

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	<p>NCEMS continued as the LEMSA on behalf of Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board.</p> <p>Staff and contractor time increased due to two new grants: EMSC TACTICAL with UC Davis and HPP Disaster with CDPH.</p> <p>NCEMS amended county contracts as required by the EMSA.</p> <p>North Coast EMS continued to provide services in southern Trinity County for the first quarter of FY 2013-14. 35 year-old relationship with southern Trinity County terminated on October 1, 2013.</p> <p>NCEMS continued to utilize numerous committees and as needed, local and state specialty resources to ensure</p>	<p>Continue to convene JPA meetings to ensure oversight of NCEMS and utilize existing committees to ensure region-wide input.</p> <p>Re-establish as needed of the Cardiac and Trauma Committees within Humboldt County to provide local and region-wide specialty physician expertise.</p> <p>Continue to work with Redwood Memorial Hospital, to assess impact of shift from North Coast to Nor Cal specific to Base Hospital oversight of STAR.</p>

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					technical and clinical expertise in our decision making process. Also established an EMSC TACTICAL Core Group and a Pediatric Regional Council (PRC) with wide representation, including Native American, Hispanic and other cultural groups.	
1.02	LEMSA Mission	X	X	X	<p>NCEMS implementation of a new Cardiac (STEMI) EMS subsystem and Trauma Center designation process in Humboldt County continued to be delayed by hospital request. Initial and annual STEMI designation fees were set by JPA Board.</p> <p>EMSA discontinued contract with North Coast EMS to administer development of STEMI and Stroke regulations. Staff continued to participate in review of draft STEMI, Stroke and EMSC regulations.</p> <p>Completed first year and continued second year of EMSC Regionalization grant with UC-Davis to enhance the EMSC system and implement new EMSC regulations when</p>	<p>Designate STEMI Receiving Center & additional Trauma Centers with JPA approved fees when hospitals elect to proceed with designation.</p> <p>Continue to participate in state process to develop STEMI, Stroke and EMSC regulations and revise the EMS System Standards and Guidelines.</p> <p>Implement new regulations when available.</p>

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					available. Continued second year of CDPH HPP Regional Disaster funding.	
1.03	Public Input	X	X	X	Staff consistently attended Medical Advisory (MAC), Trauma Advisory (TAC), Emergency Medical Care Committee (EMCC) and other local committees to ensure region-wide input into plan, policy and procedure development processes utilized by NCEMS. The Humboldt County Cardiac Committee did not convene due to the delay in the STEMI Receiving Center designation process. Established Pediatric Regional Council.	Continue to attend and utilize existing EMCC, TAC and MAC committees; when appropriate, re-instate Cardiac Committee in Humboldt County when appropriate.
1.04	Medical Director	X	X	X	Dr. Ken Stiver continued as the Regional Medical Director. Bertha Russ Lytel Foundation funding was discontinued. Fiscal support of Medical Director shifted to other sources. Dr. Stiver received a small annual fee increase.	

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1.05	EMS Plan	X	X	X	The last NCEMS Regional Plan revision was approved by the EMSA.	Continue to work with EMSA and EMSAAC to develop useful, streamlined State EMS System Standards and Guidelines and LEMSA EMS Plans.
1.06	Annual EMS Plan Update	X	X		EMSA approved 2012 EMS Plan update. With EMSA permission, this 2013 update was late due to other priorities.	Secure EMSA approval of 2013 Regional EMS Plan annual update
1.07	Trauma Planning	X	X	X	<p>Trauma registry CEMSIS-Trauma data continues to be submitted to EMSA from both designated Trauma Centers, although data transmission from Sutter-Lakeside Hospital has required ongoing troubleshooting, and is discontinued until problems can be resolved.</p> <p>Staff & contractors periodically attended and helped coordinate TAC meetings in Lake County and attended the Oregon ATAB meeting at Sutter-Coast Hospital.</p> <p>The Regional Trauma Plan Revision was submitted to EMSA with a TAC meeting policy change request. Trauma Plan was approved by</p>	Utilize CEMSIS-Trauma data & TAC review to help evaluate Trauma System; continue to submit CEMSIS-Trauma data to EMSA; resolve transmission issue at Sutter-Lakeside; designate additional Trauma Centers when possible and implement fees; continue Regional Trauma Coordinator position; review Action Report submitted by Sutter-Coast Hospital, attend TAC meetings in Lake and Del Norte Counties (and in Oregon & in Shasta County if possible); participate in N-RTCC meetings.

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					<p>EMSA.</p> <p>Co-conducted Level IV Trauma Center site visit to Sutter-Coast Hospital with State of Oregon. Received Action Report.</p> <p>Shifted Regional Trauma and EMSC Nurse Coordinator contract to EMSC TACTICAL grant.</p> <p>Plan for designation of additional Trauma Centers in Humboldt County on hold.</p> <p>Staff continued to participate in the North-Regional Trauma Coordination Committee.</p>	
1.08	ALS Planning	X	X	X	<p>Briceland Fire ALS approval on hold by request.</p> <p>Humboldt Fire District #1 ALS Provider contract was updated and revised to address merger with Eureka Fire into Humboldt Bay Fire.. Executed revised contract.</p> <p>Modified scope of practice and numerous policies pursuant to revised EMT -P regulations.</p> <p>Requested and received</p>	<p>Continue to monitor impact and assist if possible with national drug shortage.</p> <p>Continue to process Air Methods request to become an ALS Provider pending Lake County Board of Supervisors action on ambulance permit. Proceed with ALS Provider approval process with REACH Air in Lake County if requested.</p> <p>Modify ALS policies as</p>

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					<p>approval to re-implement use of Furosimide in long transport situations.</p> <p>Received and in the process of assessing request by Air Methods/Mercy Air to become an ALS Provider in Lake County. Coordinating request with the Lake County ambulance permit process. Revised ALS Provider contract.</p> <p>Received written verification of historic arrangement with Coastal Valley's EMS that they oversee the REACH 6 aero medical unit stationed within Lake County. This was done to minimize multi-LEMSA approvals of REACH as an ALS Provider at the request of REACH.</p>	<p>needed, including consideration of the addition of Fentanyl to the scope of practice. Remove or transition old EMT-II policies and protocols as needed.</p> <p>Work with counties and providers to assess need for additional ALS ambulances if needed.</p> <p>Develop an Advanced EMT program if staff time allows.</p> <p>Assess feasibility and need for Community Paramedic program if staff time allows..</p>
1.09	Inventory of Resources	X	X	X	EMSA required inventory included as part of this Regional Plan update.	
1.10	Special Populations	X	X	X	North Coast EMS expanded needs assessment of native American, Hispanic and other cultural groups as part of the EMSC TACTICAL project.	Incorporate needs assessment findings and cultural group input into EMS and EMSC system enhancements.
1.12	Review & Monitoring	X	X	X	NCEMS continued to submit CEMSIS - Trauma and EMS data to EMSA; quarterly QIP	Continue to submit CEMSIS-Trauma & EMS data to EMSA & evaluate for

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				<p>Plans were received from all hospitals and providers, reviewed & summarized; STEMI outcome data was received from out-of-region STEMI Centers and flight data was received specific to REACH units located in Lake County.</p> <p>Site visit was conducted with State of Oregon at Sutter-Coast Hospital as a Level IV Trauma Center, staff continued to work with several facilities to ensure compliance with base hospitals and EDAP designation contracts. Several training programs were monitored as limited staff time allowed.</p> <p>NCEMS reviewed a few patient care related cases, Patient Care Records, EPCIS data reports, patient charts and other records to help evaluate and enhance the EMS System. We also monitored designated EMD programs.</p> <p>North Coast EMS initiated an assessment of various likely</p>	<p>system improvement; acquire & use Cardiac data for subsystem improvement after designation; and, monitor, review and summarize submitted QIP reports from hospitals and providers.</p> <p>Conduct site visits to approved training programs, designated hospitals and ALS Providers as needed and as staff time allows.</p> <p>Continue to monitor EMD programs.</p> <p>Assess and initiate implementation of a NEMSIS 3 version PCR program.</p> <p>Continue to review and monitor EMS system operations as needed, including evaluation of patient care throughout the region.</p>
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					NEMSIS version 3 compliant PCR programs and plans to participate in the ICEMA grant to achieve compliance.	
1.14	Policy and Procedures Manual	X	X	X	The NCEMS Policy and Procedures Manual was periodically updated and expanded through an ongoing process of region-wide review, including major revision of EMT-P policies, protocols and procedures.	Continue to revise and add new policies as needed and as staff time allows through the region-wide public input process, including: additional EMT-P modifications as needed, EMT changes pursuant to revised regulations, integration of outdated EMT-II policies and adoption of Advanced EMT policies.
1.15	Compliance with Policies	X	X	X	See 1.12 and Section F. NCEMS conducted a site visit to Sutter-Coast Hospital with the State of Oregon to ensure compliance with the Level IV Trauma Center contract. We continued to assess EDAP compliance at St. Helena Clearlake Hospital. All potential base hospital issues were resolved. Additional base hospitals continue to cease providing medications to assigned ALS Providers. Assessing request by Air Methods to become an ALS	Continue to work with base hospitals and ALS providers to ensure that a mechanism exists for the supply and replacement of controlled substances.

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					Provider.	
1.16	Funding Mechanism	X	X	X	<p>State General Fund allocation increased with the loss of Yolo County by SS-V EMS. This continues to help restore the state GF annual reductions experienced since 1999 and helps stabilize our budget.</p> <p>Other new revenue sources were secured including a four-year federal EMSC TACTICAL subcontract with UC-Davis and a CDPH HPP Disaster grant with CDPH.</p> <p>The Bertha Russ Lytel Foundation grant was discontinued, as were the EMSA STEMI/Stroke regulatory development grants, and funding from the EMSA to administer the annual EMS for Children conference and meetings.</p> <p>Local funds were received as projected, with ongoing increases in the Maddy Fund and continuation of county shares by all three JPA member counties. No new fees were implemented.</p> <p>The written agreement with</p>	<p>Continue efforts to increase and stabilize funding, such as: secure additional grants; implement the JPA Board approved fee for STEMI Receiving Center designation upon the designation of St Joseph Hospital in Eureka (the latter has been postponed by request); JPA approval of Trauma Center designation fees by the JPA Board if Humboldt County hospitals decide to move forward; and, consideration of other fees including increasing the EMT-P accreditation fee and establishing an annual Aero Medical provider oversight fee.</p>

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					<p>Nor Cal Inc. to provide services to southern Trinity terminated on October 1, 2013, as did funding.</p> <p>We solicited and sent support letters in support of SB 191, to continue the Pediatric Maddy Funding after 1/1/14, which was signed into law by the Governor. This fund continues in each county except Humboldt, so NCEMS requested that they extend the fund.</p> <p>Executed contracts with EMSA for the annual General Fund allocation, continued subcontracts with UC Davis and CDPH.</p>	
1.17	Medical Direction	X	X	X	<p>We designated St. Helena Clearlake Hospital (SHCH) in Clearlake as a Modified Base Hospital. A Modified Base is the same as a Base Hospital but without the use of authorized Mobile Intensive Care Nurses. Six of seven hospitals within the region are now designated as Modified Base Hospitals. We also confirmed that SHCH was designated years ago as a</p>	<p>Continue efforts to ensure that designated Base Hospitals support sufficient Prehospital Care Nurse Coordinators (PCNCs) Hours.</p> <p>Assess as needed the impact of the Affordable Care Act on designated BaseHospitals specific to ongoing medical direction.</p>

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					Standby ED by the State, although we had previously understood that the request had been withdrawn. At that time, we secured EMSA approval for SHCH (then Redbud) to operate as a full base hospital.	
1.18	QA/QI	X	X	X	See 1.12, 1.15 and Section F.	See 1.12, 1.15 and Section F
1.19	Policies, Procedures, Protocols	X	X	X	See 1.14	See 1.14
1.20 & 1.21	DNR and Determination of Death	X			NCEMS updated policy to include recognition of the POLST form a few years ago.	Monitor federal and state changes if any to DNR standards.
1.23	Interfacility Transfer	X	X	X	<p>As part of the EMSC TACTICAL grant, we initiated a process develop pediatric IFT guidelines, collect and review transfer data. At this time we have MOUs with three of seven hospitals to review pediatric IFT charts.</p> <p>Continued to work with the N-RTCC and EMSA to develop a trauma-related IFT needs assessment, develop a transfer guideline and expand the CEMSIS-Trauma Registry to include IFT data.</p> <p>Implemented a program to assess EMS and mental health patient care, including current 5150, field, hospital</p>	<p>Continue process, including execution of MOUs with each hospital if possible, and initiate and monitor prehospital and hospital IFT data collection for children.</p> <p>Continue to work with counties, providers, committees and others to help ensure the provision of an adequate number of 9-1-1 and IFT providers within the region.</p> <p>Continue participation on the N-RTCC and EMSC project to develop IFTs guidelines if needed, and review and update if needed the NCEMS IFT Policy..</p>

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					and IFT practices within each county.	Complete development of 5150 guideline and assess opportunities for improvement of mental health patient IFTs.
1.24	ALS Systems	X	X	X	See 1.08 and 1.11. All providers utilizing paramedics are authorized ALS Providers by NCEMS via ongoing contracts.	See 1.08 and 1.11.
1.25	On-line Medical Control	X	X	X	See 1.15 & 1.17. All seven hospitals within the region are NCEMS designated Base or Modified Base or Alternative Modified Base Hospitals via ongoing contracts.	See 1.15 & 1.17.
1.26	Trauma System Plan	X	X	X	See EMSA approved annual Regional Trauma Plan update & 1.07	See EMSA approved annual Regional Trauma Plan update & 1.07
1.27	Pediatric System Plan	X	X	X	See 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E.. Mad River Community, Sutter-Coast, Redwood Memorial, Sutter-Lakeside, St Joseph and St. Helena-Clearlake Hospitals are all NCEMS designated Emergency Departments Approved for Pediatrics (EDAPs). The EDAP policy was updated to match current EMSA Pediatric Emergency Dept. Guidelines and draft	Continue to distribute accrued Maddy (Richie's) Funds proportionally within each county to designated EDAPs. Complete assessment of EDAP compliance at St. Helena Clearlake Hospital, and if requested, evaluate and designate J. Phelps Hospital if compliant. Evaluate addition of pediatric tele-medicine

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				<p>EMSC regulations, and all but one of the six EDAPs verified current compliance. Close to \$250,000 in pass through Maddy (Richie's) funding has been dispensed to designated EDAPs for purchase of pediatric supplies and equipment, and MD and RN pediatric training.</p> <p>NCEMS initiated the second year of a four-year federal EMSC Regionalization grant via a subcontract with UC-Davis Medical Center. This will include: pre-hospital and hospital data collection; telemedicine; cultural group integration; enhanced training opportunities; EMSC system improvements, etc. Established Pediatric Regional Council as part of this grant.</p> <p>NCEMS reviewed and submitted comments to EMSA specific to the forthcoming EMSC regulations.</p> <p>Local hospitals participated in the first statewide Pediatric Survey and most did well to</p>	<p>opportunities on EDAP standards and forthcoming EMSC regulations.</p> <p>Continue second year of EMSC TACTICAL Regionalization grant with UC-Davis to enhance the EMSC system and implement new EMSC regulations when available.</p> <p>Ensure that Humboldt County continues Pediatric Maddy (Richie's) Fund after 1/1/14.</p>
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2.01	Assessment of Needs	X	X	X	<p>NCEMS assessed EMS system needs through a variety of mechanisms and targeted best practices and current EMS system enhancements.</p> <p>There is region-wide interest in developing an Advanced EMT program.</p>	<p>Continue to assess EMS system needs, implement best practices and EMS system enhancements.</p> <p>Assess feasibility and initiate process to implement an Advanced EMT program.</p> <p>Assess need, feasibility and role of a Community Paramedic program as staff time allows.</p>
2.02	Approval of Training	X	X	X	<p>NCEMS continued approval of EMD, First Responder, EMT, paramedic, MICN, FTO and other training programs according to state regulations, guidelines and local policy. Monitoring of training programs and CE Providers was limited by available staff time.</p> <p>Interest in implementing an AEMT program has been expressed in meetings.</p> <p>HSU and CR may be</p>	<p>Update Public Safety and First Responder policies & programs relative to new state Public Safety and/or EMR regulations when available.</p> <p>Develop policies, protocols and implement the AEMT program, and approve eligible and qualified AEMT training program(s).</p> <p>Approve Transition Course as needed.</p>

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					interested in implementing the NREMT Transition Course in Spring. The Paramedic training program at CR went from offering an annual class to every two year. Enrollment was much higher as a result and CR is again considering conducting a class each year.	Monitor impact of new state EMT regulations with increased training hours on existing EMT classes, particularly those on the semester system.
2.03	Personnel	X	X	X	See 2.02 The number of NCEMS certified EMTs continues to decline to a new low of 515, with fewer students taking the class, and for the first time in many years, HSU canceled their fall program.	See 2.02
2.04	Emergency Medical Dispatch (EMD) Training	X	X	X	See 1.12. Convened meeting with Eureka Police Dept, CALFIRE and City Ambulance representatives to review program and continued designations.	See 1.12 Monitor EMD Program as staff time allows.
2.05	First Responder Training	X	X	X	See 2.02	See 2.02
2.07	First Responder Medical Control	X			See 1.04, 1.12, 1.15, 1.17, 1.24 & 1.25. All non-transporting ALS Providers are authorized by NCEMS and are assigned to a designated base hospital by contract. Humboldt Bay	

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					Fire was approved by NCEMS as a non-transporting ALS Provider assigned to SJH.	
2.08	EMT-I Training	X			See 2.02 and 2.03. All county permitted or contracted ambulances predominantly utilize at least one currently certified EMT-I and one NCEMS accredited paramedic. Occasional exceptions occur within the region for BLS only ambulances and non-EMT drivers according to state statute and regulation.	See 2.02 and 2.03
2.10 2.11 2.13	Advanced Life Support Accreditation Process Base Hospital Personnel	X X X	X X X	X X X	See 1.08, 1.12, 1.15, 1.17, 1.24 1.25, 2.02 & 2.07. Accreditation process, set by state regulations, is followed.	See 1.08 1.12, 1.15, 1.17, 1.25, 2.02 & 2.07.
3.01	Communication Plan	X	X	X	NCEMS developed a Communications Plan and purchased a Med Net Communications system in the mid-1970s for field to base hospital medical control communications. Ownership and maintenance/replacement responsibility was transferred to each county for the Mt-Top Repeaters, to each hospital for the hospital radios and to each provider (transporting and ALS) in the 1980's. All Med	Continue to review WIDE-AREA testing on periodic basis. Monitor the impact of narrow banding on the Med Net System and work with all three counties to address any Med Nct System issues.

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				<p>Net Equipment was replaced with narrow band compatible equipment within the last several years, and Humboldt and Lake Counties enhanced the system for MCIs (WIDE-AREA) and medical surge respectively. NCEMS maintained an MCI Plan and Lake County received EMSA approval for use of a surge frequency and adopted a medical surge procedure.</p> <p>In Humboldt County, CAL-FIRE continued periodic testing of the WIDE-AREA Med-Network and reported results to NCEMS, who included that information in periodic mailings and for discussion as needed at monthly MAC meetings.</p> <p>At this time, the Med Net Systems in each county are narrow banded and Humboldt County is narrow band ready.</p> <p>Two Mt Top repeaters in Humboldt and one in Lake County were replaced with the NCEMS Med Net Trust Fund with JPA Board approval.</p>	
3.02, 3.03,	Radios, IFTS, Dispatch Center,	X	X	Sec 2.04, 3.01 and Sections C.	Sec 2.04, 3.01 and Sections C

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<p>3.04, 3.05, 3.06, 3.09, 3.10</p>	<p>Hospitals, MCI/Disaster Communications, Dispatch Triage, Integrated Dispatch</p>			<p>and H.</p> <p>Each of the three counties continued to utilize a single dispatch center for all emergency ambulances, with the exception of occasional dispatch of Hoopa (K'ima:w) Ambulance by the Hoopa Tribal Dispatch Center.</p> <p>Communications interoperability & radio testing for MCIs and disasters continued in all three counties.</p> <p>Humboldt and Lake County have redundant Med Net Repeaters that allow WIDE-AREA hospital to hospital and medical surge communications respectively.</p> <p>NCEMS continued designation of two EMD providers, CAL FIRE in Fortuna and Eureka PD, and conducted meetings to ensure coordinated practices.</p> <p>Del Norte County identified possible opportunities to enhance the activation of outside search and rescue and</p>	<p>and H.</p> <p>Continue to work with Del Norte County representatives to determine optimal ways to enhance the search and rescue and aero medical activation policies.</p> <p>Monitor the developments in Del Norte County relative to the potential impact of termination of critical radio towers on Red Mt.</p> <p>Monitor EMD programs in Humboldt and explore opportunities for regional enhancements of field to hospital communications systems and ambulance dispatch, as need and staff time allows.</p>
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					aero medical resources.	
4.01	Service Boundaries	X	X	X	<p>Based upon traditional practices, each county has long established ground ambulance transportation service areas. The service area in Del Norte County includes the entire county and a portion of southwestern Oregon. Ambulance service boundaries are set in the Humboldt County BOS adopted county ambulance ordinance, and in Lake County, service areas are included as an addendum to the BOS approved ordinance. None of the service areas are exclusive.</p> <p>The service area in eastern Humboldt has long been covered by K'ima:w (Hoopa) Ambulance with ALS units in Hoopa and Willow Creek. The Hoopa Valley Tribal Council has subsidized the ambulance service for decades and requested financial assistance over the last several years. The Humboldt County BOS recently earmarked funds to help ensure continuation of current service levels while</p>	Continue to work with county, provider, committee and other representatives to help ensure ongoing provision of an adequate number of appropriately staffed ambulances as needed throughout the region.

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					short and long-term options are explored.	
4.02	Monitoring	X			See 4.01. NCEMS continued to monitor authorized ALS Providers and work with JPA member counties as needed to help monitor ambulance services through the existing QI and data collection programs.	See 4.01.
4.06	Ambulance Staffing	X	XX	X	See 1.08, 1.24, 2.03, 2.08	See 1.08, 1.24, 2.03, 2.08
4.07	First Responder Agencies	X	X	X	See 2.02 & 2.05 NCEMS participated in the delayed EMSA process to revise the Public Safety regulations and develop new Emergency Medical Responder (EMR) regulations	See 2.02 & 2.05. Continue to represent rural interests including state addition of training and use of O2, air adjuncts etc to the Public Safety scope of practice, and adoption of national EMR standards in California without substantially increasing costs or barriers to rural volunteer participation.
4.08 & 4.09	Medical & Rescue Aircraft Air Dispatch Center	X X	X X	X X	See 1.08 and 3.04. Request was received by Air Methods to authorize them as an ALS Provider in Lake County. This resulted in a process to update the ALS Provider contract and incorporate Aero Medical regulations into that	See 1.08 and 3.04. Pending the outcome of the Air Methods process to acquire an Ambulance Permit in Lake County, approve Air Methods as an ALS Provider.

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					<p>contract for the first time. We also received written confirmation that the REACH aero medical unit operating within Lake County is in fact operating under Coastal Valley's EMS ALS approval with our concurrence. Both units are categorized as Aero Medical.</p> <p>The air dispatch center for Del Norte and Humboldt is CALFIRE in Fortuna and in Lake County, it is the Lake County Sheriffs Dispatch Center.</p>	If requested approve REACH in Lake County as well.
4.10	Aircraft Availability	X			See 4.08. REACH aero medical unit continued to be located in Lake County, now with by written confirmation of oversight with Coastal Valley's EMS. Continued ALS approval of CAL-ORE Life Flight by NCEMS for IFT only, and initiated a process to approve Air Methods as an ALS Provider. All aero medical providers routinely operating within the region have written agreements with NCEMS.	See 4.08. Identify with county and EMCC input the optimum aero medical dispatch rotational system for Lake County if needed.
4.12, 4.13, 4.14, 4.15	Disaster Response, Intercounty Response, ICS & MCI Plans	X	X	X	See Section H. Assessed need to update the Regional MCI Plan.	Update the MCI Plan and medical disaster as staff and contractor time allows.

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					The first year of the new regional HPP Disaster contract with CDPH was implemented. Specific deliverables are in the process of being implemented and the second year contract has been executed. The Associate Director is also the Regional Disaster Coordinator and each county has an NCEMS Local Disaster Liaison.	See The North Coast EMS FY 13-14 Hospital Preparedness program (HPP) Work Plan and Section H on this document.
4.16	ALS Staffing	X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06	Sec 1.08 , 1.24, 2.02, 2.03, 2.10 & 4.06
4.17	ALS Equipment	X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 and 4.16. Added to paramedic scope with EMSA approval of Furosemide and continued Pediatric Intubation with restrictions. Ambulance providers continued to acquire 12-lead ECGs.	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 & 4.16

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5.01	Assessment of Facilities Capabilities	X	X	X	See 1.07, 1.17, 1.25, 1.26 & 1.27 . The subcontract to administer the process to develop the state STEMI and Stroke regulations was discontinued by EMSA this fiscal year. Process to designate STEMI Receiving Center, implement Cardiac Subsystem Plan & Trauma Plan Subsystem in Humboldt Co. continued to be delayed by hospital request.	See 1.07, 1.17, 1.25, 1.26 & 1.27 Review, comment and implement forthcoming state STEMI, Stroke & EMSC regulations when available.
5.02	Triage & Transfer Protocols	X	X		See 1.08 and 1.23. The process to review with CVEMS and Napa County the NCEMS & CVEMS Trauma Triage Criteria relative to CDC model was delayed.	See 1.08 and 1.23. Revise Trauma and STEMI Triage protocols as needed. Expand scope practice as appropriate with training and protocols
5.03	Transfer Guidelines	X	X	X	See 1.23	See 1.23.
5.04	Specialty Care Facilities	X	X	X	See 5.01	Sec 5.01
5.05 5.06	Mass Casualty Management Hospital Evacuation	X	X	X	See Section H.	See Section H.
5.07	Base Hospital Designation	X	X	X	See 1.07, 1.12, 1.15, 1.17, 2.10	See 1.07, 1.12, 1.15, 1.17,

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					& 5.01	1.25, 2.10 & 5.01
5.08	Trauma System Design	X	X	X	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan
5.10 5.11 5.12	Pediatric System Design Emergency Departments Approved for Pediatrics Public Input	X	X		See 1.03, 1.27 & 5.01	See 1.03, 1.27 & 5.01
5.13	<u>Specialty System Design – Cardiac Plan:</u> A) 31 System Participants & Roles include: <u>Del Norte & Lake Counties</u> – 8 ALS Providers & 3 Hospitals to coordinate rapid patient ID, transport &/or transfer of STEMI patients to 5 outside STEMI Centers. <u>Humboldt County:</u> The AHA – grant administrative oversight, Cardiac Plan implementation assistance; Humboldt Area Foundation – dispensation of funds; 2 Cardiac Contractors – coordinate acquisition of 12-leads, training, draft triage and STEMI center criteria; North Coast EMS – oversee development of Cardiac System, develop policies: triage, training, STEMI Center criteria & designation contracts, designate STEMI Center in Eureka; evaluate program, etc; Humboldt Cardiac Coordinating Committee, the Humboldt-Del Norte Medical Advisory Committee and Lake EMCC – advise AHA and North Coast EMS, secure Disclosure Protection, Conduct Case Review & assist in Quality Review and Improvement of	X	X	X	See 5.01. <u>Region: JPA</u> Governing Board approved initial STEMI Center Receiving fee of \$15,000 and a \$10,000 annual maintenance fee. <u>Del Norte County</u> – continued STEMI program. <u>Lake County</u> – additional ALS Providers acquired 12-leads with transmission capability; Sutter-Lakeside Hospital periodically approving direct transport of STEMI patients to distance STEMI Receiving Centers. <u>Humboldt County</u> – responded to requests by SJH representatives specific to STEMI Receiving Center Pre-site Visit Survey tool; Cardiac Plan implementation & STEMI Center designation on hold until St. Joseph Hospital	See 5.01. Continue to assist with STEMI Program expansion, evaluation & enhancement. Implement Cardiac Subsystem and designate STEMI Receiving Center in Humboldt County when SJH is ready to proceed. Implement state STEMI regulations, and monitor Cardiac Program and modify as needed.

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<p>Cardiac Program, etc; 4 ALS Providers – cost-share acquisition of 12-leads to maximize use of funds, ensure training of medics, participate in planning; 4 Hospitals – participate in process to develop Cardiac Program; St. Joseph Hospital – demonstrate compliance to STEMI standards and secure designation; All – evaluate and improve Cardiac System.</p> <p><u>B. Design of Catchment Areas: Del Norte County</u> – all cardiac patients will be transported to Sutter-Coast Hospital for rapid ED assessment & treatment, and as appropriate, transfer usually to Medford, Oregon.</p> <p><u>Lake County</u> – field identified STEMI patients will generally be transported by air from within the St. Helena Clearlake Hospital catchment area directly to surrounding STEMI centers, and from within the Sutter-Lakeside Hospital catchment area, to the ED for rapid assessment, as needed treatment by on-call Cardiologists and/or direct transport or transfer to surrounding STEMI Centers in Coast Valleys EMS or Sacramento County.</p> <p><u>Humboldt County</u> – final catchment area will be determined, but field identified STEMI patients will generally bypass closest hospitals for direct transport to the designated STEMI center at St. Joseph Hospital.</p> <p><u>C. Targeted Patients for Triage or</u></p>				<p>completes the survey tool, etc. Selected Selinda Shontz to assist with designation process.</p>	
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<p><u>Transfer to a Designated STEMI Center</u> are those whose signs, symptoms and 12-lead reading indicate a potential ST Elevation Myocardial Infarction; the volume and mix of STEMI patient transports within the region has not yet been determined (estimate around 100 per year in region).</p> <p>D. <u>Role of Non-Designated Hospitals</u> – all 7 hospitals within the region will continue to function as Base Hospitals & provide pre-hospital oversight and medical control. All Non-designated STEMI Centers that receive STEMI patients will rapidly assess, treat and transfer to a designated STEMI center as medically appropriate, or will allow direct aero medical transport (Lake County) or direct ground transport to a designated center (Humboldt County).</p> <p>E. <u>Plan for Monitoring & Evaluating the Subsystem</u>: ensure that medics document and flag all STEMI patient PCRs; request and receive outcome data from each STEMI receiving center; review times to PCI, outcome and other relevant information; assess over-triage and under-triage if possible, utilize Disclosure Protected Lake County Medical Advisory Committee (MAC) and HCCC to evaluate quality, outcome and enhance system as needed. Establish similar committee in Del Norte County or use Humboldt/Del</p>					
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	Norte MAC.					
5.14	Specialty Planning Public Input	X	X	X	See 1.03 The existing Lake County EMCC, Humboldt-Del Norte EMCC, MAC & TAC committees & Informational Mailing process continued to provide public input. Established and convened Pediatric Regional Council.	See 1.03 Utilize Specialty Planning committees and solicit input. Re-establish HCCC when needed and utilize Pediatric Regional Council; ensure Cardiologist and Pediatrician input.
5.15	Subsystem Evaluation and Data Collection Program: A. Patient Registry – a North Coast EMS PCR will be completed on each field transported STEMI patient and faxed to North Coast EMS. In <u>Lake County</u> , Coastal Valleys EMS will help ensure the return of outcome information. In <u>Del Norte County</u> , will work with Sutter-Coast and the Medford STEMI Receiving Center to secure outcome information. In <u>Humboldt County</u> , we will receive & review cardiac registry information. Throughout region, we will assess methods of acquiring STEMI patient data from Non-STEMI Centers. B. Identification of Over and Under-triage: Review of data	X	X	X	See 1,12, 4.02, 5.01, 5.13 & Section F At this time, a PCR copy is requested for each STEMI patient directly transported by air from Lake County to a surrounding STEMI Center. Aside from the above, all efforts to acquire outcome hospital data are on hold pending developments of the EMSAs Hospital Information Exchange program and NEMSIS 3 ePCR program implementation.	See 5.01, 5.13 & Section F. Continue to work with Coastal Valley's EMS and STEMI Receiving Centers to help review Lake County STEMI patient care, and with St. Joseph after STEMI Center designation.

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	<p>will help determine under and over-triage.</p> <p>C. Develop a Process to Identify Improvements: The Cardiac Subsystem will be evaluated with input from participating partners and Cardiac System enhancements will be implemented when possible.</p>					
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15.</p> <p>Reviewed & summarized QIP Reports from all base hospitals and ALS providers; reviewed PCRs, EPCIS data and investigated cases; administered the NCEMS QA/QI program.</p> <p>Associate Director continued as member of the EMSAAC QI Work Group and assumed the chair of a sub group established to revise the EMSAAC QI Plan Template</p>	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15.</p> <p>Continue to review & summarize quarterly QIP Reports, review PCRs, EPCIS data, REACH records, and cases as needed.</p> <p>Review Air Methods records when approved as an ALS Provider.</p> <p>Review and if compliant, approve QIP Plans for new ALS Providers.</p> <p>Review and submit AED data to EMSA if requested.</p>

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						Complete the draft revision of the EMSAAC QI Plan Template and submit to EMSAAC for consideration.
6.02	Prehospital Records	X	X	X	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. North Coast EMS continued to transmit CEMSIS PCR data to the EMSA.</p> <p>NCEMS was the first LEMSA to test CEMSIS Core Measures and submit requested data to EMSA.</p> <p>NCEMS is currently testing and evaluating Image Trend as part of an EMSA grant through ICEMA. Other ePCR programs are also being assessed.</p>	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. Continue to transmit data to EMSA. Continue to address provider identified concerns and utilize EPCIS as a data collection and EMS system evaluation tool. Consider and if approved by JPA Board implement PCR user fees. Continue to generate reports and utilize data to evaluate and enhance the EMS System.</p> <p>Continue testing and evaluation of Image Trend and other ePCR programs and initiate implementation of optimal NEMSIS v 3 compliant ePCR program.</p> <p>Participate in EMSA Core Measures program utilizing CEMSIS data.</p>
6.03	Prehospital Care Audits	X	X	X	All ALS Providers and Base Hospitals continue to conduct audits on PCRs & many utilize EPCIS as well. Also, see 6.01 & 6.02. Associate	See 6.01 & 6.02

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					Director identifies quarterly QIP focused audits.	
6.04	Medical Dispatch	X	X	X	See 2.04 and 3.02	See 2.04 & 3.02.
6.05	Data Management System	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02
6.06	System Design Evaluation	X	X	X	See 1.07, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05	See 1.12, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05
6.07	Provider Participation	X	X		See 6.01, 6.02, 6.03, 6.05 & 6.06. QIP Plans approved for all providers quarterly & summarized by NCEMS	Continue to receive, monitor and summarize QIP Reports and utilize disciplinary process as needed for cause
6.10, 6.11	Trauma System Evaluation	X	X	X	See Revised Trauma Plan & 1.07. Successfully transmitting Trauma 1 Registry data from both Sutter-Lakeside and Sutter-Coast Trauma Centers to EMSA. Oregon/California data patch completed by Lancet. Experiencing and assessing technical transmission issues with T registry.	See Revised Trauma Plan & 1.07. Continue trauma & EMS data transfer to EMSA. Utilize Trauma Registry data for Trauma Subsystem Enhancement. Expand Trauma 1 to new Trauma Centers at their expense when designated. Implement Image Trend Trauma Registry when available. Resolve data transmission issues.
7.01 7.02 7.03	Public Information Materials Injury Control Disaster Preparedness	X	X	X	Continued limited participation in PIE Activities, mostly related to EMSC.	Continue participation as staff time allows.

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7.04	First Aid & CPR					
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.03 8.03 8.04 8.05 8.06, 8.07 8.08 8.09 8.10 8.11 8.12 8.13 8.15 8.16	Disaster Medical Planning, Response Plans, HazMat Training, ICS, Casualty Distribution, Needs Assessment Disaster Communications, Inventory of Resources, DMAT Teams, Mutual Aid Agreements, CCPs, Training, Plans,	X	X	X	See 3.01, 3.02, 4.15 and CDPH Disaster Project Work Plan Continued to support and concur with appointments of county appointed MHOACs in each county. Participated in County Disaster Medical planning & drills. Implemented first year and began second year of the Regional HPP Disaster project with CDPH funding. Appointed Associated Director as the Regional Disaster Coordinator, and subcontracted with three County HPP Disaster Liaisons. Worked collaboratively with ESMA, CDPH, OES, JPA Member counties, providers and others to address CDPH targeted	See 3.01, 3.02, 4.15 & CDPH HPP Disaster Work Plan. Continue to participate in and help coordinate medical disaster activities. Continue Regional HPP Disaster Project. Continue HPP with an focus on greater planning and operational integration between the North Coast EMS Region EMS agencies and the MHOAC program."

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					deliverables, such as: review of existing policies and plans; disaster meeting attendance; training of staff and contractors; etc.	
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TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2013

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

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

County: Humboldt, Lake, Del Norte

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

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

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

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

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

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA] EMSC	<u>24,512.00</u>
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	<u>237,203.00</u>
County general fund	<u>1,500.00</u>
Other local tax funds (c.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>75,278.00</u>
Certification fees	<u>3,832.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	<u>500.00</u>
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	_____
Other critical care center designation fees	_____
Type: _____	_____
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>162,204.00</u>
Other grants: <u>UC DAVIS</u>	<u>44,709.00</u>
Other grants: <u>CDPH EP0 12-105</u>	<u>45,631.00</u>
Other grants: <u>BRLF</u>	<u>17,500.00</u>
Other <u>Interest</u>	<u>107.00</u>
TOTAL REVENUE	\$ <u>622,977.00</u>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN.

Delay in contract enactment reduced current year expenses to be postponed into next Fiscal Year.

Table 2 - System Organization & Management (cont.)

EMS System: North Coast EMS Reporting year: 2012-2013

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

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

Table 2 - System Organization & Management (cont.)

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

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2013

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	498	NA	131	30
Number newly certified this year	NA	NA	NA	NA
Number recertified this year	NA	NA	NA	NA
Number of accredited personnel this year				
Total number of accredited personnel on July 1 of the reporting year				
Number of certification reviews resulting in:				
a) formal investigations	1	0	0	0
b) probation	1	0	0	0
c) suspensions	1	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	0	0	0	0

1. **Early defibrillation:**

a) Number of EMT-I (defib) authorized to use AEDs

NA

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

NA

2. Do you have an 1st Responder training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Del Norte

Reporting Year: 2013

- | | |
|---|----------|
| 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</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?
_____ | |
| 7. Who is your primary dispatch agency for a disaster?
_____ | |
| 8. Do you have an operational area disaster communication system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Radio primary frequency <u>155.175</u> | |
| b. Other methods <u>Cell Phone</u> | |
| 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 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.

County: Humboldt

Reporting Year: 2013

- | | |
|---|----------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>6</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>2</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
_____ | |
| 7. Who is your primary dispatch agency for a disaster?
_____ | |
| 8. Do you have an operational area disaster communication system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Radio primary frequency <u>Med Net Tx 467.950→468.175</u>
<u>Rx 462.950→463.175</u> | |
| b. Other methods <u>Short Wave Tx 146.910</u>
<u>Rx 146.310 Calcord Tx 156.075 Rx 156.075</u>
<u>Cell Phone</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1) Within the operational area? | |
| 2) Between operation area and the region and/or state? | |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Lake

Reporting Year: 2013

- | | | |
|----|--|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | <u> 1 </u> |
| 2. | Number of secondary PSAPs | <u> 0 </u> |
| 3. | Number of dispatch centers directly dispatching ambulances | <u> 1 </u> |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines | <u> 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?
<hr/> | |
| 7. | Who is your primary dispatch agency for a disaster?
<hr/> | |
| 8. | Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. Radio primary frequency <u> Med Net </u> | |
| | b. Other methods <u> Red Net Phone </u> | |
| | 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 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2013

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

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

Response Time Interval (in minutes)	Del Norte		Humboldt		Lake		Southern Trinity*		Total	
	N	%	N	%	N	%	N	%	N	%
Unknown	4	0.4	39	1.1	3	0.1	1	1.6	47	0.7
0 to 4.99	451	43.6	1587	44.1	1526	55.1	21	33.9	3585	50.7
5 to 7.99	272	26.3	878	24.4	630	22.8	5	8.1	1785	25.2
8 to 14.99	189	18.3	701	19.5	487	17.6	14	22.6	1002	14.2
15 to 19.99	30	2.9	162	4.5	92	3.3	6	9.7	290	4.1
20 to 29.99	69	6.7	114	3.2	21	0.8	5	8.1	209	3.0
over 29.99	19	1.8	120	3.3	9	0.3	10	16.1	158	2.2
Grand Total									7076	100.1

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

Reporting Year: 2013

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>697</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>NA</u>
3. Number of major trauma patients transferred to a trauma center	<u>NA</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>NA</u>

Emergency Departments

Total number of emergency departments	<u>7</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>2</u>
3. Number of basic emergency services	<u>5</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>7</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2013

County: Del Norte

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Depends on needed areas
- b. How are they staffed? Depends on staff and needs
- c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD

- Do you have a CISD provider with 24 hour capability Yes No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response team? Yes No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

OPERATIONS

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

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

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

 4. List all counties with which you have a written medical mutual aid agreement. All 58 counties are part of the State Muster Mutual Aid Agreement

 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
Good informal relationships
 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
Good informal relationships
 7. Are you part of a multi-county EMS system for disaster response? Yes No

 8. Are you a separate department or agency? Yes No

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

 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2013

County: Humboldt

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Public Schools, County Fairgrounds

b. How are they staffed? Depends on staff and needs

c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD

Do you have a CISD provider with 24 hour capability Yes No

3. Medical Response Team

a. Do you have any team medical response capability? Yes No

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

c. Are they available for statewide response? Yes No

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

4. Hazardous Materials

a. Do you have any HazMat trained medical response team? Yes No

b. At what HazMat level are they trained? Decontamination

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

OPERATIONS

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

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

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

4. List all counties with which you have a written medical mutual aid agreement. None with individual counties except through State Mutual Aid Agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No

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

7. Are you part of a multi-county EMS system for disaster response? Yes No

8. Are you a separate department or agency? Yes No

9. If not, to whom do you report? Disasters: Dr. Donald Baird, Humboldt County Health Officer

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Reporting Year: 2013

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

County: Lake

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

SYSTEM RESOURCES

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

 2. CISD

Do you have a CISD provider with 24 hour capability Yes No

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

OPERATIONS

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

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

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

 4. List all counties with which you have a written medical mutual aid agreement. None

 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No

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

 7. Are you part of a multi-county EMS system for disaster response? Yes No

 8. Are you a separate department or agency? Yes No

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

 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No
-

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Del Norte Provider: Del Norte Ambulance, Inc. Response Zone: Del Norte County

Address: Post Office Box 306 Number of Ambulance Vehicles in Fleet: 6
Crescent City, CA 95531

Phone Number: (707) 487-1116 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport X ALS X 9-1-1 X 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
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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

4200 Total number of responses
1800 Number of emergency responses
2200 Number of non-emergency responses

3600 Total number of transports
84 Number of emergency transports
3100 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Humboldt Provider: Arcata-Mad River Ambulance Response Zone: 1

Address: Post Office Box 4948 Number of Ambulance Vehicles in Fleet: 4
Arcata, CA 95521

Phone Number: (707) 822-3353 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 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 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

3019 Total number of responses
1521 Number of emergency responses
1498 Number of non-emergency responses

3046 Total number of transports
97 Number of emergency transports
2518 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Humboldt Provider: City Ambulance of Eureka Inc. Response Zone: 3 & 4

Address: 135 W/ Seventh Street Number of Ambulance Vehicles in Fleet: 10
Eureka, CA 95501

Phone Number: (707) 445-4907 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 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

8520 Total number of responses
5679 Number of emergency responses
2841 Number of non-emergency responses

8188 Total number of transports
171 Number of emergency transports
7100 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Humboldt Provider: K'ima:w Ambulance Response Zone: 2

Address: Post Office Box 1288 Number of Ambulance Vehicles in Fleet: 3
Hoopa, CA 95546

Phone Number: (530) 625-4261 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 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 checked="" type="checkbox"/> Other Explain: <u>Hoopa Valley Tribc.</u>	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

1077 Total number of responses
871 Number of emergency responses
206 Number of non-emergency responses

1078 Total number of transports
41 Number of emergency transports
625 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Humboldt Provider: Humboldt Bay Fire Response Zone: _____

Address: 3455 Harris Street Number of Ambulance Vehicles in Fleet: NA
Eureka, CA 95503

Phone Number: (707) 445-4900 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFF
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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

153 Total number of responses
153 Number of emergency responses
3 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Humboldt Provider: Shelter Cove Fire Dept. Response Zone: 4

Address: 9126 Shelter Cove Road Number of Ambulance Vehicles in Fleet: 1
Whitethorn, CA 95589

Phone Number: (707) 986-7507 or 911 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 type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Lake Provider: Kelseyville Fire Dept. Response Zone: Kelseyville Fire District

Address: Post Office Box 306 Number of Ambulance Vehicles in Fleet: 5
Kelseyville, CA 95451

Phone Number: (707) 279-4268 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 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 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

1290 Total number of responses
646 Number of emergency responses
644 Number of non-emergency responses

1683 Total number of transports
74 Number of emergency transports
1428 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Lake Provider: Lake County Fire Dept. Response Zone: 65/70 (1-2-3)

Address: 14815 Olympic Drive Number of Ambulance Vehicles in Fleet: 5
Clearlake, CA 95422

Phone Average Number of Ambulances on Duty
 Number: (707) 263-4396 At 12:00 p.m. (noon) on Any Given Day: 2 (ALS) & 1 (IFT)

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 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 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

4,647 Total number of responses
4,227 Number of emergency responses
420 Number of non-emergency responses

3,675 Total number of transports
3,300 Number of emergency transports
375 Number of non-emergency transports

Air Ambulance Services N/A

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Lake Provider: Lakeport Fire Dept. Response Zone: Lakeport

Address: 445 Main Street Number of Ambulance Vehicles in Fleet: 4
Lakeport, CA 95453

Phone Number: (707) 263-4396 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 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 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

2131 Total number of responses
1087 Number of emergency responses
1044 Number of non-emergency responses

2135 Total number of transports
41 Number of emergency transports
1810 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Lake Provider: Northshore Fire Protection District Response Zone: Northshore Fire District

Address: Post Office Box 1199 Number of Ambulance Vehicles in Fleet: 8
Lucerne, CA 95458

Phone Number: (707) 274-3100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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 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 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

1275 Total number of responses
1269 Number of emergency responses
6 Number of non-emergency responses

821 Total number of transports
815 Number of emergency transports
6 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Lake **Provider:** South Lake County Fire **Response Zone:** South Lake Fire District

Address: Post Office Box 1360 **Number of Ambulance Vehicles in Fleet:** 4
Middletown, CA 95461

Phone Number: (707) 987-9478 **Average Number of Ambulances on Duty 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 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

798 Total number of responses
707 Number of emergency responses
91 Number of non-emergency responses

799 Total number of transports
44 Number of emergency transports
518 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Lake Provider: REACH Response Zone: _____

Address: 4615 Highland Springs Road Number of Ambulance Vehicles in Fleet: 1
Lakeport, CA 95453

Phone Number: (800) 338-4045 Average Number of Ambulances on Duty 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 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 checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: Humboldt

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

Facility: Redwood Memorial Hospital
Address: 3300 Renner Drive
Fortuna, CA 95540

Telephone Number: (707) 725-7382

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic 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 Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

Table 9: Resources Directory

Facilities

County: Humboldt

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

Facility: Mad River Community Hospital
 Address: P.O. Box 1115
Arcata, CA 95521

Telephone Number: (707) 822-3621

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic 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 Center¹ EDAP² PICU³</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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 <input checked="" type="checkbox"/> Level 0</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

County: Humboldt

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

Facility: Jerold Phelps Hospital Telephone Number: (707) 923-3921
Address: 733 Cedar Street
Garberville, CA 95542

<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"/> Standby Emergency <input type="checkbox"/> Basic 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 Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input 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 <input checked="" type="checkbox"/> Level 0</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

County: Lake

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

Facility: Sutter Lakeside Hospital Telephone Number: (707) 262-5008
 Address: 5176 Hill Road East
Lakeport, Ca 95451

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic 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 Center¹ EDAP² PICU³</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV <input type="checkbox"/> Level 0</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 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Del Norte

Reporting Year: 2013

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

Training Institution Name/Address

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Humboldt

Reporting Year: 2013

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

Training Institution Name/Address

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

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

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

Training Institution Name/Address

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Lake

Reporting Year: 2013

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

Training Institution Name/Address

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

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

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

Training Institution Name/Address

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

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Humboldt

Reporting Year: 2013

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

Name:	<u>Cal Fire Humboldt- Del Norte Unit</u>	Primary Contact:	<u>Paul Duncan</u>
Address:	<u>118 South Fortuna Boulevard</u> <u>Fortuna, CA 95540</u>		
Telephone Number:	<u>(707) 725-4413</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> X </u> EMD Training <u> </u> FMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	<u>Eureka Police Department</u>	Primary Contact:	
Address:	<u>604 C Street</u> <u>Eureka, CA 95501</u>		
Telephone Number:	<u>(707) 441-4334</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> X </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, Inc. has been providing service to this area since 1962.
Area or subarea (Zone) Geographic Description: North west portion of the county extending from the Indianola cutoff on US101 North to the Humboldt/Del Norte County line. East on SR255 to Redwood Creek bridge. West to the Pacific Ocean.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, IALS, 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. The service would be eligible for exclusivity under the grandfather provisions of HS 1797.85.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: North Coast Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: Humboldt County, Zones 3, Eureka/Fortuna/Garberville</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 33 years of operation</p>
<p>Area or subarea (Zone) Geographic Description: Zone 3 begins North at New Indianola (includes intersections with Hwy. 101 & Old Arcata Rd.) and up to 1700 block of Peninsula Drive and up in Manila. South to Hookton Road & Hwy. 101. East at Showers Pass. West to the Pacific Ocean.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, I A I S, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: North Coast EMS</p>
<p>Area or subarea (Zone) Name or Title: Humboldt County, Zones 4, Eureka/Fortuna/Garberville</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 33 years of operation</p>
<p>Area or subarea (Zone) Geographic Description: Zone 4 begins North at Hookton Road and Hwy. 101. South to Dyerville Bridge and Hwy. 101 and Alderpoint Blocksburg Road 7 miles south of SR 36. East Showers Pass Humboldt County Line. West to the Pacific Ocean.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Non-Exclusive</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: North Coast Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: Humboldt County, Zone 2, East</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 28 years of operation</p>
<p>Area or subarea (Zone) Geographic Description: Eastern Humboldt County, Zone 2 Extends from the North Humboldt County Line to the South at Redwood Creek Bridge Hwy. 299. East on Humboldt County Line. West to School House Peak on Bald Hills Road.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: North Coast Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: Humboldt County, Zone 4, Shelter Cove</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Shelter Cove Fire Department, years of operation 15 years (Established 1997).</p>
<p>Area or subarea (Zone) Geographic Description: Southern Humboldt, Zone 4</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All Emergencies</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
Area or subarea (Zone) Geographic Description: Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). "ALS & BLS"
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Lake County Fire Protection District (LCFPD) provide EMS services over a 165-square mile service area to include the City of Clearlake and the Town of Lower Lake with an average call volume of approximately 5,200 annually. The LCFPD operates two ALS ambulances and one BLS engine 24/7/365. At peaks calls times the LCFPD has an automatic aid agreement with the remaining Lake County Fire Service agencies. Throughout the County of Lake the Fire Districts of Lake County have a fleet of 27 equipped ambulances. Out of those 27 ambulances 13 of those run 911 calls for service 24/7/365 with an additional 5 are set for IFT operations leaving 9 ambulances as reserves or to be staffed in the event of an MCI as when Lake County responded to the Lone Star MCI in Colusa County in 2008 with 9 ambulances while maintaining 12 ambulances for 911 service.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

Northshore Fire Protection District

Name of Current Provider(s):

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

Northshore Fire Protection District

Area or subarea (Zone) Geographic Description:

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

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

include intent of local EMS agency and Board action.

Non-Exclusive

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

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

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: South Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
Area or subarea (Zone) Geographic Description: South Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local FMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, I A I S, 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.

Table 9: Resources Directory

Facilities

County: Del Norte

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

Facility: Sutter Coast Hospital Telephone Number: (707) 464-8888
Address: 800 E. Washington
Crescent City, CA 95531

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

County: Humboldt

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

Facility: St. Joseph Hospital
Address: 2700 Dolbeer Street
Eureka, CA 95501

Telephone Number: (707) 445-8121

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic 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 Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <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 <input checked="" type="checkbox"/> Level 0</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