



**Northern California Emergency Medical
Services, Incorporated**

EMS System Plan 2012

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ASSESSMENT OF THE SYSTEM

Updated Comments to
Progress are written in
BLUE

Table 1: Summary of System Status
System Assessment Forms

LEMSA: Northern
California EMS, Inc.

FY: 2012

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Board composition was restructured in May to include a Supervisor representative from each contracting county. A Medical Advisory Committee meets bi-monthly to review protocols and provide direction to the Medical Director and clinical staff.	
1.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS system evaluation is ongoing through a number of methods including broad direction from the Board of Directors, the Medical Advisory Committee and specific QI reviews. The agency has recently implemented full participation in ePCR systems by each transport provider and is preparing data pertinent to the Core Measures..	
1.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.	
1.05		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This Standard is being met by the completion and submittal of this plan.	
1.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan is formally updated when requested by the Authority.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has developed a Trauma Plan that was originally approved in 1990. With the departure of counties from the region, a revision was submitted in July 2011.	
1.09		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventories are updated as site inspections are periodically conducted, as prehospital updates are requested by EMSA and as resource capabilities change.	
1.11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While the geographical scope of the agency has been lessened and past special populations have been addressed, we continue to be mindful of special population needs and the ability to meet those needs.	
1.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.	
1.14		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.	
1.15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Medical Advisory Committee and others. Ambulance services, non-transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statues. We are made aware of needed actions by the review of QI reports, patient care forms or complaints.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16		<input checked="" type="checkbox"/>			With the departure of key large counties, the agency has made transitional adjustments to align revenues with expenses. Revenues and expenses are currently in line with strategies in place to increase revenues.	
1.17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Control is well defined and functions well. Base Hospitals and Alternative Base Stations provide on-line control. Protocols are followed in the event of radio failure.	
1.18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals and providers. A skills usage form is utilized in addition to data retrievable from ePCRs. The core Measures will provide further QI activities.	
1.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing physicians and MICNs, the Nor-Cal EMS region has eight acute care facilities providing medical control.	
1.26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Nor-Cal EMS Trauma Plan was first approved in 1990. Challenges of the system deal with low volume and extended transport times, which are compounded in winter months. Within the six county area there are eight acute hospitals, each a Critical Access Hospital. Two facilities have been designated Level IV Trauma Centers. There are no hospitals in the area that meet Level I or II designation criteria.	
1.27		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.	Determine opportunities for pediatric care enhancement that include training and equipment deployment.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Exclusive Area has been approved in Lassen County which was competitively bid., Grandfathered EOAs have been approved in Plumas County, Modoc County and Glenn County..	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT basic course.	
2.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All EMS education programs in the region, including EMT, AEMT, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction. Program approvals are for a two-year period, at which time they are reevaluated.	
2.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.	
2.04		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This responsibility has not been delegated by contract counties, however we have maintained involvement with agencies considering the establishment of an EMD program. This has occurred through close communication between the PSAP and the agency's Medical Director specific to protocols.	
2.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherences to policies are not followed.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.12		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulations require Public Safety personnel to be trained in CPR. Current CPR training includes protocols and the use of AEDs	
2.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use. Currently there are no approved MICN training programs in the region.	
3.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency participates in the Regional Communication Advisory and Planning Committee, which convenes quarterly.	
3.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	While the agency no longer maintains the region-wide UHF communications system, the systems of advisory groups provide opportunity to review communications issues including multi-casualty events. Handheld radios have been distributed to counties for rapid deployment in the event of a mass casualty event.	
4.01		X			These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan.	
4.04		X			Pre-scheduled transportation has little or no effect on system operations. Responsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.	
4.05		X			Nor-Cal EMS has adopted the state's response time guidelines.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.07		X			Nor-Cal EMS supports the participation of first responder agencies into the EMS system and facilitates their participation through approval of First Responder instructors, certification of course graduates and development of provider agreements for services utilizing advanced personnel, AEDs and/or airway devices.	
4.09		X			The region is served by one air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy.	
4.12		X			The agency has a disaster and MCI plan and works with the RDMHS, and state offices during disasters. This includes mobilization of response and transport vehicles including coordination with Ambulance Strike Teams.	
4.13		X			Units and personnel can and do operate throughout the region without regard for county boundaries. Regional approval of providers, certification/ accreditation of personnel and a regional communications system facilitate this flexibility.	
4.19		X			Exclusive operating areas exist in Lassen, Plumas, Glenn and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc, Plumas and Glenn County's EOAs through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.2		X			This has been done and accepted in Modoc, Plumas and Glenn Counties.	
5.01		X			The agency periodically assesses and reassesses the EMS capabilities of various acute care facilities as a part of the designation of Trauma Centers, Base Hospitals and Alternative Base Stations. Written agreements exist between the agency and these facilities, which require adherence to local policies and state regulation.	
5.03		X			Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans." Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.	
5.04		X			The agency has designated receiving hospitals, which are monitored through a variety of visits, audits and QI activities.	
5.05		X			Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises and promotes HEICS. The agency works closely with area hospitals and Public Health in the coordination of HAVBED exercises from the region.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.06				X	<p>Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans."</p> <p>Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.</p>	
5.08			X		<p>The regional trauma plan has been amended to reflect fewer participating counties. The plan incorporates all of the required features. At this point designated trauma centers are designated as Level IVs.</p>	
5.11				X	<p>Nor-Cal EMS participated in the California Pediatric Readiness Project in July 2012. We had 100% participation from the hospitals in our region. Each hospital received a summary of their response to the survey.</p>	
5.12				X	<p>We have been attending the RTCC meeting for Region III and chair the sub-committee on Inter-facility transfers. It is our recommendation that pediatric trauma be a sub-committee of the Region III RTCC meeting.</p> <p>We also participated in the summit of Pediatric Trauma and Access to Care that was held in 2011. We support the recommendation of the California Trauma Pediatric Network and would support a statewide pediatric trauma system. We have recently initiated an ePCR program that will capture CEMSIS/NEMSIS data on pediatric</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					trauma	
5.13				X	See above comments for pediatric trauma patients	
6.01		X			Lead by the agency's Medical Director and EMS Systems Specialist, the program involves the spectrum of EMS system participants. With the implementation of areawide usage of ePCR systems QI activities will be improved for both the agency and providers.	
6.05			X		The agency is examining alternatives to the electronic PCR system currently in place, as well as the trauma data system. Any alternatives to be considered must be CEMSIS compliant. The agency continues to provide both prehospital and trauma data to EMSA.	
6.06		X		X	The agency remains active in pursuing the best means of improving its evaluation program including the exploration of improved data systems.	
6.07		X			All transport agencies now utilize an ePCR system that is CEMSIS compliant.	
6.08		X			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	
6.1		X			Through the CEMSIS System, trauma data provides opportunities to measure system compliance and determine system improvements. This is currently being enhanced with core measures data.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency has been involved in several injury and illness prevention effort in the past including Think First for Kids, First There/First Care and the Northstate Prehospital Conference.	
8.01		X			The agency has been involved with regional and local OES agencies, including the LEPC.	
8.05		X			Regional policies identify the control facility for the distribution of mass casualty patients.	
8.11		X			This activity has occurred in conjunction with HPP projects.	
8.12		X			This activity has occurred in conjunction with HPP projects.	
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Northern California EMS, Inc.

Reporting Year: 2012

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

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

County: Glenn

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2012

County: Lassen

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2012

County: Modoc

- a. Basic Life Support (BLS) 4%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 96%

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2012

County: **Plumas**

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2012

County: Sierra

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

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

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

Table 2 - System Organization & Management (cont.)

EMS System: Northern California EMS, Inc.

Reporting Year: 2012

County: **Trinity**

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

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

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

Table 2 - System Organization & Management (cont.)

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

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

Table 2 - System Organization & Management (cont.)

5. EXPENSES (unless otherwise noted, figures taken from General Fund Budget Fiscal Year 2012-2013)

Salaries and benefits (all but contract personnel)		451,875.31
Contract Services (e.g. medical director)	(Medical Director)	50,000.00
Operations/Indirect Expenses (e.g. copying, postage, facilities, overhead)		87,341.16
Travel		10,000.00
Fixed assets		--
Ambulance subsidy		N/A
EMS Fund Payments to physicians/hospital	(See Note Below)	44,000.33
Dispatch center operations (non-staff)		N/A
Training program operations	Included in numbers above	
Other: Misc. Contractual		32,493.00
Other: Legal		8,000.00
<u>TOTAL EXPENSES</u>		683,709.80

* Note: Used 2011-2012 fiscal year for Plumas County for EMS Fund figure for this report.

**Both Revenue and Expenses equal \$639,709.47 for the 2012 - 2013 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2012 - 2013 General Fund Budget is reflective of only the \$4,500.00 anticipated revenue for administration of the EMS Fund and does show the pass through dollars back to hospitals and physicians. To report a full year of EMS Fund for this report, we used the total figures collected and distributed from 2011-2012. This is why the Revenue and Expenses show slightly different numbers on this report only.

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE (Unless noted, figures taken from General Fund Budget – fiscal year 2012-2013)

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	NA
Office of Traffic Safety (OTS)	N/A
State general fund	315,089.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	137,150.07
Certification fees	22,000.00
Training program approval fees	NA
Programs/Training program tuition/Average daily attendance funds (ADA)	NA
Job Training Partnership ACT (JTPA) funds/other payments	NA
Base Hospital /Non-Base Hospital Provider Fee	16,478.00
Base hospital designation fees	NA
Trauma Center Annual Fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center designation fees	N/A
Ambulance service/vehicle fees (Provider Fee)	8,520.00
Contributions	NA
EMS Fund (SB 12/612) administration fees	* (See Note) 48,057.20
Other grants: Conference/Advertising/Continuing Education	25,000.00
Other fees: Interest/Misc Income	2,000.00
Other (specify): Operating Revenue from Nor-Cal to Balance Budget	108,972.40
Miscellaneous (Other)	
<u>TOTAL REVENUE</u>	\$683,266.67

* Note: Used 2011-2012 fiscal year for Plumas County for EMS Fund figure for this report.

**Both Revenue and Expenses equal \$639,709.47 for the 2012 - 2013 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2012 - 2013 General Fund Budget is reflective of only the \$4,500.00 anticipated revenue for administration of the EMS Fund and does show the pass through dollars back to hospitals and physicians. To report a full year of EMS Fund for this report, we used the total figures collected and distributed from 2011-2012. This is why the Revenue and Expenses show slightly different numbers on this report only.

Table 2 - System Organization & Management (cont.)

7. Fee Structure

First responder certification		\$ 35.00
EMS dispatcher certification		NA
EMT certification		45.00
EMT recertification		28.00
EMT defibrillation certification		NA
EMT defibrillation recertification		NA
AEMT certification		50.00
AEMT recertification		35.00
EMT-P accreditation		100.00
MICN authorization		80.00
MICNARN recertification		80.00
EMT-I training program approval		--
AEMT training program approval		--
EMT-P training program approval		--
MICN training program approval		--
Base hospital application		--
Base hospital designation	N/A for FY 2011-2012	--
Trauma center application		--
Trauma center designation		--
Pediatric facility approval:		
Level II		--
Level I		--
Pediatric facility designation		--
Other critical care center application		
Emergency Department Approved for Trauma (EDAT)		--
Ambulance service license		--
Ambulance vehicle permits		--
Other: First Responder Recertification		28
Other: ALS Ambulance Application		500
Ambulance Provider Fee		\$327 - \$4,820 (a)
County Contract Fee		\$12,000 - \$78,000 (a)

(a) Fee based on formula

Table 2 - System Organization & Management (cont.)

Reporting Year: 2012

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary) <i>Employer Taxes Not Included</i>	COMMENTS
EMS Admin./Coord./Director	Chief Executive Officer	80.00%	51.95	24%	
Asst. Admin.	Director Business Administration	80.00%	26.57	32%	
ALS Coord./Field Coord./ Training Coordinator	EMS System Director	80.00%	33.89	29%	
Program Coord./Field Liaison (Non-clinical)	Certification/Testing Manager	80.00%	20.88	38%	
	Project Coordinator	80.00%	18.13	35%	
Trauma Coordinator					
Medical Director	Medical Director	30.00%	85.00	--	Contract position
Other MD/Med. Consult./ Training Medical Director					
Disaster Medical Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	Director of Information Technology	80.00%	37.09	46%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Secretary	80.00%	14.85	41%	
Other Clerical					
Data Entry Clerk					
Other					

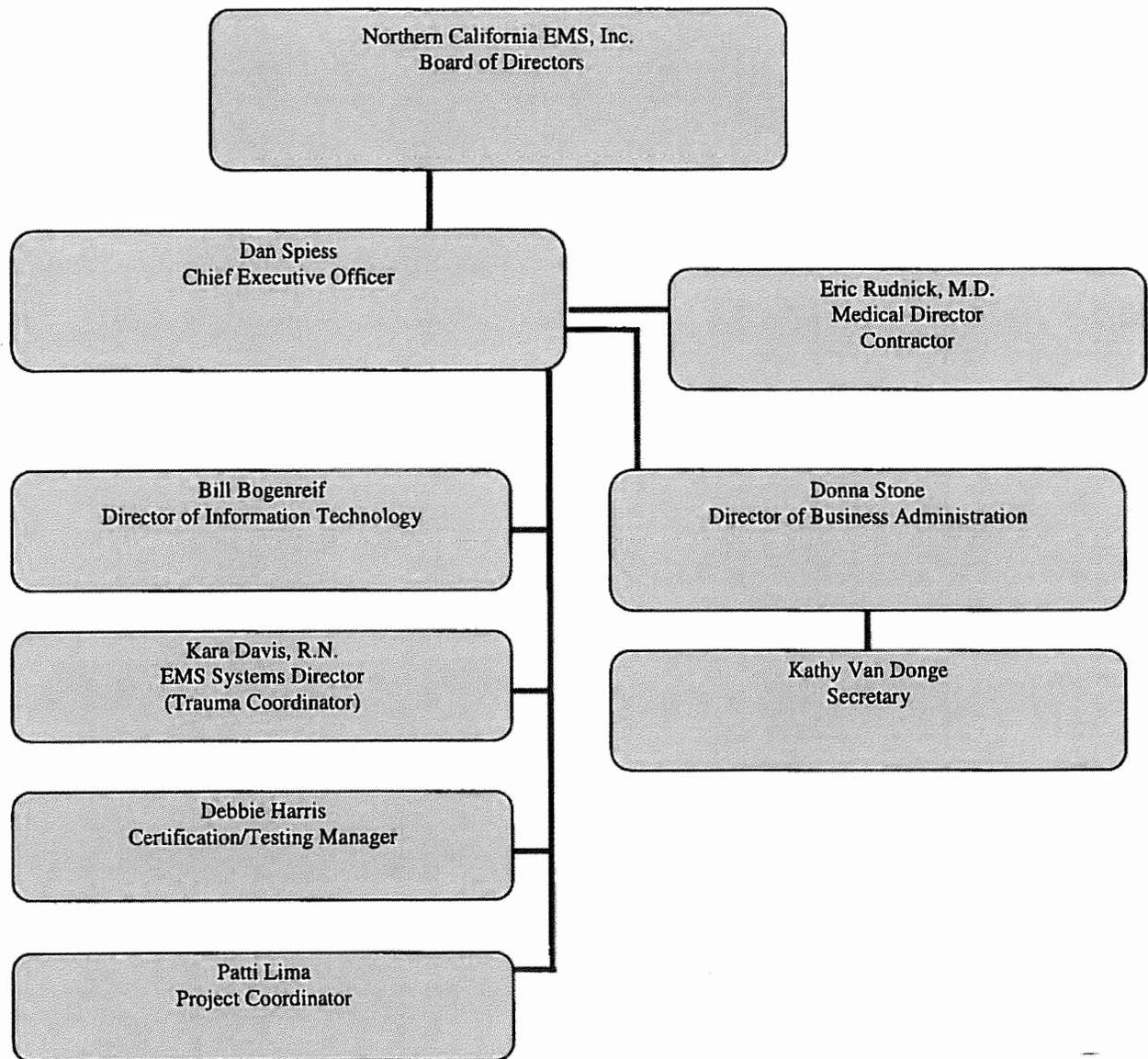


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	631	14		19
Number newly certified this year	50			
Number recertified this year	206	3		5
Total number of accredited personnel on July 1 of the reporting year			155	
Number of certification reviews resulting in:				
a) formal investigations	5			
b) probation				
c) suspensions				
d) revocations	1			
e) denials	1			
f) denials of renewal				
g) no action taken	1			

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AED) 631
- b) Number of public safety (defib) certified (non-EMT-I) 428

2. Do you have an EMR training program (First Responder)

✓yes

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

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

EMS System: Northern California EMS, Inc. Reporting Year: 2012
County: Glenn

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

Reporting Year: 2012

County: Lassen

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

Reporting Year: 2012

County: Modoc

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

Reporting Year: 2012

County: Plumas

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1 (Pri) 1(2nd)</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>None</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>None</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Plumas County Sheriff's Office | |
| 7. Who is your primary dispatch agency for a disaster?
Plumas County Sheriff's Office | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency Various | |
| b. Other methods Races | |
| c. Can all medical response units communicate on the same disaster communications system? Unknown if all EMS follow the local TICP | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

Reporting Year: 2012

County: Sierra

1. Number of primary Public Service Answering Points (PSAP)	<u>1</u>
2. Number of secondary PSAPs	<u>1</u>
3. Number of dispatch centers directly dispatching ambulances	<u>2</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>0</u>
6. Who is your primary dispatch agency for day-to-day emergencies?	Sheriff's Office
<hr/>	
7. Who is your primary dispatch agency for a disaster?	Sheriff's Office
<hr/>	
8. Do you have an operational area disaster communication system?	X Yes <input type="checkbox"/> No
a. Radio primary frequency 156.165	
b. Other methods _____	
c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD	X Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes <input type="checkbox"/> No
1) Within the operational area?	X Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	X Yes <input type="checkbox"/> No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

Reporting Year: 2012

County: Trinity

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. Number of secondary PSAPs | 0 |
| 3. Number of dispatch centers directly dispatching ambulances | 2 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 0 |
| 5. Number of designated dispatch centers for EMS Aircraft | 0 |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX | |
| b. Other methods County has multi-agency radio communication system and Reverse 9-1-1 | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

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

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

1. Number of EMT-Defibrillation providers 73

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				*Note: Please see table data below

* Ambulance Response Times

Ambulance	Average Response Time
Enloe Medical Center	6.3
Westside	N/A
SEMSA	5.12
Modoc	13.48
Surprise Valley	13
Chester Fire	15.25
Peninsula Fire	6.32
Plumas District Hospital	5
South Lassen	2.9
Eastern Plumas District Hospital	11.7
Downieville Fire	7.89
Trinity Center	9.75
STAR	25
Trinity County Life Support	13

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

Reporting Year: 2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a. Number of patients meeting trauma triage criteria	14
b. Number of major trauma victims transported directly to a trauma center by ambulance	306
c. Number of major trauma patients transferred to a trauma center	14
d. Number of patients meeting triage criteria who were not treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	8
a. Number of referral emergency services	0
b. Number of standby emergency services	7
c. Number of basic emergency services	1
d. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	3
2. Number of base hospitals with written agreements	5

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

County: Glenn

Reporting Year: 2012

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Incident scene of Glenn Medical Center
 - b. How are they staffed? EMS personnel, hospital staffed by 2 RNs, 2-4, LVNs, 1-3 Drs, MOU in place with public health for additional staff.
 - c. Do you have a supply system for supporting them for 72 hours? Yes
2. CISD
 - a. Do you have a CISD provider with 24 hour capability? Yes
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes
 - b. For each team, are they incorporated into your local response plan? No
 - c. Are they available for statewide response? No
 - d. Are they part of a formal out-of-state response system? No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? No
 - b. exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. Hospital to hospital MOUs – Glenn, Colusa, Tehama, Butte (Enloe only)
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. Are you a separate department or agency? Public Health No
9. If not, to whom do you report? N/A
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

County: Lassen

Reporting Year: 2012

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? CCP's are mobile and based where incidents occur or are needed.
- b. How are they staffed? Local EMS personnel, Pub Health staff/volunteers
- c. Do you have a supply system for supporting them for 72 hours? Yes

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Not at this time – we are in training but not live yet.
- b. At what HazMat level are they trained? FRO Decon
- c. Do you have the ability to do decontamination in an emergency room? Yes
- d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a: County is in the process of completing this plan. Will test once complete.
 - a. real event? No
 - b. exercise? No
4. List all counties with which you have a written medical mutual aid agreement. Beyond State/Region mutual aid, no other written agreements.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. Are you a separate department or agency? Emergency Services Yes
9. If not, to whom do you report? Public Health
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

County: Modoc

Reporting Year: 2012

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Unidentified
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? No

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

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

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

 - c. Are they available for statewide response? No

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes

 - b. At what HazMat level are they trained? _Decontamination
 - c. Do you have the ability to do decontamination in an emergency room? Yes

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? No
 - b. exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. Region III Counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. Are you a separate department or agency? No
9. If not, to whom do you report? Health Department Agency
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

County: Plumas

Reporting Year: 2012

SYSTEM RESOURCES

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

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

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

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

 - c. Are they available for statewide response? Yes

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? EMT – FRO and Decon levels
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes
 - b. exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. MHOAC – Public Health - RDMHS
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. Are you a separate department or agency? No
9. If not, to whom do you report? Director of Public Health
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

County: Sierra

Reporting Year: 2012

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? No pre-designated area
 - b. How are they staffed? As needed
 - c. Do you have a supply system for supporting them for 72 hours? Yes

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

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

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

 - c. Are they available for statewide response? No

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

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

OPERATIONS

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

County: Trinity

Reporting Year: 2012

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Weaverville Airport, Hayfork Fairgrounds
 - b. How are they staffed? Available EMS & Public Health Staff
 - c. Do you have a supply system for supporting them for 72 hours? No

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

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

 - b. For each team, are they incorporated into your local response plan?

 - c. Are they available for statewide response?

 - d. Are they part of a formal out-of-state response system?

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? _FRO & Decontamination
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? If within our area OA: 0
If including others in the Region: 3

3. Have you tested your MCI Plan this year in a:
a. real event? No
b. exercise? Yes

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

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

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? No

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

8. Are you a separate department or agency? Yes

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

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

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

County: Glenn Provider: Enloe Medical Center Response Zone: 2
 Address: 1531 Esplanade Number of Ambulance Vehicles in Fleet: 2
Chico, CA 95926
 Phone Number: 530-332-7400 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
---	---	--	--

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 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
---	--	---	--	---

Transporting Agencies

1212 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
1013 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: 2012

Response/Transportation/Providers

County: Glenn Provider: Westside Ambulance Response Zone: 1
 Address: P O Box 4527 Number of Ambulance Vehicles in Fleet: 2
Orland, CA 95963
 Phone Number: 530-865-3998 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
---	---	--	--

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 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
---	--	---	--	---

Transporting Agencies

1663 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
1009 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: 2012

Response/Transportation/Providers

County: Lassen Provider: Mountain Life Flight Response Zone: N/A
 Address: 710 Ash Street Number of Ambulance Vehicles in Fleet: 1
Susanville, CA 96130
 Phone Number: 530-257-0249 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 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 checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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 checked="" type="checkbox"/> Rotary <input checked="" 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
--	---	--	---	---

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

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

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

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

County: Lassen Provider: SEMSA Response Zone: 1
 Address: 1545 Paul Bunyon, Suite 3 Number of Ambulance Vehicles In Fleet: 4
Susanville, CA 96130
 Phone Average Number of Ambulances on Duty 3
 Number: 775-691-4720 At 12:00 p.m. (noon) on Any Given Day:

<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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <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 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

2487 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
1842 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: 2012

Response/Transportation/Providers

County: Modoc Provider: Last Frontier Health District Response Zone: 1
 Address: 228 W. McDowell St Number of Ambulance Vehicles In Fleet: 4
Auburn, CA 96101
 Phone Number: 530-233-5131 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 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 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" 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 type="checkbox"/> Other Explain: Hospital District	<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

1029 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
997 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: 2012

Response/Transportation/Providers

County: Modoc Provider: Surprise Valley Hospital District Response Zone: 2
 Address: P O Box 246 Number of Ambulance Vehicles In Fleet: 2
Cedarville, CA 96104
 Phone Number: 530-279-6111 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> ALS <input 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"/> 7-Digit <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 type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Hospital District	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 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

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

_____ Total number of transports
42 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: 2012

Response/Transportation/Providers

County: Plumas Provider: Chester Fire Response Zone: 1
 Address: P O Box 177 Number of Ambulance Vehicles in Fleet: 3
Chester, CA 96020
 Phone Number: 530-258-3456 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <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: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <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

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

_____ Total number of transports
343 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: 2012

Response/Transportation/Providers

County: Plumas Provider: Peninsula Fire Response Zone: 2
 Address: 801 Golf Club Road Number of Ambulance Vehicles in Fleet: 2
Lake Almanor, CA 96137
 Phone Number: 530-259-2309 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" 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

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

_____ Total number of transports
118 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: 2012

Response/Transportation/Providers

County: Plumas Provider: Plumas District Hospital Response Zone: 4
 Address: 1065 Bucks Lake Road Number of Ambulance Vehicles in Fleet: 3
Quincy, CA 95971
 Phone Number: 530-283-2127 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Hospital District	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 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

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

_____ Total number of transports
743 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: 2012

Response/Transportation/Providers

County: Plumas Provider: South Lassen Ambulance Response Zone: 3
 Address: 710 Ash Street Number of Ambulance Vehicles in Fleet: 1
Susanville, CA 96130
 Phone Number: 530-310-0225 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input 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 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

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

_____ Total number of transports
266 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: 2012

Response/Transportation/Providers

County: Plumas Provider: Eastern Plumas District Hospital Response Zone: 5
 Address: 500 First Avenue Number of Ambulance Vehicles in Fleet: 5
Portola, CA 96122
 Phone Number: 530-832-4277 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Hospital District	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 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

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

_____ Total number of transports
789 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: 2012

Response/Transportation/Providers

County: Sierra Provider: Downieville Fire Response Zone: 1
 Address: P O Box 25 Number of Ambulance Vehicles in Fleet: 4
Downieville, CA 95936
 Phone Number: 530-289-3201 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" 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

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

_____ Total number of transports
96 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: 2012

Response/Transportation/Providers

County: Trinity Provider: Trinity Center Fire Response Zone: 2
 Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1
Trinity Center, CA 96091
 Phone Number: 530-286-2270 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" 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

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

_____ Total number of transports
23 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: 2012

Response/Transportation/Providers

County: Trinity Provider: Southern Trinity Area Rescue Response Zone: 4
 Address: P O Box 4 Number of Ambulance Vehicles in Fleet: 2
Mad River, CA 95552
 Phone Number: 707-574-6613 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input 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 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

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

_____ Total number of transports
85 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: 2012

Response/Transportation/Providers

County: Trinity Provider: Trinity County Life Support Response Zone: 1
 Address: P O Box 2907 Number of Ambulance Vehicles in Fleet: 4
Weaverville, CA 96093
 Phone Number: 530-623-2500 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input 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 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

1496 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
1076 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

Reporting Year: 2012

County: Glenn

Facility: Glenn Medical Center
Address: 1133 W Sycamore St
Willows, CA 95988

Telephone Number: 530-934-1800

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

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

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

Table 9: Resources Directory

Facilities

Reporting Year: 2012

County: Lassen

Facility: Banner-Lassen Medical Center
Address: 1800 Spring Ridge Drive
Susanville, CA 96130

Telephone Number: 530-252-2000

<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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<u>Pediatric Critical Care Center⁴</u> EDAP ⁵ PICU ⁶	<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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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

Reporting Year: 2012

County: Modoc

Facility: Surprise Valley Health Care District
Address: 741 North Main St
Cedarville, CA 96104

Telephone Number: 530-279-6111

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

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

Reporting Year: 2012

County: Modoc

Facility: Modoc Medical Center
Address: 228 W. McDowell Ave
Alturas, CA 96101

Telephone Number: 530-233-5131

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

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

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

Table 9: Resources Directory

Facilities

Reporting Year: 2012

County: Plumas

Facility: Plumas District Hospital
Address: 1065 Bucks Lake Road
Quincy, CA 95971

Telephone Number: 530-283-2121

<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 checked="" 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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<u>Pediatric Critical Care Center¹³</u> EDAP ¹⁴ PICU ¹⁵	<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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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

Reporting Year: 2012

County: Plumas

Facility: Eastern Plumas Health Care
Address: 500 1st Avenue
Portola, CA 96122

Telephone Number: 530-832-6500

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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

Reporting Year: 2012

County: Plumas

Facility: Seneca District Hospital
Address: 130 Brentwood Drive
Chester, CA 96020

Telephone Number: 530-258-2151

<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 checked="" 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 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 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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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

Reporting Year: 2012

County: Sierra

Facility: Western Sierra Medical Clinic
Address: 209 Nevada St
Downieville, CA 95936

Telephone Number: 530-289-3298

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

Reporting Year: 2012

County: Trinity

Facility: Mountain Community Healthcare District
Address: 60 Easter Avenue
Weaverville, CA 96093

Telephone Number: 530-623-5541

<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 checked="" type="checkbox"/> Standby Emergency <input 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 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 type="checkbox"/> Yes <input checked="" 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 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2012

County: Glenn

Training Institution:		<u>Absolute Safety Training @ Glenn Medical Center</u>		Telephone Number:	<u>Dan Layne</u> <u>530-521-6520</u>
Address:		<u>1133 W Sycamore</u> <u>Willows, CA 95988</u>			
Student Eligibility*:	Open Current CPR	Cost of Program:	**Program Level	EMT & Paramedic	
		Basic:	EMT \$600 Paramedic \$7,000	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>EMT 20</u> Paramedic 30
				Refresher:	<u>N/A</u>
				Continuing Education:	
				Expiration Date:	<u>8/11/2014</u>
				Number of courses:	
				Initial training:	<u>EMT 20</u> Paramedic <u>Students</u> 1 Class (30 students)
				Refresher:	<u> </u>
				Continuing Education:	<u> </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: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2012

County: Lassen

Training Institution:	<u>Lassen Community College</u>		Telephone Number:	<u>Debbie Kincaid</u> <u>530-310-1154</u>
Address:	<u>P O Box 3000</u> <u>Susanville, CA 96130</u>			
Student Eligibility*:	<u>Open Current</u> <u>CPR</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$230</u>	Number of students completing training per year:	
		Refresher: <u>\$46</u>	Initial training:	<u>20</u>
			Refresher:	<u>10</u>
			Continuing Education:	<u>11-1-2014</u>
			Expiration Date:	
			Number of courses: 2	
			Initial training:	<u>1</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u> </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: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2012

County: Plumas

Training Institution:	Feather River Community College		Telephone Number:	Judy Mahan 530-283-0202 ext. 235
Address:	<u>570 Golden Eagle Ave</u> <u>Quincy, CA 95971</u>			
Student Eligibility*:	Open Current <u>CPR</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$230</u>	Initial training:	<u>40</u>	
	Refresher: _____	Refresher:	_____	
		Continuing Education:	_____	
		Expiration Date:	<u>08-16-2014</u>	
		Number of courses:		
		Initial training:	<u>2 Per</u> <u>Year</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.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2012

County: Trinity

Training Institution:	<u>Shasta College Outreach</u>		Telephone Number:	<u>Serena Brown</u> <u>530-351-4439</u>	
Address:	<u>P O Box 6006</u> <u>Redding, CA 96009</u>				
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
	Cost of Program:	Number of students completing training per year:			
	Basic: <u>\$230</u>	Initial training:	<u>30</u>		
	Refresher: <u>Yes</u>	Refresher:	<u>20</u>		
		Continuing Education:	<u>0</u>		
		Expiration Date:	<u>09/16/2014</u>		
		Number of courses: 2			
		Initial training:	<u>1</u>		
		Refresher:	<u>1</u>		
		Continuing Education:	<u>0</u>		
Training Institution:	<u>Southern Trinity Area Rescue</u>		Telephone Number:	<u>Randy Newell</u> <u>707-574-6616</u>	
Address:	<u>P O Box 4</u> <u>Mad River, CA 95552</u>				
Student Eligibility*:	<u>Open to general public</u> <u>Current CPR</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:	Number of students completing training per year:			
	Basic: <u>EMT \$50</u> <u>AEMT \$0</u>	Initial training:	<u>12-20</u>	<u>AEMT</u>	
	Refresher: <u>None</u>	Refresher:	<u>12-20</u>	<u>12-20</u>	
		Continuing Education:	<u>Yes</u>		
		Expiration Date:	<u>08/31/2013</u>	<u>01/17/2017</u>	
		Number of courses: EMT-1			
		Initial training:	<u>1</u>		
		Refresher:	<u>1</u>		
		Continuing Education:	<u>Yes</u>		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS

County: Glenn

Reporting Year: 2012

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

Name, address & telephone: SECONDARY: Enloe Medical Center 1531 Esplanade Chico, CA 95926					Contact: Bob Kiutu 530-332-7371				
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster		Number of Personnel providing services: 16 EMD Training 0 EMT-D 0 ALS 0 BLS 3 LALS 5 Other			
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Non-profit hospital		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		Number of Ambulances: 0	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year: 2012

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

Name, address & telephone: Susanville Interagency Fire Center 1491 5 th St., Susanville, CA 96130		Primary Contact: Rob Cobb 530-257-5575		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 3 LALS 5 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 0

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year: 2012

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

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year: 2012

Name, address & telephone: PRIMARY: Plumas County Sheriff's Office 1400 East Main St, Quincy, CA 95971		Primary Contact: Greg Hagwood 530-283-6325	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 0

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

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

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year: 2012

Name, address & telephone: Sierra County Sheriff's Office PO Box 66, Downieville, CA 95936		Primary Contact: John Evans, Sheriff 530-289-3700		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 7 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0 Presently does not dispatch for any ambulance service but anticipates doing so for Eastern Plumas Health Care in the future for service to the East side of Sierra County.

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year: 2012

Name, address & telephone: Trinity County Sheriff's Office PO Box 1228, Weaverville 96093		Primary Contact: Bruce Haney, Sheriff 530-623-3740		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 17 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0

EMS PLAN

AMBULANCE ZONE SUMMARY FORMS

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

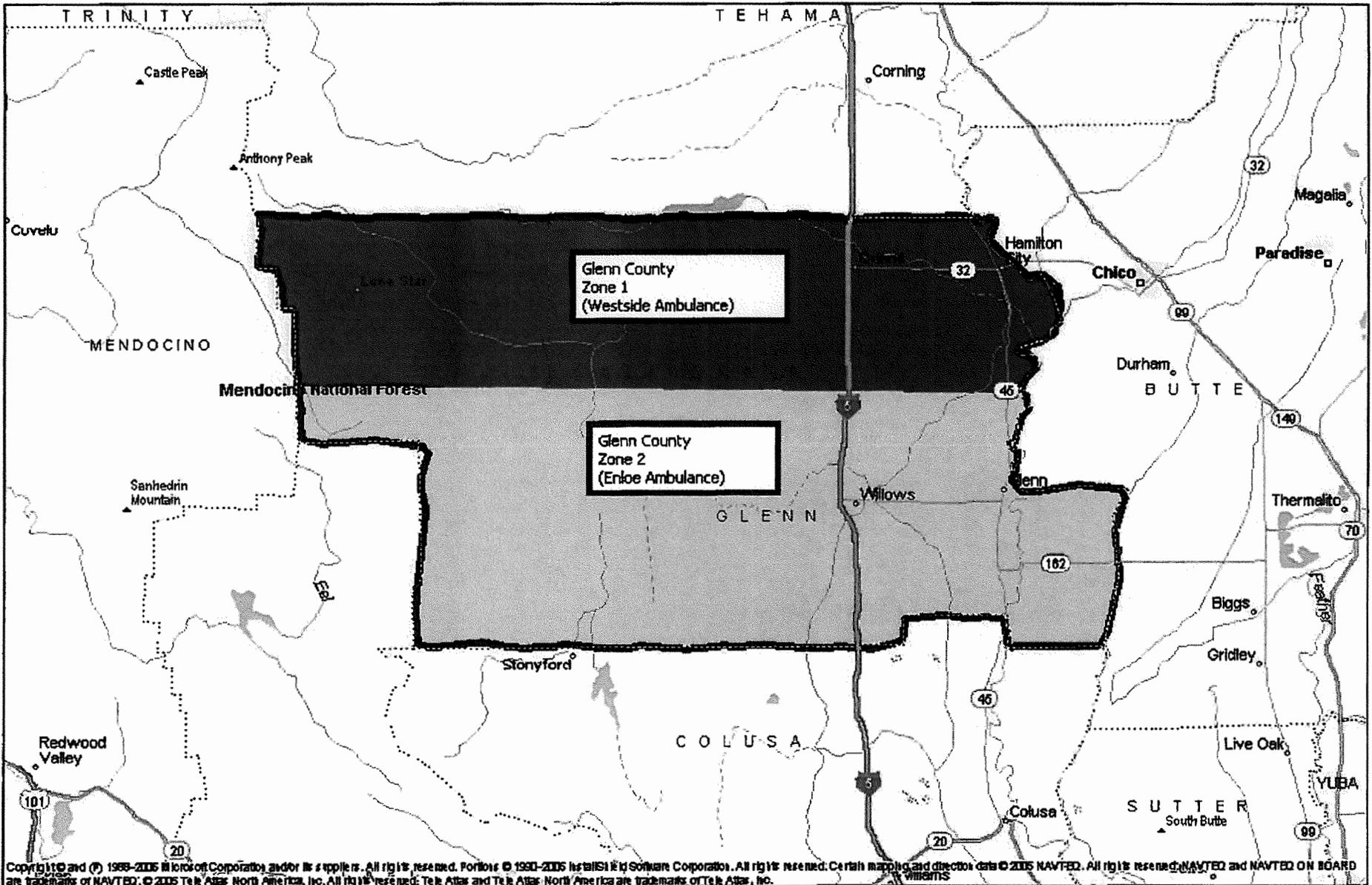
Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc./ Glenn County</p>
Area or Subarea (Zone) Name or Title: <p style="text-align: center;">Zone 1</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <p style="text-align: center;">Westside Ambulance</p>
Area or Subarea (Zone) Geographic Description: <p style="text-align: center;">All of Glenn County north of County Road 33</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <p style="text-align: center;">Exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <p style="text-align: center;">9-1-1 Emergency Ambulance Transport Response Telephone "7-digit" Emergency Ambulance Transport Response</p>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <p style="text-align: center;">Grandfathered</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc./ Glenn 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 specific area or subarea. Enloe Hospital Emergency Services
Area or Subarea (Zone) Geographic Description: All of Glenn County south of County Road 33
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
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. N/A

GLENN COUNTY MAP



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

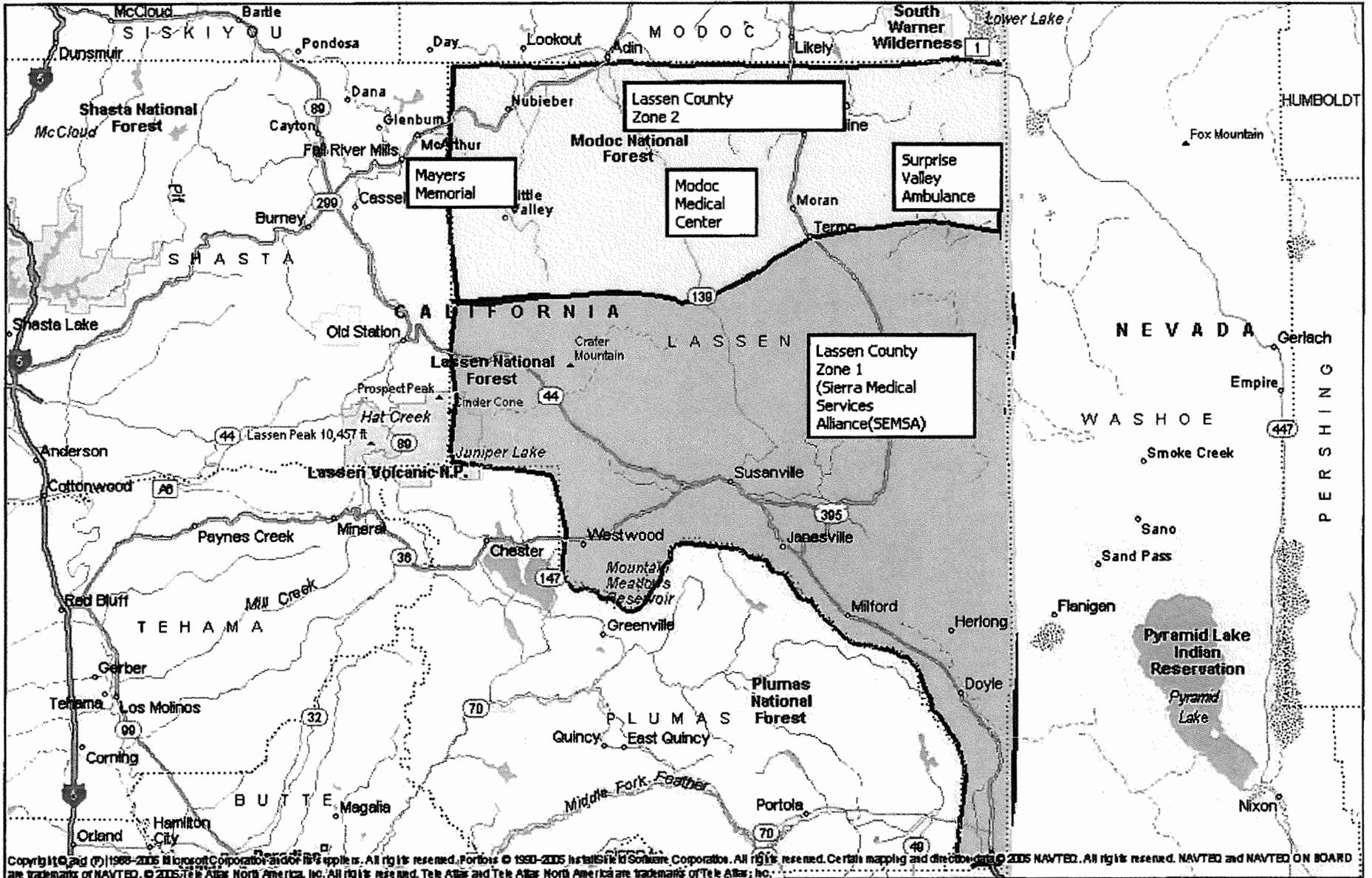
Local EMS Agency or County Name: Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title: Zone 1 (Central, West and East County Areas)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. SEMSA
Area or Subarea (Zone) Geographic Description: Refer to map
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). All emergencies
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. Competitively determined by RFP process

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

LASSEN COUNTY MAP



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Modoc Medical Center
Area or subarea (Zone) Geographic Description: Central area of Modoc County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 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.). Emergency ambulance
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. This ambulance service has been granted exclusive operating rights under the grandfather clause and recognized by EMSA in the previous plan approval.

**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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc 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. Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
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.

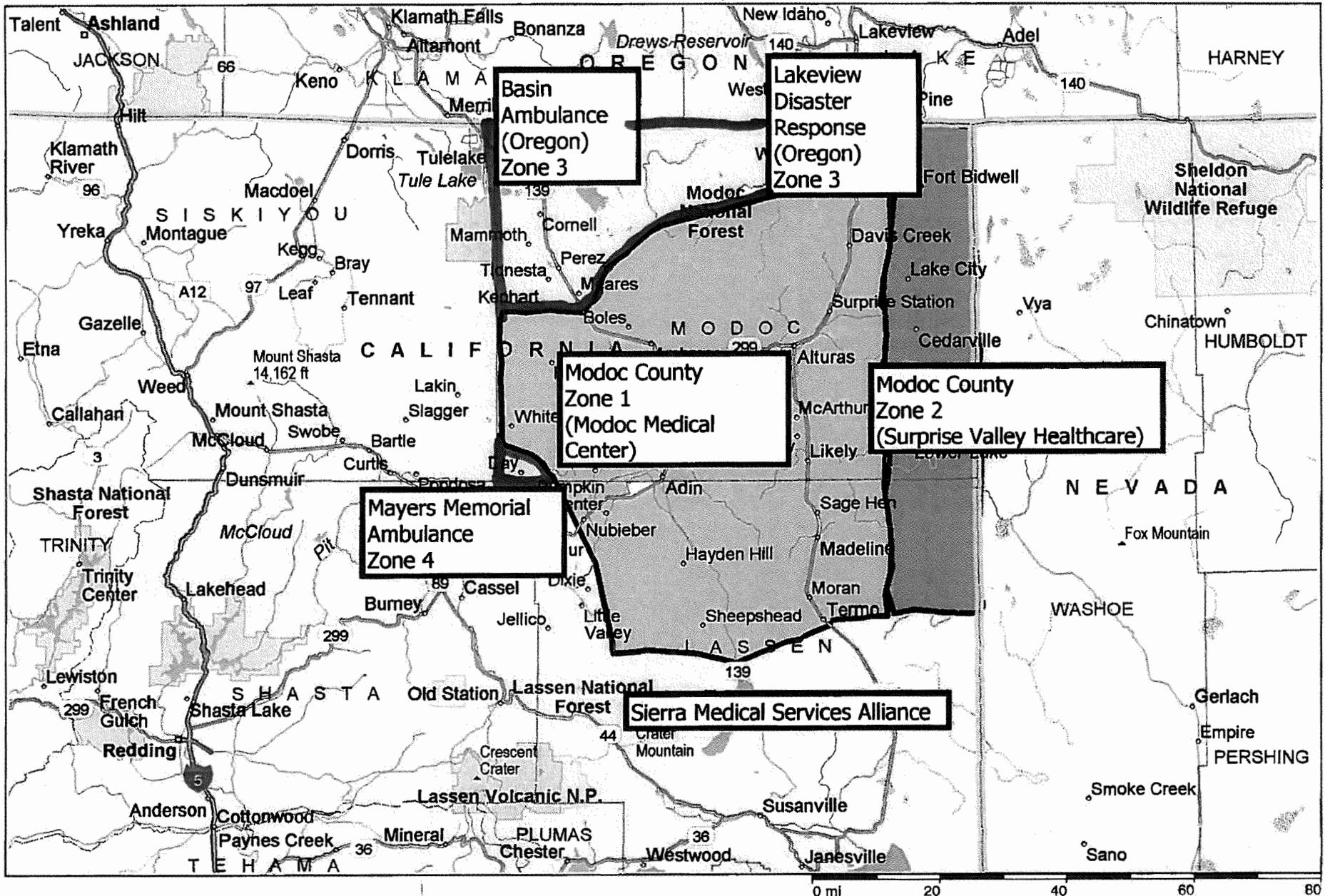
Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Basin Ambulance and Lakeview Disaster Response (Oregon)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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mayers Memorial Hospital
Area or subarea (Zone) Geographic Description: Extreme Southwestern corner of Modoc 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.

Modoc_Map



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Chester Fire Protection District
Area or Subarea (Zone) Geographic Description: North: Lassen National Park including Highway 89 to Summit Lake. East: SR 36 to Johnson's Grade South: SR 89 to the area of Rocky Point Campground Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line West: SR 36 to the SR 89 (north) intersection. And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). ALS
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.

**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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas 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. Peninsula Fire Protection District
Area or subarea (Zone) Geographic Description: <u>Peninsula Primary Response Area</u> East: Highway 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade North: Lassen County line – wilderness area. South: Highway 147 to the area of Highway 89 See attached map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): ALS
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.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

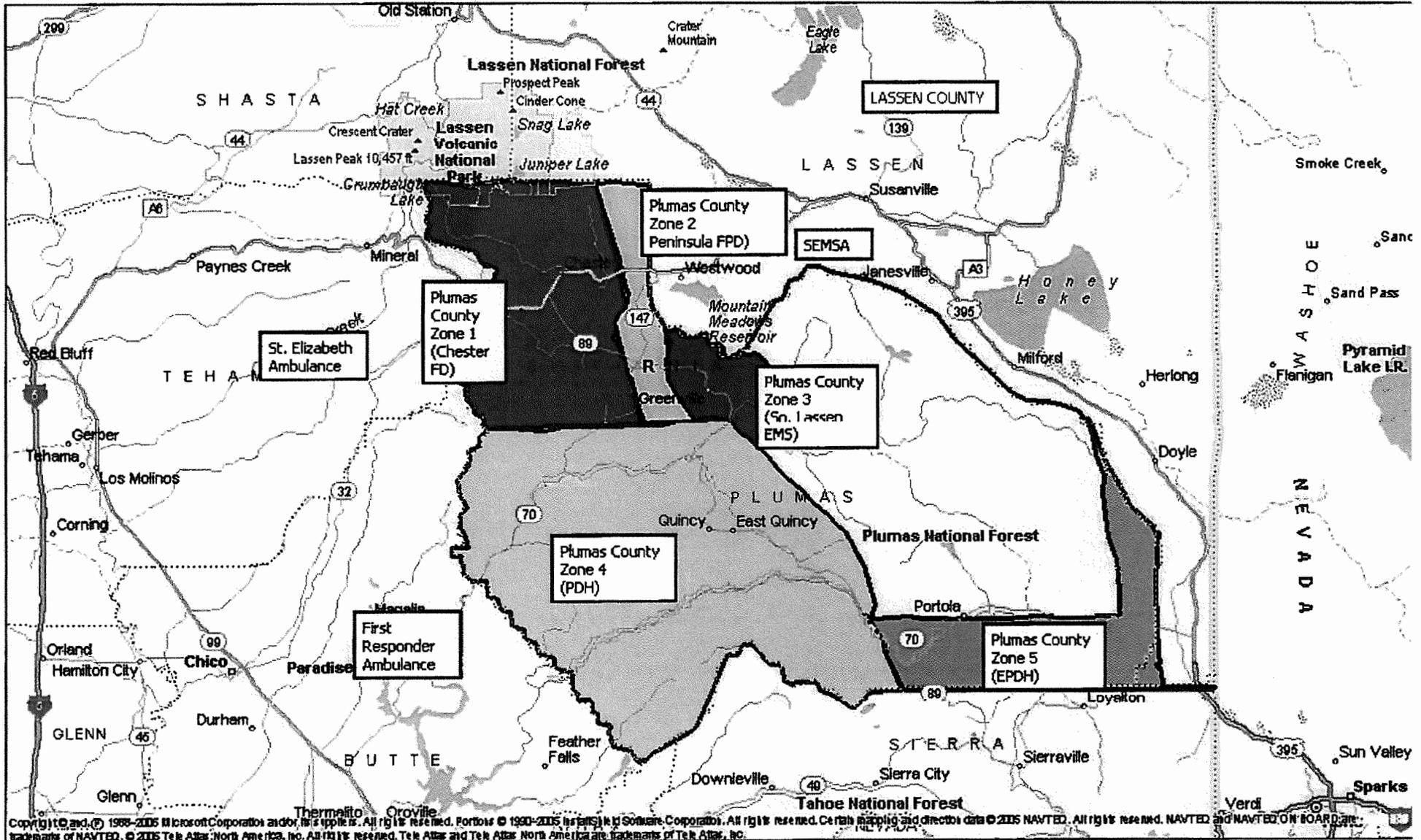
<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted)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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description: The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): ALS
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. Grandfathered

PLUMAS COUNTY MAP



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description: North: To the Plumas County Line East : SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
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. N/A

**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.

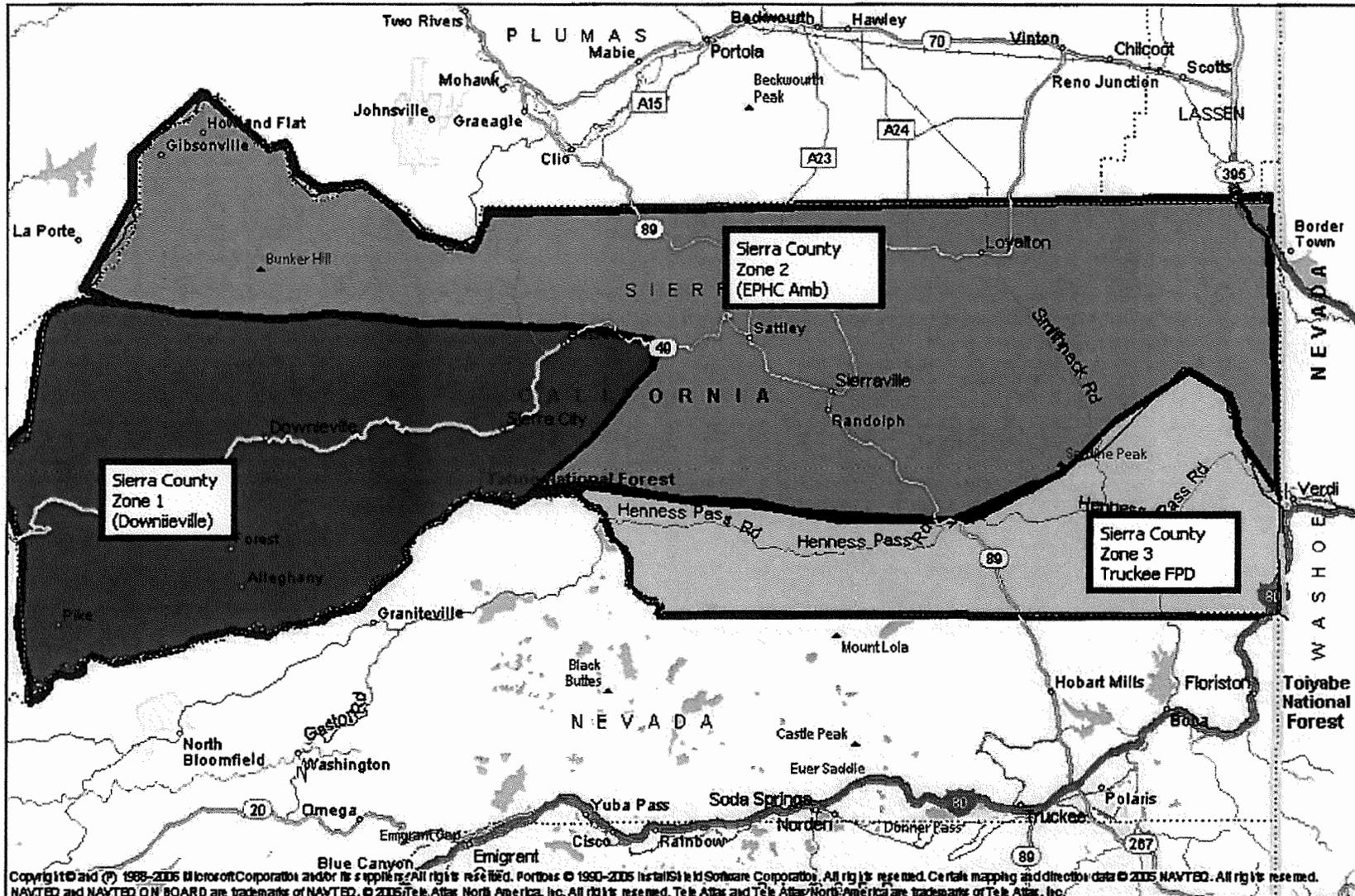
Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of French Men Lake East : To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
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. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

SIERRA COUNTY MAP



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Northern California EMS, Inc. / Trinity County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Trinity County Life Support
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
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. N/A

**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.

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
Area or Subarea (Zone) Name or Title: <p style="text-align: center;">Zone 3 – STAR (Southern Trinity Area Rescue)</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <p style="text-align: center;">Southern Trinity Area Rescue</p>
Area or Subarea (Zone) Geographic Description: <p style="text-align: center;">See attached map and specific response locations</p> <p>Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <p style="text-align: center;">Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <p>ALS</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 4 - Hoopa</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Hoopa Ambulance</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Extreme western Trinity County. Western 14 miles of Highway 299</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

Trinity_Map

