding areas

Name of Current Provider(s):

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

Etna Ambulance

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

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency - Siskiyou County
Area or subarea (Zone) Name or Title: Zone 3 – Happy Camp and surrounding areas
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Happy Camp Ambulance
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
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Siskiyou County

Area or subarea (Zone) Name or Title:

Zone 4 – McCloud and surrounding areas

Name of Current Provider(s):

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

McCloud Community Services District

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

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Siskiyou County

Area or subarea (Zone) Name or Title:

Zone 6 – Yreka and surrounding areas.

Name of Current Provider(s):

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

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

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

Include intent of local EMS agency and Board action.
Non-exclusive

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

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

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

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

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<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, 9-1-1</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.

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Sutter and Yuba Counties
Area or subarea (Zone) Name or Title: Sutter and Yuba County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance
Area or subarea (Zone) Geographic Description: All of Sutter and Yuba Counties
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 9-1-1 ALS Transport
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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Sutter County
Area or subarea (Zone) Name or Title: Sutter County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance
Area or subarea (Zone) Geographic Description: All of Sutter County
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 9-1-1 ALS Transport
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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

Revised 10/12

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency – Yuba County
Area or subarea (Zone) Name or Title: Yuba County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance
Area or subarea (Zone) Geographic Description: All of Yuba County
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 9-1-1 ALS Transport
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.

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 415

SUBJECT: 911 AMBULANCE RESPONSE TIME CRITERIA

PURPOSE:

To establish response time standards and reporting criteria for all transporting 911 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 911 ALS ambulance unit has been notified of a request for 911 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: 07/01/2013
Next Review Date: 04/2016
Approved:

Date last Reviewed/Revised: 04/13
Page 1 of 6

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

SUBJECT: 911 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 911 call is first received and/or transferred.

PSAP Notification Time – The point in time when a 911 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 911 ambulance provider. See Policy section, item C.

Response Time Compliance Report – Report submitted monthly to S-SV EMS Agency by all transporting 911 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

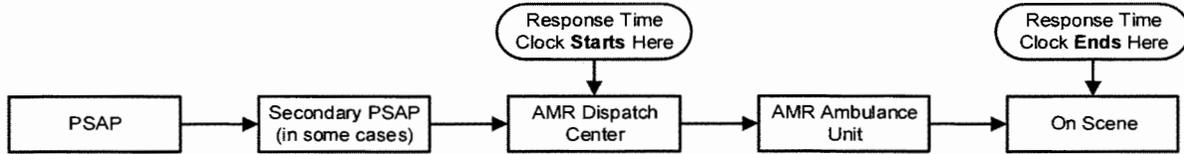
B. 911 ALS ambulance providers shall ensure that an ALS ambulance is on scene of all Code-3 calls 90% of the time as measured within the geographic service areas defined in the addendums for the counties as listed below:

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

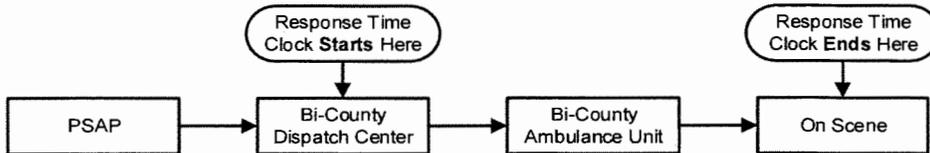
SUBJECT: 911 AMBULANCE RESPONSE TIME CRITERIA

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

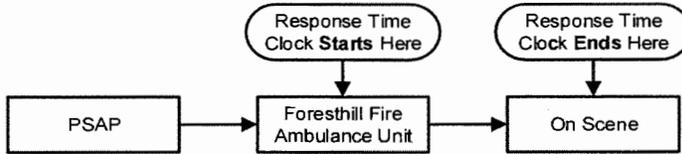
American Medical Response – Placer County



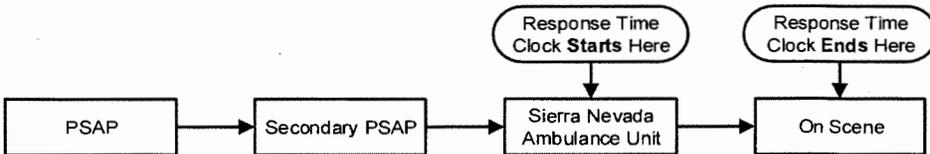
Bi-County Ambulance



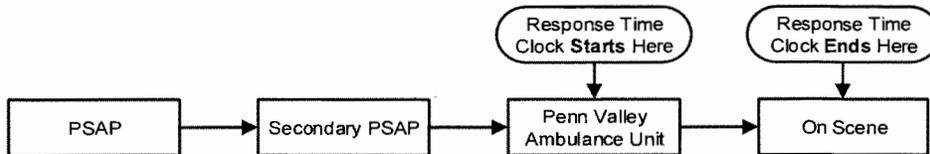
Foresthill Fire Protection District



Sierra Nevada Ambulance



Penn Valley Fire District

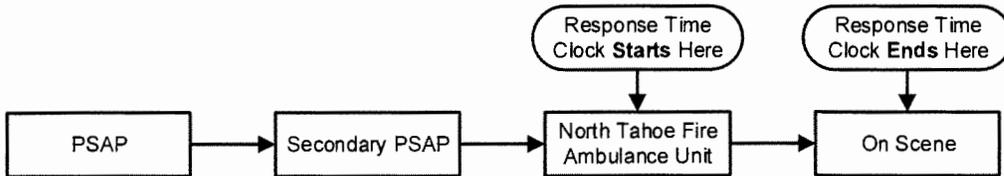


SUBJECT: 911 AMBULANCE RESPONSE TIME CRITERIA

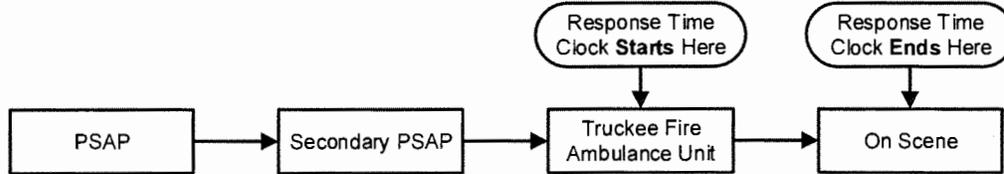
South Placer Fire Protection District



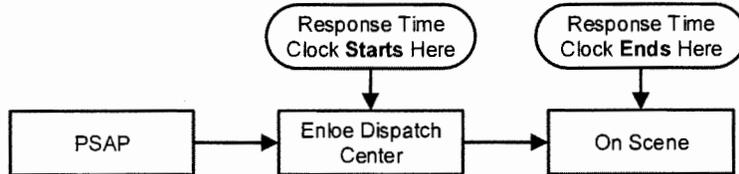
North Tahoe Fire Protection District



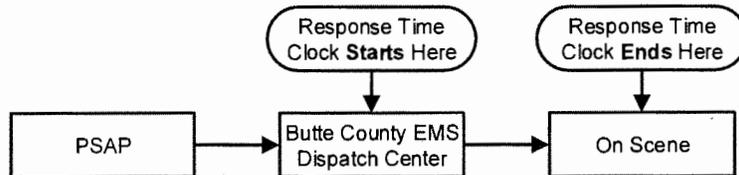
Truckee Fire Protection District



Enloe EMS – Colusa County



Butte County EMS



SUBJECT: 911 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 911 ambulance response time if previously approved by the Agency and the following criteria are met:
 - 1. Personnel are employed by/working for the 911 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 911 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: 911 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 911 calls or 7 digit access calls dispatched code 3.
 2. On scene time.
- L. 911 ambulance providers shall submit a monthly response time compliance report for all code 3 calls, utilizing CAD data, to the S-SV EMS Agency.