

# Sonoma, Mendocino, Napa Emergency Medical Services Agency

## Emergency Medical Services System Plan

1999 - 2000

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## Table of Contents

Executive Summary .....	1
Assessment of System.....	4
Summary of System Status (Table 1).....	4
System Organization and Management .....	4
Staffing and Training .....	6
Communications .....	7
Response and Transportation.....	8
Facilities and Critical Care.....	9
Data Collection and System Evaluation.....	10
Public Information and Education .....	10
Disaster Medical Response .....	11
System Needs and Plan Objectives.....	12
System Organization and Management .....	13
Staffing and Training .....	41
Communications .....	54
Response and Transportation.....	64
Facilities and Critical Care.....	86
Data Collection and System Evaluation.....	100
Public Information and Education .....	111
Disaster Medical Response .....	115
System Resources And Operations	
Table 2 System Organization and Management .....	134
Table 3 Personnel-Training.....	140
Table 4 Communications .....	141
Table 5 Response and Transportation.....	144
Table 6 Facilities and Critical Care.....	146
Table 7 Disaster Medical .....	147
Resource Directories	
Table 8 - Providers.....	153
Table 9 - Approved Training Programs .....	196
Table 10 - Facilities .....	201
Table 11 - Disaster Medical Responders .....	208
Description of the Plan Development Process.....	211
Appendix - Transportation Plan	

## Executive Summary (continued)

Region wide facility assessment and special population identification has not been accomplished. Even with these identified shortcomings, the MNSEMSA currently meets or exceeds 59 of the State's 121 minimum standards, with individual member counties meeting up to 97 of the standards.

However, the EMS System Plan does more than just focus on the current deficiencies in the EMS system; it also identifies objectives for creating an improved, ideal EMS system. In order to accomplish the task of creating an "ideal" system, the individual member counties embarked on separate trails, some new, some well traveled, but all leading to the same destination: an EMS system based on collaborative vision and effort. Sonoma utilized an EMS System Redesign grant process that was comprised of representatives from hospitals, ambulance providers, first response agencies, insurance industry, consumers and government agencies. A task force met over the course of two years and identified the ideal components of the system model of the future. Mendocino's path was more traditional, in that Mendocino had an active EMCC with a number of steering committees comprised of stakeholder representatives that met with and assisted the EMS agency in first identifying the county's most pressing system needs and then developing a prioritization scheme. While Napa also had an active EMCC, the time necessary to devote to a total system analysis, needs assessment and goal prioritization had to be balanced with the day to day needs of system oversight and coordination. Napa elected to utilize the Abaris Group to assist the Agency's and EMCC's efforts to write an EMS Plan out of which the missing "ideal" system components were prioritized.

While each member county's independent system appraisal was accomplished through differing methods of collaboration and participation as well as timelines, the results were, fortunately, remarkably convergent. While this convergence greatly assisted the overall development of this plan, the challenge of replacing independent system perspectives for that of a regional one is probably the top unlisted objective. Developing a regional bias at the occasional or potential expense of individual county needs runs counter to the competitive atmosphere that is pervasive in the government arena – funding sources do not meet funding needs. While acknowledging this challenge to acquired habits, all three member counties are striving to develop not only a better understanding of their "own" respective systems' strengths and weaknesses but also of their sister counties' systems as well. It is this growing understanding between the MNSEMSA members that will nurture the "greater good" perspective that a regional agency must advocate.

The acknowledgment and prioritization of regional development needs is of course, based on the most pressing needs of the member counties. Region wide ALS provision and enhanced EMT is a top goal for both Napa and Mendocino. A DBMS based CQI program and process is a top priority for Napa, especially with block grant funding commitments. An overhaul of the Mendocino and Sonoma DBMS is needed due to Y2K compliance issues. Development of the Sonoma portion of a trauma system is well under way and needs to be completed. Establishing ALS exclusive operating areas (EOA) are top goals for both Napa and Sonoma. Both Mendocino and Sonoma are pursuing either consolidation of EMS dispatch services or the establishment of EMD. All three counties need standardized provider and first responder agreements. All three counties need a pediatric plan. All three counties need a facility assessment and special population identification process. With these specific and general needs outstanding, the MNSEMSA region welcomes the challenge of meeting the demands of the populations they serve as well as the State EMS System Standards and Guidelines during the upcoming planning period.

## **Executive Summary** (continued)

The "System Needs and Plan Objectives" section is the heart of the EMS System Plan. This section describes the current status, needs, objectives and time-line of each component of the EMS system. The needs and the objectives listed in the EMS System Plan were identified and developed by comparing our current EMS system with the California EMS Authority's EMS System Standards and Guidelines and following the concepts culled from the member counties' respective system assessments.

Some of the major objectives of the MNSEMSA EMS System Plan include:

- Establishing ALS service capability throughout the region.
- Establishing a Data Based Management System driven CQI program and process.
- Studying the feasibility of ALS first response services and other ALS alternatives.
- Determining the feasibility of establishing either county-wide or zone based exclusive operating areas for ALS ambulance providers and non-transporting paramedic providers.
- Developing agreements with cities and fire districts regarding ambulance response zones in their areas.
- Developing enhanced EMT procedures and protocols.
- Developing standardized first response agreements.
- Expanding the provision of EMD.
- Developing a better method to triage medical emergencies and dispatch appropriate resources.
- Evaluating the respective counties' EMS communications systems.
- Identifying the optimal roles and responsibilities of EMS system participants;
- Evaluating roles and number of base hospitals in each county.
- Developing protocols to allow paramedics to treat and release patients from scene.
- Developing a mechanism to use non-hospital medical facilities to receive some EMS patients.
- Developing a trauma care system.
- Developing prehospital triage and transfer protocols.
- Developing a pediatric plan.

The objectives listed in the EMS System Plan will be used to guide the MNSEMSA in monitoring and improving the EMS system over the next 5 years.

**ASSESSMENT OF SYSTEM**

**Summary of System Status (Table 1)**

This section provides a summary of how the Mendocino, Napa, Sonoma Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines. An "x" placed in the first column indicates that the current system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time frame the agency has established for either meeting the standard or revising the current status.

A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

**System Organization and Management**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA	X	X
1.02 LEMSA Mission *		X	NA	X	X
1.03 Public Input		X	NA	X	X
1.04 Medical Director		X	X		X
1.05 System Plan		X	NA	X	
1.06 Annual Plan Update *	X		NA	X	
1.07 Trauma Planning *	X			X	
1.08 ALS Planning *		X	NA	X	X
1.09 Inventory of Resources		X	NA	X	
1.10 Special Populations	X				X
1.11 System Participants Roles & Responsibilities *	X			X	X
1.12 Review & System Monitoring *	X		NA	X	X
1.13 Coordination *	X		NA	X	X
1.14 P&P Manual		X	NA	X	X

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>1.15 Policy Compliance</b>		X	NA	X	
<b>1.16 Funding Mechanism *</b>	X		NA	X	X
<b>1.17 Medical Direction</b>		X	NA	X	X
<b>1.18 QA / QI *</b>	X			X	X
<b>1.19 Policies, Procedures &amp; Protocols*</b>	X			X	X
<b>1.20 DNR Policy</b>		X	NA		X
<b>1.21 Determination of Death</b>		X	NA		X
<b>1.22 Reporting of Abuse *</b>	X		NA	X	
<b>1.23 Inter-facility Transfer</b>	X		NA	X	X
<b>1.24 ALS Systems *</b>	X			X	X
<b>1.25 On-Line Medical Direction</b>		X		X	X
<b>1.26 Trauma System Plan *</b>	X			X	X
<b>1.27 Pediatric System Plan</b>	X		NA		X
<b>1.28 EOA Plan *</b>	X				X

**Staffing and Training**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
2.01 Assessment of Personnel Needs	X		NA		X
2.02 Approval of Training		X	NA		X
2.03 Personnel		X	NA		X
2.04 Dispatch Training *	X			X	X
2.05 First Responder Training		X			X
2.06 Response		X	NA		X
2.07 Medical Control		X	NA		X
2.08 EMT-I Training		X	NA	X	X
2.09 CPR Training		X	NA		X
2.10 Hospital ED ALS		X			X
2.11 ALS Accreditation Process		X	NA		X
2.12 Early Defibrillation		X	NA		X
2.13 Base Hospital Personnel		X	NA		X

**Communications**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan		X			X
3.02 Radios		X	X		X
3.03 Inter-facility Transfer		X	NA		X
3.04 Dispatch Center		X	NA		X
3.05 Hospitals		X			X
3.06 MCI/Disasters		X	NA		X
3.07 9-1-1 Planning/ Coordination		X			X
3.08 9-1-1 Public Education	X		NA		X
3.09 Dispatch Triage *	X			X	X
3.10 Integrated Dispatch *	X			X	X

## Response and Transportation

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries *	X			X	
4.02 Monitoring		X		X	X
4.03 Classifying Medical Requests *	X			X	X
4.04 Pre-scheduled Responses		X	NA		X
4.05 Response Time Standards *	X			X	X
4.06 Staffing		X	NA		X
4.07 First Responder Agencies		X	NA		X
4.08 EMS Aircraft *		X	NA	X	X
4.09 Air Dispatch Center		X	NA		X
4.10 Aircraft Availability	X		NA	X	X
4.11 Specialty Vehicles	X				X
4.12 Disaster Response	X		NA		X
4.13 Intercounty Response	X			X	
4.14 Incident Command*	X		NA	X	X
4.15 MCI Plans *	X		NA	X	X
4.16 ALS Staffing		X			X
4.17 ALS Equipment		X	NA		X
4.18 Xport Compliance	X		NA		X
4.19 Transportation Plan*		X	NA	X	X
4.20 "Grandfathering"		X	NA		X
4.21 EOA Compliance *		X	NA	X	X
4.22 EOA Evaluation		X	NA		X

**Facilities and Critical Care**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities *	X			X	X
5.02 Triage & Transfer Protocols *	X		NA	X	X
5.03 Transfer Guidelines*	X		NA	X	
5.04 Specialty Care Facilities	X		NA		X
5.05 Mass Casualty Management		X			X
5.06 Hospital Evacuation	X		NA		X
5.07 Base Hospital Designation		X	NA		X
5.08 Trauma System Design *	X			X	X
5.09 Public Input *	X			X	X
5.10 Pediatric System Design	X		NA		X
5.11 ED Pediatric Capability	X				X
5.12 Public Input	X		NA		X
5.13 Specialty Care System Design	X				X
5.14 Speciality Care Public Input	X				X

**Data Collection and System Evaluation**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program *	X			X	X
6.02 Prehospital Records *		X	NA	X	X
6.03 Prehospital Care Audits		X		X	X
6.04 Medical Dispatch *	X		NA	X	X
6.05 Data Mgt. System *	X			X	
6.06 System Evaluation *	X		NA		X
6.07 Provider Participation *	X		NA		X
6.08 Reporting		X		X	
6.09 ALS Audit		X		X	X
6.10 Trauma System Evaluation *	X			X	X
6.11 Trauma Ctr. Data*	X			X	X

**Public Information and Education**

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

**Disaster Medical Response**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Planning *		X	NA	X	X
8.02 Response Plans		X			X
8.03 HazMat Training		X	NA		X
8.04 Incident Command		X	X		X
8.05 Distribution of Casualties	X				X
8.06 Needs Assessment		X			X
8.07 Disaster Communications		X	NA		X
8.08 Resource Inventory *	X			X	X
8.09 DMAT Teams	X				X
8.10 Mutual Aid Agreements *	X		NA	X	X
8.11 FTS Designation	X		NA		X
8.12 FTS Establishment	X		NA		X
8.13 Disaster Training	X				X
8.14 Hospital Plans		X			X
8.15 Inter-hospital Communications		X	NA		X
8.16 Prehospital Preparedness Plans *	X			X	X
8.17 ALS Policies		X	NA		X
8.18 Specialty Ctr Roles	X				X
8.19 Waiving Exclusivity		X	NA		X

\* MNSEMSA regional priority

## SYSTEM NEEDS AND PLAN OBJECTIVES

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- current status of the MNSEMSA system as it relates to the individual standard;
- efforts to coordinate resources and services with other local EMS agencies (LEMSAs) as required by the California EMS Authority;
- need of the MNSEMSA system as it relates to the individual standard;
- objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system.
- assignment of each objective to the annual work plan, long range plan, or both.

The needs and objectives of the EMS plan are designed to address the EMS Systems Standards and Guidelines. Most of the objectives are written as general statements such as Objective 1.01 which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements." Many of these objectives may need to be refined when they are included in annual work plan, transportation plan or trauma plan.

## **System Organization and Management**

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### **1.01 LEMSA STRUCTURE**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Oversight of the Regional EMS Agency is presently provided by a committee comprised of the Directors of Public Health (or Health Services) from Mendocino, Sonoma and Napa counties and the Regional Administrator and Assistant Regional Administrator (Regional Steering Committee – RSC).

The Agency staff is comprised of a Medical Director, who is Board Certified in Emergency Medicine, two Deputy Medical Directors, an EMS Administrator, an Assistant Administrator and an additional 8 FTE employees. Other non-agency resources include base hospital medical directors, base hospital nurse liaisons, provider QA coordinators and provider training coordinators.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

To identify staffing, review and modify job descriptions and employee classifications to keep with the mission and goals of this Agency and Plan. Establish a Regional Advisory Committee in conjunction with a permanent organization of governance (i.e., contract, JPA).

#### **OBJECTIVE:**

Develop secure funding sources to adequately finance agency operations and personnel requirements.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.02 LEMSA MISSION**

**MINIMUM STANDARDS:**

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its QA/QI and evaluation processes to identify system changes.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The MNSEMSA was created in FY 98-99. While individual member counties have comprehensive emergency medical services systems, the region system is being evaluated by the MNSEMSA for the first time. The initial evaluation of the system is being accomplished through the writing of the region's EMS Plan. The agency's QA/QI program is not established region wide and is a priority objective.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure continued evaluation of system performance against established benchmarks. Establish a system wide CQI plan and process.

**OBJECTIVE:**

Use the agency's QA/QI process and public evaluations by the Regional Steering Committee, county Emergency Medical Care Committees and other review bodies to identify needed system changes.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### **1.03 PUBLIC INPUT**

#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Each member county has a functioning Emergency Medical Care Committee which reviews local operations, policies and practices. A Regional Steering Committee (RSC) comprised of one Public Health administrator from each member county meets bi-monthly to review and discuss issues affecting MNSEMSA. All meetings of the respective BOS and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before the respective BOS.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None.

#### **NEED(S):**

Ensure that appropriate consumer and health care provider input is obtained regarding the development of plans, policies and procedures.

#### **OBJECTIVE:**

Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **1.04 MEDICAL DIRECTOR**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

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

### **CURRENT STATUS:**

The agency Medical Director possesses Board Certification in Emergency Medicine and previous experience as a base hospital medical director. The Medical Director, who works in Sonoma County and has corollary oversight responsibilities particular to Sonoma County as well, has two deputy Medical Directors, each of whom provides medical oversight to the Mendocino and Napa portions of the region.

A committee comprised of eight of the base hospital medical directors in Sonoma County assists the Medical Director with medical oversight of the county's QA/QI processes. The deputy medical directors have established less formal liaisons with the respective base hospital medical directors in Napa and Mendocino. The Director and deputies communicate weekly and meet monthly with the regional staff.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure medical direction of the EMS system.

### **OBJECTIVE:**

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.05 SYSTEM PLAN**

### **MINIMUM STANDARDS:**

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

The plan shall:

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Completion of this plan fulfills the requirements of this standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources. Meet the identified and prioritized standards contained within this plan.

### **OBJECTIVE**

Monitor and amend the EMS system plan, as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.06 ANNUAL PLAN UPDATE**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Completion of this plan fulfills the requirements of this standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

**OBJECTIVE:**

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## **1.07 TRAUMA PLANNING**

### **MINIMUM STANDARDS:**

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

### **CURRENT STATUS:**

Trauma care planning was identified by Sonoma County advisory committees and other groups as a top priority for Sonoma County. A Trauma Plan that was presented to the Mendocino and Sonoma Counties' respective Boards of Supervisors has been submitted to the State, an RFP for Level II designation in Sonoma County has been released and responded to. A medical evaluation site visit has been conducted and an environmental impact report is being prepared. Designation is anticipated to occur in 99-00.

In Napa County, Queen of the Valley Hospital is designated as a Level III trauma center by Napa County and the State EMS Authority.

### **COORDINATION WITH OTHER EMS AGENCIES:**

The demographics and geography of the SNMEMS system requires all specialty care planning to consider adjoining systems when determining resource availability and catchment areas.

### **NEED(S):**

Ensure the availability of trauma services for critically injured patients.

### **OBJECTIVE:**

Develop a trauma care system, which may include facility designation, before the end of the century.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## **1.08 ALS PLANNING**

### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in each county's major urban centers (and bulk of the respective populations) in the EMS system. 85% of Mendocino is ALS, 90% of Napa is ALS and all of Sonoma county is ALS. BLS service areas in Mendocino and Napa counties are backed up by both ground and air ALS.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEED(S):**

Ensure the optimal provision of ALS services throughout the EMS system.

### **OBJECTIVE:**

Study the feasibility of ALS first response services and other ALS alternatives as described in various EMS System Redesign models, including the development of exclusive operating areas for transport and non-transporting ALS service providers. Make changes as necessary to ensure the optimal provision of ALS services.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.09 INVENTORY OF RESOURCES**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Completion of this plan fulfills the requirements of this standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the accuracy of the resource directories included in this plan.

**OBJECTIVE:**

Periodically update the resource directories included in this plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## 1.10 SPECIAL POPULATIONS

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

Special population groups have not been identified to the satisfaction of the agency. Establishment of EMS dispatch centers, QI process region-wide and feedback loops within the respective EMCCs will allow better target identification.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Begin the process of identifying population groups served by the EMS system which may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

### **OBJECTIVE:**

Identify population groups served by the EMS system which require specialized services. Work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.11 SYSTEM PARTICIPANTS**

### **MINIMUM STANDARDS:**

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

The roles and responsibilities of many system participants is based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities has only been conducted with base hospitals and some ALS transport services and dispatch centers.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Identify the optimal roles and responsibilities of all system participants based on comparative EMS system models and public input. Ensure that system participants conform with assigned EMS system roles and responsibilities.

### **OBJECTIVE:**

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, facility designations and exclusive operating areas to ensure compliance.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.12 REVIEW AND MONITORING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

There is not a region wide Q.I. plan and program in place. Local QI groups, consisting of agency staff, provider QI coordinators and hospital liaison QI coordinators as well as medical directors are functional or are in the process of being formed. A region wide MIS system is not in place. Region wide response time standards are not in place. The respective county EMCCs are beginning to evaluate response, care and transport, and to identify system problems and seek solutions.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure the continued review and monitoring of EMS system operations. Work with EMSAAC and the State EMSA to develop standard statewide indicators for EMS system evaluation.

### **OBJECTIVE:**

Implement structural indicators and compliance mechanisms in conjunction with QI program implementation and MIS, developed for Base Hospitals, ALS providers, BLS first responders, EMD Centers and CE providers. Modify the process of review and monitoring of the EMS system, as needed to include a more active role for the respective EMCCs.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.13 COORDINATION**

**MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

EMS system operations are coordinated through written agreements with providers, facilities and counties; policies and procedures; training standards; quality improvement programs and other mechanisms. This plan identifies those components of the MNSEMSA system, upon which improvement efforts will be focused during the next one to five years.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure coordinated system operations.

**OBJECTIVE:**

Evaluate EMS system operations and make changes as needed to ensure optimal system performance.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.14 POLICY & PROCEDURES MANUAL**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Policy and procedure manuals from the respective counties have been developed and distributed or made available to the respective county system providers.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Review, revise and synthesize specific county policies into a regional policy manual. Ensure the availability of a policy and procedure manual for system providers. Evaluate the feasibility of making EMS policies available on an Agency Web Site and electronic distribution of changes to policies.

### **OBJECTIVE:**

Meld the specific county policies into a regional policy manual. Monitor the process of policy and procedure manual availability and make changes as necessary.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

**1.15 COMPLIANCE WITH POLICIES**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies. Not all provider agencies or hospitals have written agreements with the agency. There is not a region wide QI program or MIS.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure compliance with system policies through implementation of written agreements, QI program and MIS.

**OBJECTIVE:**

Implement compliance mechanisms such as written agreements, QI program and MIS developed for Base Hospitals, ALS providers, BLS first responders, EMD Centers and CE providers. Evaluate and improve compliance with system policies.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

**1.16 FUNDING MECHANISM**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The EMSA relies on local/county contributions, State general fund grants, PHHS project grants, user fees and SB12/612 monies as a fund base for agency operations.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Identify stable funding sources. Standardize the fee structures between individual counties.

**OBJECTIVE:**

Maintain existing funding sources and seek alternative or new funding sources. Continue to work with the Emergency Medical Services Administrators Association of California (EMSAAC), the Emergency Medical Services Medical Directors Association of California (EMDAC) and the State EMSA to maintain federal, state and local funding of EMS systems. Continue to investigate ways for the Mendocino, Napa, Sonoma EMS agency and system to function more cost effectively.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.17 MEDICAL DIRECTION**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None

**CURRENT STATUS:**

Currently there are 13 hospitals in the EMS system, of which six have been designated as base hospitals. However, with the inclusion of provider QA and an increase in standing orders, there may not be the need for the number base hospitals in their current roles.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

A process needs to be developed for selecting a single medical control point in each member county and identifying its optimal configuration and responsibilities.

**OBJECTIVE:**

Implement the base hospital policy and execute base hospital agreements. Establish a single medical control point in each county.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.18 QA/QI**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

There is not a region wide CQI plan and program in place. Local QI groups, consisting of respective agency staff, provider QI coordinators, hospital QI coordinators as well as medical directors are functional or are in the process of being formed. A region wide MIS is not in place. Region wide response time standards are not in place. The respective county EMCC's are beginning to evaluate response, care and transport and to identify system problems as well as seek solutions.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

Establishment of a region wide CQI plan and process. Ensure that the QI/QI process meets system needs and State standards.

**OBJECTIVE:**

Implement a region wide CQI program and process including specific clinical indicators and outcome measures. Continue to monitor the performance of the system and amend the QA/QI program to meet system needs.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **1.19 POLICIES, PROCEDURES, PROTOCOLS**

### **MINIMUM STANDARDS:**

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

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

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

### **CURRENT STATUS:**

ALS treatment protocols, including complete sections on standing orders were recently revised and implemented. Policies, protocols or policy statements regarding medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel and local scope of practice have been established but require evaluation and revision for applicability region wide. Policies on triage and patient destination have not been developed on a regional basis.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Develop and revise polices to meet state minimum standards and recommended guidelines.

### **OBJECTIVE:**

Review and revise polices, as needed, to meet minimum standards and the recommended guidelines. Develop regional policies for transport of patients to facilities appropriate for their injuries or illness. Evaluate and modify the ALS scope of practice as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.20 DNR POLICY**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

A comprehensive DNR policy was created and implemented in 1993-1994 within the respective counties based on the State DNR that was implemented in 1993.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the DNR policy continues to meet standards and system needs.

**OBJECTIVE:**

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS system.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.21 DETERMINATION OF DEATH**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

A determination of death policy was created and implemented with the concurrence of the respective county coroners during 1994-1996.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the respective determination of death policies continues to meet regional system needs.

**OBJECTIVE:**

Evaluate the possibility of expanding and/or standardizing the criteria used for determining death in the field on a regional basis.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.22 REPORTING OF ABUSE**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

No regional EMS policies have been developed regarding the reporting of abuse or suspected SIDS deaths. Individual county policies exist.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that a mechanism exists for the reporting of abuse or suspected SIDS deaths on a regional basis. Review, revise and adapt existing county policies for regional use. Institute a training module for inclusion into annual training updates.

### **OBJECTIVE:**

Create EMS policies regarding the reporting of abuse or suspected SIDS deaths. Work with other public, private agencies to increase awareness of abuse cases and reporting among prehospital personnel.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

### **1.23 INTERFACILITY TRANSFER**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None

#### **CURRENT STATUS:**

A policy delineating the scene and interfacility transfer scope of practice of paramedics has been established on the county level. Established policies and procedures for use of Heparin, blood products and Nitroglycerin as an expanded scope for interfacility transfers are not instituted region wide.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Evaluate the need for further developing a BLS and ALS interfacility scope of practice. Review, revise and adapt local county interfacility policies on a regional basis.

#### **OBJECTIVE:**

Develop a regional BLS and ALS interfacility scope of practice.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.24 ALS SYSTEMS**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

**CURRENT STATUS:**

All ALS services currently provided in the EMS system are done so with (local) Agency approval and some written agreements and or contracts. Exclusive operating areas (EOA's) have been established in 2 counties.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that ALS services are provided only as an approved part of the EMS system. Develop regional ALS provider agreements. Determine the feasibility of establishing either county-wide or specific zone EOA's.

**OBJECTIVE:**

Maintain written agreements with all ALS providers and monitor compliance. Determine the feasibility of establishing either county-wide or zone specific EOA's, including emergency ambulance providers and non-transporting ALS service providers. When a county-wide EOA for either emergency ambulance or non-transporting ALS service providers are not feasible then multiple EOA's should be established to ensure appropriate emergency and ALS response.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **1.25 ON-LINE MEDICAL DIRECTION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

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

### **CURRENT STATUS:**

Currently six out of thirteen hospitals in the EMS system have been designated as base hospitals. However, with the inclusion of provider QA and an increase in standing orders, there may not be the need for the number of base hospitals in their current roles. A medical control plan has not been developed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

The establishment of a single medical control point in each member county has been either identified or examined by system participants. A process needs to be developed for selecting a single medical control point in each county and identifying its optimal configuration and responsibilities, assuming there is still consensus for "downsizing" the present base hospital network and that geographical barriers are not insurmountable. A comprehensive plan for medical control including a process of determining the need for in-house medical control for provider agencies needs to be developed.

### **OBJECTIVE:**

Implement the base hospital policy and execute base hospital agreements. Establish a single medical control point in each county, where geographically feasible. Develop a comprehensive medical control plan which meets standards and system needs.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.26 TRAUMA SYSTEM PLAN**

### **MINIMUM STANDARDS:**

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

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Although major planning efforts were conducted in 1984, 1986-87 and 1998-99 in Sonoma County, a trauma system has not been established for the Sonoma County portion of the MNSEMSA system. Trauma care planning was identified by Sonoma County advisory groups as a top priority for the county.. A Trauma Plan that was presented to the Mendocino and Sonoma Counties' respective Boards of Supervisors has been submitted to the State, an RFP for Level II designation in Sonoma County has been released and responded to. A medical evaluation site visit has been conducted and an environmental impact report is being prepared. Designation is anticipated to occur in 99-00.

In Napa County, Queen of the Valley Hospital is designated as a Level III trauma center by Napa County and the State EMS Authority. An EIR is underway in Sonoma County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None

### **NEED(S):**

Continue development of a trauma system. Develop a trauma registry for Sonoma County. Develop a trauma audit process. Upon designation of the Level II trauma center in Sonoma County, recruit a Trauma Coordinator. Integration with existing CQI and DBMS.

### **OBJECTIVE:**

Develop a trauma system including facility designation, before the end of the century.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.27 PEDIATRIC SYSTEM PLAN**

### **MINIMUM STANDARDS:**

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

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Currently, most injured children are either interfacility transferred to Children's Hospital Oakland (CHO) or airlifted directly. Field care providers in some portions of the region have been trained in pediatric care and are properly equipped. One facility in the region has begun initial development of a pediatric ICU.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Develop a comprehensive pediatric emergency medical and critical care system plan including definition of triage protocols, facility designation criteria and the drafting of agreements. Secure a funding mechanism for developing the plan on a regional basis.

### **OBJECTIVE:**

Evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children.  
Develop a pediatric system plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
|   | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |

## **1.28 EOA PLAN**

### **MINIMUM STANDARDS:**

The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

The optimal system design for ALS ambulance and the process for assigning roles to system participants is described in the Transportation Plan included with this document and is based on the EMS system models examined by the Agency. There is currently one EOA within the region, which is not totally inclusive within Sonoma County. Napa County is currently in an RFP process for establishing two EOA's, one for the "Up Valley" which is all inclusive and a second for the "Down Valley" area which excludes the city of Napa. The establish of the Napa EOA is anticipated during the second quarter of FY 99-00.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that system design continues to meet community needs.

### **OBJECTIVE:**

Evaluate Agency position regarding the inclusion of all ALS and emergency calls within EOA's and update Transportation Plan. Monitor system design and make changes as required.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Staffing and Training**

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### **2.01 ASSESSMENT OF NEEDS**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Current training institutions appear to meet system needs considering the abundance of certified EMT-Is, accredited paramedics and MICNs within the EMS system, especially in the respective urban areas. First response agencies have not been routinely assessed yearly regarding certification and recertification training needs.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure a sufficient amount of personnel are trained to meet EMS system demands. Develop a regional master first responder plan that incorporates curriculum development, continuing education needs, training coordination and linkage with the CQI program and process. A special emphasis on meeting the training needs of volunteer agencies in the rural and wilderness portions of the region, primarily Mendocino County, is needed.

#### **OBJECTIVE:**

Monitor and ensure system personnel and training needs, including continuing education.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.02 APPROVAL OF TRAINING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Procedures are in place to approve First Responder, EMD, EMT-D, EMT-I, EMT-P, and MICN training programs within the respective member counties. Monitoring of training programs is done by periodic auditing of courses and completion of course evaluation forms by students.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that EMS education programs comply with State regulations and requirements for continued program approval. A regional standardization of the respective education approval procedures is needed. More effort and resources needed to ensure compliance and continuing quality.

### **OBJECTIVE:**

Conduct random compliance evaluations of local programs. Monitor EMS education programs and take steps to ensure compliance to standards and other course requirements. Standardize regional approval policies and compliance approach.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.03 PERSONNEL**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Policies have been adopted regarding emergency medical dispatcher certification within the region as well as first responder certification, EMT-I certification, paramedic accreditation and MICN authorization.

Procedures have been developed for the reporting of unusual occurrences which could impact EMS personnel certification within all of the member counties.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Review, modify and adopt the procedures and policies used for the certification in the individual member counties for regional use and practice.

### **OBJECTIVE:**

Monitor all EMS personnel policies and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.04 DISPATCH TRAINING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

Level II emergency medical dispatching, with pre-arrival instructions has been online in Napa county with Sonoma county preparing to go online during FY 99-00.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Adoption of Level II EMD as the minimum standard for all PSAPs and dispatch centers providing or responsible for medical dispatching throughout the region. This is a top priority for Mendocino County. Ensure all medical dispatchers maintain Level II EMD training standards.

### **OBJECTIVE:**

Encourage the passage of dispatcher immunity legislation. Investigate and develop, as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening as outlined in the EMS system redesign model.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.05 FIRST RESPONDER TRAINING**

### **MINIMUM STANDARDS:**

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

### **RECOMMENDED GUIDELINES:**

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

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

### **CURRENT STATUS:**

While it is assumed that all of the first response agencies serving the MNSEMSA system comply with State regulations requiring a minimum of first aid and CPR training, this cannot be ensured in the absence of written agreements.

EMT-I training is widely available within the EMS system and the staffing of first response units with at least one certified EMT-I is encouraged. Greater than 70% of the population (500,000 people) of the MNSEMSA system is served by an early defibrillation first response provider.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure minimum training standards and encourage adherence to recommended guidelines. Establish minimum training standards for first response providers. Mandate and/or encourage EMT-D training where appropriate. Develop a first responder master plan that incorporates training standards, needs, provision and linkage with the CQI plan and process.

### **OBJECTIVE:**

Develop and implement standardized first response agreements or other mechanism with all providers which will specify minimum training, staffing and equipment standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**2.06 RESPONSE**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The roles and responsibilities of most system participants are based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities has been conducted with EOA ALS transport services and some first response providers within Sonoma County and in Mendocino County the Masonite Corporation Emergency Response Team (MERT) has been in existence and responded with Mendocino Public/Environment Health for several years.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Identify the optimal roles and responsibilities of all system participants based on the EMS system redesign models and public input. Ensure that system participants conform with assigned EMS system roles and responsibilities. Regionalize existing BLS treatment protocols. Develop expanded scope BLS standards.

**OBJECTIVE:**

Develop/revise first responder and BLS treatment guidelines. Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, facility designations and exclusive operating areas, as appropriate to ensure compliance.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**2.07 MEDICAL CONTROL**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Considering the small number of first response agencies who voluntarily participate in the QA/QI program or who have executed a written agreement with the agency, we are unable to determine the degree of compliance to medical control policies for many of the non-transporting EMS first responders in the region. There is a BLS protocol manual for both Mendocino and Sonoma County first responders.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that first responders operate under the medical direction of the EMS system. Review, modify as necessary and adopt the Sonoma protocols for the rest of the region.

**OBJECTIVE:**

Develop a policy and methodology to ensure that first responders operate under the medical direction of the EMS system.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.08 EMT-I TRAINING**

### **MINIMUM STANDARDS:**

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

### **RECOMMENDED GUIDELINES:**

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

### **CURRENT STATUS:**

By member county policy, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one licensed paramedic and one certified EMT-I. BLS ambulances, staffed with a minimum of two EMT-Is are used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted or where BLS is the primary service provider in the ambulance zone.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure the availability of trained transport personnel to meet the needs of the EMS system. As resources and wherewithal allow, upgrade BLS response capability to ALS.

### **OBJECTIVE:**

Monitor and adjust ambulance staffing requirements to meet EMS system needs and the EMS system recommended guidelines.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.09 CPR TRAINING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Hospital employees working in the emergency department are routinely required to be certified in CPR. However, no mechanism exists to ensure compliance with this standard for personnel not under the jurisdiction of the MNSEMSA. It is assumed that Public Safety personnel meet the standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Encourage the training of allied health personnel in CPR.

### **OBJECTIVE:**

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

### **TIME FRAME FOR MEETING OBJECTIVE:**

	Short-Range Plan (one year or less)
X	Long-Range Plan (more than one year)

## **2.10 ADVANCED LIFE SUPPORT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

Current base hospital agreements require base hospital physicians and MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be Board certified in emergency medicine or, lacking Board certification, be certified in prehospital EMS management through such courses as prehospital trauma life support (PHTLS) and pediatric advanced life support (PALS).

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care.

### **OBJECTIVE:**

Develop policy to ensure that emergency department physicians and nurses are trained to an appropriate ALS level.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**2.11 ACCREDITATION PROCESS**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Policies and procedures exist to accredit and orient ALS personnel.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures. Regionalize individual counties' policies where applicable.

**OBJECTIVE:**

Monitor and amend the ALS accreditation process as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**2.12 EARLY DEFIBRILLATION**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Policies and procedures exist to accredit personnel as early defibrillation technicians.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Continue to ensure policies and procedures for early defibrillation training and certification meet EMS system needs. Regionalize existing policies.

**OBJECTIVE:**

Evaluate existing policies and procedures for early defibrillation training and certification to determine that system needs are being met.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.13 BASE HOSPITAL PERSONNEL**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Individual member county's policies and agreements specify that only mobile intensive care nurses, who have been authorized by the MNSEMSA Medical Director, or base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that only adequately trained nurses and physicians provide medical direction to EMS personnel. Standardize existing policies and develop region wide policies and agreements.

### **OBJECTIVE:**

Develop policies requiring base hospital physicians and mobile intensive care nurses to be trained in providing prehospital medical direction, radio communication and EMS agency policies. Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## Communications

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### 3.01 COMMUNICATIONS PLAN

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

#### **CURRENT STATUS:**

The current systems of dispatch, field and hospital medical communications within the three member counties range in age from 15 years old to 1 year. There is limited linkage between Sonoma and Napa and Mendocino and Sonoma but not between all three counties with the exception of fire based mutual aid frequencies.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

It is anticipated that coordination with North Coast EMS and Marin County EMS will be either necessary or advantageous when developing a comprehensive communications plan.

#### **NEED(S):**

Ensure the availability of all necessary EMS dispatch and medical communications. All three member counties' communications systems are in need of evaluation and potential upgrade and/or repair. An assessment of the communication systems needs to be performed as a precursor to the development of a regional communications plan.

#### **OBJECTIVE:**

Create and effect a regional communications plan, prioritize system repairs and upgrades and make necessary changes to comply with regional and/or individual county needs. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### **3.03 INTERFACILITY TRANSFER**

#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

As discussed in 3.01, the current systems of dispatch, field and hospital medical communication were developed more than ten years ago for the most part and are in need of evaluation, upgrade and repair.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Communications frequencies and the locations of radio repeaters will need to be performed in conjunction with adjacent EMS systems.

#### **NEED(S):**

Ensure the availability of medical communications. Conduct an assessment of the communication system(s) as a precursor to the development of a regional communications plan.

#### **OBJECTIVE:**

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### **3.04 DISPATCH CENTER**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

As discussed in 3.01, the current system(s) of dispatch, field and hospital medical communication were developed more than ten years ago and are in need of evaluation, upgrade and repair.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard

#### **NEED(S):**

An assessment of the communication system(s) needs to be performed as a precursor to the development of a regional communications plan. The establishment of single medical dispatch centers in each county has been identified by system participants as worthy of further study. Continuing study needs to be conducted to determine the optimal configuration and responsibilities of a single medical dispatch center by county and eventual development of a regional center if feasible and desired by all member counties.

#### **OBJECTIVE:**

Establish standards for system EMS dispatch centers. Perform a study to determine the required number of medical dispatch centers and their optimal configurations and responsibilities.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **3.05 HOSPITALS**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

Hospitals within Sonoma County can communicate with each other through a VHF radio system which is over 15 years old. Common radio frequencies between hospitals within Mendocino and Napa counties have not been established. No work has been conducted to provide direct communications access to relevant services between hospitals.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure the availability of medical communications. Ensure linkage between the needs and objectives outlined in Standards 3.01-3.04.

#### **OBJECTIVE:**

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### **3.06 MCI/DISASTERS**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

All base hospitals in the region have UHF MedNet capabilities. All Hospitals in Sonoma County and 2 out of 3 hospitals in Mendocino County have VHF radio communications capabilities. The county base hospitals use regular telephone and facsimile lines when determining the capabilities of area hospitals during MCIs and disasters. The only alternate communications capability for hospital-to-hospital transmissions region wide is ACS and cellular phones. Both Napa and Sonoma counties' EOCs are respectively linked to ACS operators and utilize regular telephone and facsimile lines.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure the availability of medical communications during disaster and multi-casualty incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

#### **OBJECTIVE:**

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes consistent with system needs and regional communications goals.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**3.07 9-1-1 PLANNING/COORDINATION**

**MINIMUM STANDARDS:**

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS:**

All counties in the MNSEMSA system have enhanced 9-1-1 telephone service.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Participate in ongoing planning and coordination of 9-1-1 telephone service.

**OBJECTIVE:**

Participate in ongoing planning and coordination of 9-1-1 telephone service and encourage the development of secondary EMS PSAPs as feasible.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **3.08 9-1-1 PUBLIC EDUCATION**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Education concerning 9-1-1 access is provided on a less than methodical basis throughout the region. Brochures are distributed to the general public at health fairs and other promotional events.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Determine public education needs from the respective county EMCCs.

#### **OBJECTIVE:**

In coordination with other public safety agencies and primary health care organizations provide for public education concerning appropriate utilization and system access as outlined in various EMS system models.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **3.09 DISPATCH TRIAGE**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

An emergency medical dispatch priority reference system, including systemized caller interrogation, and pre-arrival instructions has been developed and is in place in Napa and will be in place in Sonoma. A private provider dispatch center in Mendocino is using the reference system. Many first response agencies currently determine their own dispatch criteria.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Develop and implement standardized dispatch triage criteria on a regional basis.

#### **OBJECTIVE:**

Conduct random compliance evaluation of EMD centers.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **3.10 INTEGRATED DISPATCH**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

Regional integrated dispatch has not been developed in the MNSEMSA system. Providers are required by agreement/ordinance/permit to ensure the availability of ambulances within their own zones within the respective counties at all times.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Develop an integrated dispatch system in conjunction with the communications plan.

#### **OBJECTIVE:**

Develop an integrated dispatch system in conjunction with the communications plan.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## Response and Transportation

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### 4.01 SERVICE AREA BOUNDARIES

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

Emergency medical transportation service areas have been determined for all three counties in the EMS system. An ordinance or similar mechanism has been established in Mendocino, Napa and Sonoma Counties that provides for the establishment of ambulance response zones.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Marin, Solano & North Coast (Lake & Humboldt).

#### **NEED(S):**

Ensure that ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transportation service areas.

#### **OBJECTIVE:**

Establish/review/revise other local ambulance ordinances as needed. Develop agreements with cities and fire districts regarding ambulance response zones in their areas. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **4.02 MONITORING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

The minimum standard is met through written agreements, ordinances, auditing, inspections and investigation of unusual occurrences.

There are ordinances in place in Mendocino and Sonoma counties. Napa has a written agreement with one ALS provider and is in the process of completing the establishment of two EOA's for the provision of ALS services which will produce written contracts.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that providers comply with statutes, regulations, policies and procedures.

### **OBJECTIVE:**

Conduct random compliance evaluations of all providers. Work closely with cities and fire agencies to ensure that their EMS concerns are addressed in both day to day operations and during ambulance provider agreement negotiations. Monitor providers for compliance to standards. Modify county ambulance ordinances as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.03 CLASSIFYING MEDICAL REQUESTS**

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:**

An emergency medical dispatch priority reference system has been developed and is in use in Napa. A private provider in Mendocino is utilizing a priority reference system. A reference system is about to be implemented in Sonoma. Currently, some type of classification criteria is used by all dispatch centers with an ALS or BLS ambulance typically being sent to all 9-1-1 medical requests as a minimum response.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Implementation of emergency medical dispatch system standards for all dispatch centers responsible for dispatching medical resources within the region.

##### **OBJECTIVE:**

Develop and implement emergency medical dispatch system standards in all regional medical resource dispatch centers.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.04 PRESCHEDULED RESPONSES**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

With the exception of EOA contracts, specified system status levels are not delineated on a regional basis. Transport unit availability is a provider regulated responsibility that is monitored by the various dispatch centers.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands. Regionalize EOA system status management principles and standards for all providers.

**OBJECTIVE:**

Monitor ambulance availability and take corrective action as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.05 RESPONSE TIME STANDARDS**

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan - Urban Area	Suburban - Rural Area	Wilderness Area
BLS First Responder	5 minutes	15 minutes	ASAP
Early Defib. First Responder	5 minutes	ASAP	ASAP
ALS Responder or Ambulance	8 minutes	20 minutes	ASAP
EMS Transportation Unit	8 minutes	20 minutes	ASAP

##### **CURRENT STATUS:**

Response standards were developed for the EOA ALS ambulance provider in Sonoma County. Standards will be in place with the implementation of the EOA in Napa County during 99-00. In Mendocino County, geography, travel distance and resource availability make standards difficult to define and establish beyond "ASAP". Response times for the EMS transportation unit are measured from the time the secondary PSAP has enough information to send an ambulance (address, complaint, severity) to arrival on scene. Response times for first responders to medical responses are not universally available in all MNSEMSA counties.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

To be determined.

##### **NEED(S):**

Ensure the ability to measure response times from the primary PSAP to arrival on scene for ambulance and first response vehicles. Further development of response time standards for Mendocino and Sonoma Counties. Development of a mechanism to measure or collect response times for first response agencies and the establishment of response time goals or standards for first response agencies in conjunction with a first responder master plan.

##### **OBJECTIVE:**

Create a mechanism and/or process to measure response times from receipt of call at PSAP to arrival on scene. Establish response time standards for Mendocino County and the non-EOA portion of Sonoma County.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **4.06 STAFFING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted and in response areas serviced by BLS. LALS staffing requirement is one accredited EMT-II and one certified EMT-I. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure compliance with standard.

### **OBJECTIVE:**

Monitor providers for compliance to standards and take corrective action as necessary.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**4.07 FIRST RESPONDER AGENCIES**

**MINIMUM STANDARDS:**

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED GUIDELINES:**

None

**CURRENT STATUS:**

The roles and responsibilities of most system participants are based primarily on historical involvement and willingness to cooperate with the agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Formal integration of first responder agencies into the EMS system through the development of a first responder master plan.

**OBJECTIVE:**

Incorporate the optimal roles and responsibilities of first response agencies as described in the first responder master plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.08 MEDICAL & RESCUE AIRCRAFT**

##### **MINIMUM STANDARDS:**

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

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

##### **RECOMMENDED GUIDELINES:**

None

##### **CURRENT STATUS:**

Processes have been established for categorizing medical and rescue aircraft as required in a-f above in the respective member counties. Helicopter dispatch software that can be interfaced with CAD systems is being examined and will be beta tested during 99-00.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Services classified by other LEMSAs are used to supplement resources based in the MNSEMSA system.

##### **NEED(S):**

Ensure that medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Consolidate the various policies mentioned above into a cohesive regional policy and procedure standard. Assess the viability of the helicopter dispatch software. Assess and consider the viability of an EOA for the region. Consider the development of an exclusive operating area or other mechanism to ensure compliance with standards and optimal system design.

##### **OBJECTIVE:**

Monitor providers for compliance to standards and take corrective action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.09 AIR DISPATCH CENTER**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

One dispatch center per county has been identified and designated as an EMS aircraft resource center.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Evaluate and improve the current system for requesting and dispatching EMS aircraft. Determine the feasibility of creating a single air ambulance dispatch center. Conduct beta testing and evaluation of the helicopter dispatch software.

**OBJECTIVE:**

Evaluate and improve the current system for requesting and dispatching EMS aircraft. Determine the feasibility of creating a single air ambulance dispatch center.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.10 AIRCRAFT AVAILABILITY**

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:**

The MNSEMSA has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS area.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Develop and complete written agreements with the regional air providers.

##### **OBJECTIVE:**

Monitor providers to ensure that system demands are being met and take corrective action as necessary. Develop a written agreement template or other mechanism to ensure optimal system design and providers compliance with agreements and policy.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**4.11 SPECIALTY VEHICLES**

**MINIMUM STANDARDS:**

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

**RECOMMENDED GUIDELINES:**

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

**CURRENT STATUS:**

No resource directory of specialty vehicles has been developed by the EMS agency. However, individual counties with specialty vehicle needs have developed resource lists and procedures for requesting and dispatching these specialty vehicles.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

Development of a region-wide resource directory and response plan for specialty vehicles.

**OBJECTIVE:**

Develop a resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

**4.12 DISASTER RESPONSE**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Each of the member counties either have a current, functional MCI Plan or are in the draft review stage. A completed (OES) regional disaster plan is not available although a draft mutual aid document is in the draft stage.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Continue to work with other OES Region II counties in developing standard procedures for mobilizing response and transport vehicles for disasters. Formalize the mutual aid capabilities between the member counties.

**OBJECTIVE:**

Continue to work with other OES Region II counties in developing standard procedures for mobilizing response and transport vehicles for disasters.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.13 INTERCOUNTY RESPONSE**

##### **MINIMUM STANDARDS:**

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

##### **CURRENT STATUS:**

Ambulance provider permits and agreements require providers to arrange for day-to-day mutual-aid from neighboring providers stationed both inside and outside the MNSEMSA system.

The counties of OES Region II are in the process of finalizing a master-mutual aid agreement, which identifies financial responsibility and request procedures for inter-county mutual aid.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Formalization of the current day to day response configurations between member counties and Marin, Solano and Lake Counties is needed.

##### **NEED(S):**

Master mutual-aid agreement between the counties of OES Region II. Mutual aid agreement between regional member counties as well as contiguous counties to the region.

##### **OBJECTIVE:**

Adoption of a master mutual-aid agreement. Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.14 INCIDENT COMMAND SYSTEM**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The MCI Plans currently in use in respective member counties are all based on and utilize the Incident Command System.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the MCI plan continues to meet the needs of on-scene medical management. The MCI draft plan in Mendocino needs to be formally adopted and distributed. Evaluate the viability of establishing a regional MCI Plan. Establish completion of ICS 120 and a 4-hour hospital or field MCI course as the minimum standard for EMS personnel.

**OBJECTIVE:**

Monitor the utilization of the respective MCI plans and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.15 MCI PLANS**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The MCI Plans currently in use or in draft stage are ICS and SEMS compatible.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the MCI plans continue to meet the needs of on-scene medical management. Formally adopt the draft MCI Plan in Mendocino County. Evaluate training standards and requirements for MCI planning and response.

**OBJECTIVE:**

Monitor the utilization of the MCI plans and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.16 ALS STAFFING**

##### **MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

##### **RECOMMENDED GUIDELINES:**

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

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

##### **CURRENT STATUS:**

By policy, the minimum staffing level of all ALS ambulances, is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted or in areas presently designated as BLS response zones. Many BLS providers are EMT-D certified.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Ensure that ambulance staffing meets minimum standards and system needs.

##### **OBJECTIVE:**

Continue to maximize efforts to upgrade emergency medical response capability to ALS region wide.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.17 ALS EQUIPMENT**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the availability of drugs and equipment on ambulances to meet patient and system needs. Evaluate and adjust, as necessary, the respective inventories to reflect a regional standard.

**OBJECTIVE:**

Monitor drug and equipment requirements and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **4.18 COMPLIANCE**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Written agreements, permits, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care. Not all provider agencies within the region have written agreements. While there are individual county QI programs, there is not a region wide CQI program and process.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure compliance with system policies. Establish regional agreement template, investigation process and quality improvement program.

### **OBJECTIVE:**

Develop regional templates, standards and policies. Evaluate and improve compliance with system policies.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.19 TRANSPORTATION PLAN**

**MINIMUM STANDARDS:**

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

A Transportation Plan which meets standards is included in the plan appendix.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the Transportation Plan meets the needs of the EMS system.

**OBJECTIVE:**

Implement and monitor the requirements of the Transportation Plan and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**4.20 "GRANDFATHERING"**

**MINIMUM STANDARDS:**

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

There are no grandfathered providers in the region. City of Napa Fire Department has ".201" rights for provision of ALS non-transport. City of Petaluma and City of Sonoma Fire Departments have ".201" rights for provision of ALS transport.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

None identified.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **4.21 COMPLIANCE**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

There are contracts, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor and enforce compliance with system policies for operations and clinical care.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure compliance with system policies. Napa will need to develop and effect contracts for its EOA with successful bidder(s).

### **OBJECTIVE:**

Evaluate and improve compliance with system policies.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **4.22 EVALUATION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

A formal process evaluating the design of exclusive operating areas on a methodical basis has not been established on a regional basis. However, Sonoma County completed a system redesign process in 98-99 which focused on exclusive operating areas as part of its scope. Napa County has been in the design phase of its EOA process during 98-99 as well. Mendocino County also explored the feasibility of an EOA in the Ukiah Valley during 98-99. However, the performance standards required of providers operating within EOA's is routinely monitored and corrective action is taken to address deficiencies.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that EOA design meets the needs of the EMS system and is consistent with the EMS system model.

### **OBJECTIVE:**

Develop a formal mechanism or methodology for evaluating EOA design. Continue to monitor performance standards and take corrective action as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Facilities and Critical Care**

### **5.01 ASSESSMENT of CAPABILITIES**

#### **MINIMUM STANDARDS:**

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with acute care facilities in its service area.

#### **CURRENT STATUS:**

Facility assessments are lacking on a regional basis. There are some written agreements with some base hospitals within the region and no written agreements with any receiving facilities.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

To conduct an assessment of area hospitals to determine EMS capabilities to assist the agency in developing triage and destination policies. To develop an emergency facilities self-assessment instrument/template, which will be used to develop facility assessment profiles. To develop receiving hospital agreements with all hospitals or add receiving hospital language to existing base hospital agreements.

#### **OBJECTIVE:**

In conjunction with area hospitals and the medical community, determine hospital capabilities through completion of a facility assessment instrument. Develop and execute receiving facility agreements with all area hospitals based on their capabilities.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **5.02 TRIAGE & TRANSFER PROTOCOLS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

Prehospital triage protocols have not been implemented on a regional basis. Transfer protocols and model transfer agreements are being developed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Work with adjacent EMS systems to establish standard triage and transfer protocols as practical.

### **NEED(S):**

Prehospital triage protocols must be developed in order to ensure that patients receive an appropriate level of care, i.e. transport to the closest hospital capable of meeting the patient's treatment needs; transport to the patient's preferred health care provider; treat and release at scene, etc. The development and standardization of patient destination policies is needed.

### **OBJECTIVE:**

Develop prehospital triage and transfer protocols based on medical need and preferred transport which ensure the delivery of patients to appropriate facilities. Explore the concept of treat and release at scene and alternative treatment and transport modalities as identified in various EMS system models.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **5.03 TRANSFER GUIDELINES**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Trauma Care Transfer Guidelines are being developed in Sonoma County in conjunction with its trauma system and center designation process. Napa has developed criteria to identify patients who should be considered for transfer to higher capability facilities.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Any future transfer policies or agreements will be coordinated with affected LEMSAs.

#### **NEED(S):**

Develop transfer guidelines for trauma and other specialty patient groups as tools to be used by emergency department physicians in determining an appropriate disposition for EMS patients.

#### **OBJECTIVE:**

Develop transfer policies, protocols and guidelines for trauma and other specialty patient groups.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.04 SPECIALTY CARE FACILITIES**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

There has been some designation within the region, Napa has a Level III trauma center. Sonoma has two facilities designated for neurotrauma as well as cardiac specialization. Children's Hospital – Oakland has been designated for direct air transport of pediatric patients.

### **COORDINATION WITH OTHER EMS AGENCIES:**

The recognition agreements with centers located outside of our region were performed with the approval of the local EMS agencies who had originally designated the centers.

### **NEED(S):**

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients. Accomplish the needs portion of Standard 5.01.

### **OBJECTIVE:**

Develop transfer policies, protocols and guidelines for trauma and other specialty patient groups.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.05 MASS CASUALTY MANAGEMENT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

There is currently not a regional mass casualty disaster plan. There are Multi-Casualty Incident plans or draft plans in place in the member counties. Individual facilities within the region have internal disaster management plans. Mass casualty drills are not scheduled on a methodical basis. Not all hospitals are HEICS compliant.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure adherence to MCI plan requirements. Encourage the adoption of HEICS by all regional hospitals. Effect the Mendocino draft MCI Plan. Examine the viability of developing a (hospital) Disaster Control Facility (DCF) system within the region.

### **OBJECTIVE:**

Monitor capability of system hospitals to respond to mass casualty incidents and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.06 HOSPITAL EVACUATION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

There is no regional hospital evacuation plan in place.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEED(S):**

Develop, adopt and implement a standardized hospital evacuation plan. Examine model plans for hospital evacuation currently being developed by the counties of OES Region IV. Pursue evacuation planning at the OES Region II level.

### **OBJECTIVE:**

Development and implement a model hospital evacuation plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.07 BASE HOSPITAL DESIGNATION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

Currently, six of thirteen hospitals in the EMS system have been designated as base hospitals. However, with the inclusion of provider QA and an increase in standing orders, there may not be a need for the number of base hospitals in their current roles.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEED(S):**

Explore the viability of a single medical control point in each county. A process needs to be developed for selecting a single medical control point and identifying its optimal configuration and responsibilities.

### **OBJECTIVE:**

Develop and execute receiving facility agreements with all area hospitals based on their capabilities. Establish a single medical control point in each county, if deemed viable by system participants.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.08 TRAUMA SYSTEM DESIGN**

### **MINIMUM STANDARDS:**

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

Although major planning efforts were conducted in 1984, 1986-87 and 1998-99 in Sonoma County, a trauma system has not been established for the Sonoma County portion of the MNSEMSA system. Trauma care planning was identified by Sonoma County advisory groups as a top priority for the county.. A Trauma Plan that was presented to the Mendocino and Sonoma Counties' respective Boards of Supervisors has been submitted to the State, an RFP for Level II designation in Sonoma County has been released and responded to. A medical evaluation site visit has been conducted and an environmental impact report is being prepared. Designation is anticipated to occur in 99-00.

In Napa County, Queen of the Valley Hospital is designated as a Level III trauma center by Napa County and the State EMS Authority.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure the availability of specialized trauma services to critically injured patients.

### **OBJECTIVE:**

Develop a trauma system which includes facility designation promoting the availability of specialized trauma services to critically injured patients by the turn of the century.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**5.09 PUBLIC INPUT**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None

**CURRENT STATUS:**

Although major planning efforts were conducted in 1984, 1986-87 and 1998-99, a trauma system has not been established for the MNSEMSA system. Trauma and specialty care planning was identified by the Regional Steering Committee and other groups as a top priority for the agency.

All previous trauma planning efforts have included numerous opportunities for public input and special interest lobbying.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

Ensure an open process for trauma system development.

**OBJECTIVE:**

Keep the process used for developing a trauma system open to hospital, prehospital and public input.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.10 PEDIATRIC SYSTEM DESIGN**

### **MINIMUM STANDARDS:**

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

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

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

### **COORDINATION WITH OTHER EMS AGENCIES:**

Undetermined at this time..

### **NEED(S):**

Ensure that the Pediatric Emergency Medical and Critical Care System and the pediatric services provided by the EMS system meets the needs of critically ill and injured children within the EMS system. Develop a Pediatric System Plan which describes the current EMSC system and identifies the optimal system design.

### **OBJECTIVE:**

Evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children. Develop a pediatric system plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)  
X Long-Range Plan (more than one year)

## **5.11 EMERGENCY DEPARTMENTS**

### **MINIMUM STANDARDS:**

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

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

Emergency Department Pediatric Guidelines were adopted in 1994 and implemented through voluntary consultation visits with 10 of 11 acute care hospital in the region. Agreements were executed in 1995 with five pediatric critical care centers and pediatric trauma centers located outside the MNSEMSA system recognizing their LEMSA designations as PCCCs and PTCs and incorporating them into the MNSEMSA system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Evaluate the usefulness of the pediatric guidelines and each emergency department's voluntary adherence to the guidelines. Determine the need for identifying emergency departments approved for pediatrics (EDAP's).

### **OBJECTIVE:**

Monitor the usefulness of the pediatric guidelines and each emergency departments voluntary adherence to the guidelines and make changes as necessary. Identify EDAP's, as needed, to ensure adherence to pediatric E.D. guidelines.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
|   | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |

## **5.12 PUBLIC INPUT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

A Pediatric Advisory Committee comprised of prehospital and hospital advisors, consumers and pediatric experts was formed to provide advice and public input on the development of the pediatric emergency medical and critical care system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Continue public input and evaluation of the pediatric emergency medical and critical care system.

### **OBJECTIVE:**

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **5.13 SPECIALTY SYSTEM DESIGN**

#### **MINIMUM STANDARDS:**

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

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

#### **RECOMMENDED GUIDELINES:**

None

#### **CURRENT STATUS:**

Trauma and specialty care planning was identified by the Regional Steering Committee and other groups as a top priority.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None

#### **NEED(S):**

Ensure the availability of trauma and other specialty care services to critically ill and injured patients.

#### **OBJECTIVE:**

Develop and implement trauma and other specialty care systems in accordance with the EMS system model and State guidelines, as appropriate.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **5.14 PUBLIC INPUT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

Trauma and specialty care planning was identified by the Regional Steering Committee and other groups as a top priority and is included in the EMS system model adopted by the agency. All previous specialty care planning efforts have included numerous opportunities for public input and special interest lobbying.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure an open process for specialty care system development.

### **OBJECTIVE:**

Keep the process used for developing a specialty care system open to public input.

### **TIME FRAME FOR MEETING OBJECTIVE:**

	Short-Range Plan (one year or less)
X	Long-Range Plan (more than one year)

## **Data Collection and System Evaluation**

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### **6.01 QA/QI PROGRAM**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

The system does not have a regional CQI program. There are CQI programs in place in Mendocino, Napa and Sonoma Counties which are comprised of Base Hospital Medical Directors, Base Hospital Prehospital Liaison Nurses and ambulance provider QI coordinators. Napa County is in the process of incorporating its CQI plan and program within the implementation of a grant funded DBMS.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Establish a system-wide DBMS. Develop a region-wide process to provide feedback to prehospital care personnel on patient outcomes. Establish a region-wide CQI process that meets system needs and State standards.

#### **OBJECTIVE:**

Development of a region wide CQI plan and program. Establishment of a process to identify preventable morbidity and mortality. Development of a process to provide feedback to prehospital personnel on patient outcomes. Ensure that the CQI process meets system needs and State standards. Expand the CQI process to include first response quality improvement coordinators and dispatch quality control coordinators. Continue to monitor and amend the QA/QI program to meet system needs.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **6.02 PREHOSPITAL RECORDS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Policy requires patient care records (PCRs) to be completed for all patients, with copies of the report being submitted to the receiving hospital, provider and agency. All ground ambulance providers and ALS first responders use either a standardized bubble form PCR, computerized keyboard entry PCR or a handwritten form for documenting patient care. Negotiations with the air ambulance providers regarding patient documentation and the submission of data are continuing.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure completeness and timely submission of patient care records. Continue development efforts to standardize the data collection methodology within the region.

### **OBJECTIVE:**

Investigate ways of improving completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### **6.03 PREHOSPITAL CARE AUDITS**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

#### **CURRENT STATUS:**

The agency and individual local Q.I. groups have been formed to conduct prehospital care audits regarding system operations.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None.

#### **NEEDS:**

A wide area network linking first response agencies, ambulance services, dispatch centers, hospitals, and the local EMS agency for the purpose of efficiently recording and linking prehospital, dispatch, emergency department, and discharge records. A clinical audit system capable of identifying preventable morbidity and mortality and ensuring adherence to treatment standards.

#### **OBJECTIVE:**

Develop a Wide Area Network (WAN) or other type of electronic data link to allow access to the EMS Database System for the EMSA, ambulance provider agencies, base hospitals and dispatch centers to facilitate data collection and reporting.

Develop a process to identify preventable morbidity and mortality and ensure adherence to treatment standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **6.04 MEDICAL DISPATCH**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Approved level II EMD centers are required by policy to establish an in-house QA program which includes the auditing of pre-arrival instructions. However, most dispatch agencies have not been approved as level II EMD centers and are not required to establish an in-house QA program.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that an appropriate level of medical response is sent to each emergency. Ensure the appropriateness of prearrival/post dispatch directions. Establish region-wide policies regarding EMD programs of choice and commensurate QA/QI programs.

### **OBJECTIVE:**

Develop a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions. Execute agreements with all EMD dispatch centers specifying minimum QA/QI standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **6.05 DATA MANAGEMENT SYSTEM**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

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

### **CURRENT STATUS:**

There is not a region-wide DBMS, however the DBMS for Sonoma and Mendocino has been in place for several years. Unfortunately, Y2K compliance issues will force a change-out and updating of both hardware and software components. Software programs are being evaluated with an eye towards interfacing with the Napa County grant funded DBMS which is in its second year of development.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEEDS:**

In order to assure that our data management system meets the changing needs of the agencies using it in the future, the tasks of need assessment, revision design, programming and documentation must continue. Gain access to existing hospital data regarding the outcomes of prehospital patients. Establish benchmarks and quality indicators.

#### **OBJECTIVE:**

Train system participants to use establish QI processes and indicators. Monitor and modify as needed.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **6.06 SYSTEM DESIGN EVALUATION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Local QI groups, consisting of members of an operational area, have been formed to evaluate response, care and transport. Additionally, each member county has a functioning Emergency Medical care Committee which reviews local operations, policies and practices. A Regional Steering Committee (RSC) comprised of the three DHS directors from each member county meets bi-monthly and reviews issues concerning the plans, policies and procedures of the MNSEMSA before they are submitted to the respective Board of Supervisors (BOS) for consideration. All meetings of the BOS and the county EMCC's are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified in advance of issues before the EMCC's and the BOS.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Creation of common indicators which can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Establishment of both CQI and DBMS programs on a regional basis.

### **OBJECTIVE:**

Create common indicators which can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Train local providers in Agency QI processes. Participate in statewide standardized system evaluation project.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## **6.07 PROVIDER PARTICIPATION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

ALS providers are required by policy and agreement to participate in the agency system-wide evaluation program. BLS providers in Mendocino County are required as well to participate in the agency system-wide evaluation program.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure participation of all providers within the agency QA/QI program.

### **OBJECTIVE:**

Integrate QI groups in local EMCC. Investigate the feasibility of requiring first responder, dispatch and other system provider participation in system QA/QI programs.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **6.08 REPORTING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

The Agency has not yet established a reporting cycle. Individual member counties have been reporting to their respective BOS and constituent groups on the progress of the regionalization process as well as overall system operations.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEEDS:**

Analyze data using established QA indicators and benchmarks.

### **OBJECTIVE:**

Report analyzed data on a semi-annual or quarterly basis. Annually report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## **6.09 ALS AUDIT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

The region does not have a system-wide CQI plan. There are CQI programs in place in Mendocino, Napa and Sonoma counties which are comprised of base hospital medical directors, base hospital nurse liaisons and ambulance provider QI coordinators. Napa County is in the process of incorporating a CQI plan and program with the implementation of a grant funded DBMS.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Establish a system-wide DBMS. Develop a region-wide process to provide feedback to prehospital care personnel on patient outcomes. Establish a region-wide CQI process that meets system needs and State standards.

### **OBJECTIVE:**

Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program, as needed, to meet system needs.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## **6.10 TRAUMA SYSTEM EVALUATION**

### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

The agency lacks a formal regional trauma system plan, there is a designated Level III center in Napa (Queen of the Valley Hospital). Sonoma is developing a Level II center and system (which includes Mendocino County) that is scheduled to go on line during FY 99-00. Data collection, system evaluation and a registry interface between the current Napa system and the in progress Sonoma-Mendocino system are being examined.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

The formal adoption of a trauma system plan with designated trauma facilities and the implementation of a trauma system evaluation and data collection program that encompasses the entire region.

### **OBJECTIVE:**

Create a formal trauma system, then implement the evaluation process developed by the MNSEMSA, which includes the use of trauma registries, tracer studies and a Trauma Audit Committee.

### **TIME FRAME FOR MEETING THE OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **6.11 TRAUMA CENTER DATA**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

No mechanism exists for the collection of trauma center and trauma patient information due to the lack of a formal trauma system in the EMS region. Data is being collected and evaluated in Napa County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

The formal adoption of a trauma system plan with designated trauma facilities and the implementation of a trauma system evaluation and data collection program.

### **OBJECTIVE:**

Create a formal trauma system, then develop standards for trauma center data collection which are capable of meeting the needs required for system evaluation and QA.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **Public Information and Education**

### **7.01 PUBLIC INFORMATION MATERIALS**

#### **MINIMUM STANDARDS:**

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

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

MNSEMSA has either developed and disseminated information on basic first aid, CPR, system design and access, and disaster planning. There is not a formal regional program that encompasses a-f above.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Develop a regional approach, with linkages between the regions' respective EMCC's, for meeting the components contained within this standard. Evaluate the applicability of adopting children's education programs such as Student Activities for Emergencies (S.A.F.E.) and the EMS Youth Program, which are designed to teach emergency awareness, system access and basic first aid skills. Creation of education materials and programs regarding system access and utilization.

#### **OBJECTIVE:**

In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
| X | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |

## **7.02 INJURY CONTROL**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

The agency has not designed programs specifically for injury prevention or injury control. However, the agency routinely participates in public safety (health) fairs at various locations throughout the EMS region promoting system understanding. No work has been conducted to promote the development of EMS education programs for high risk groups.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Development and promotion of injury control education programs and programs targeted at high risk groups. Utilize the Education and Training ad hoc committees within the respective member county EMCC's to develop evaluation methodologies and develop training formats/programs.

### **OBJECTIVE:**

Coordinate the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **7.03 DISASTER PREPAREDNESS**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

The MNSEMSA is not involved with the respective OA OES in promoting citizen disaster preparedness.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Promote citizen disaster preparedness activities.

#### **OBJECTIVE:**

In conjunction with county OES coordinators, Red Cross and other public safety agencies, develop and promote citizen disaster preparedness activities.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **7.04 FIRST AID & CPR TRAINING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

A list of available CPR and first aid classes is usually maintained within the respective member counties' offices. The Agency has not taken a lead in promoting CPR and first aid training for the general public. No citizen training goals have been established.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Establishment of citizen CPR and first aid training goals. Encourage and direct the respective county EMCC's to establish citizen training goals and initiate an annual training calendar and program(s).

### **OBJECTIVE:**

Determine the need for establishing citizen CPR and first aid training goals. Develop the capacity to either provide or coordinate the provision of CPR and first aid training.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Disaster Medical Response**

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### **8.01 DISASTER MEDICAL PLANNING**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None

#### **CURRENT STATUS:**

Disaster medical planning has been occurring in each of the member counties. Awaiting release of latest State OES Emergency Operations Plan (EOP) plan so that respective medical and health annexes for each of the member counties can be revised. A response plan specific to toxic substance management has not been developed on a regional level.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

To be determined.

#### **NEED(S):**

Ensure that the MCI Plans in place continue to meet the disaster medical response needs of the EMS system. Release and distribution of Mendocino draft MCI Plan. Standardization of respective MCI Plans so that a regional template can be developed. Update of respective health and medical annexes. Development of a regional multi-hazard catastrophic disaster plan, perhaps in conjunction with Region II.

#### **OBJECTIVE:**

Monitor the efficiency and utilization of the MCI plan and make changes as needed. Determine the need for developing a medical response plan for hazardous material incidents.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.02 RESPONSE PLANS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

The California Office of Emergency Services' Emergency Operations Plan should serve as the model for the development of medical response plans for catastrophic disasters.

### **CURRENT STATUS:**

Disaster medical planning has been occurring in each of the member counties. Awaiting release of latest OES Emergency Operations Plan so that respective medical and health annexes for each of the member counties can be revised. A response plan specific to toxic substance management has not been developed on a regional level.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the respective member counties' MCI Plans continue to meet the disaster medical response needs of the EMS system. Develop a regional multi-hazard plan based on the new OES multi-hazard plan.

### **OBJECTIVE:**

Monitor the efficiency and utilization of the MCI plans and make changes as needed. Determine the need for developing a medical response plan specific to hazardous material incidents.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
X Long-Range Plan (more than one year)

### **8.03 HAZMAT TRAINING**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The agency has not formally established a role for EMS personnel regarding hazardous material incidents. The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Establish the roles and responsibilities for EMS personnel regarding hazardous materials incidents.

**OBJECTIVE:**

Determine the roles and responsibilities for EMS personnel regarding hazardous materials incidents.  
Determine hazardous material training needs of EMS personnel.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.04 INCIDENT COMMAND SYSTEM**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

The MCI Plans utilized by the MNSEMSA member counties are based on the Incident Command System.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that all EMS personnel are trained in ICS, MCI and SEMS. Establish completion of ICS 120 and a 4-hour hospital or field MCI course as the minimum standard for EMS personnel. A process for training all EMS personnel in the requirements of the State's Standardized Emergency Management System (SEMS) needs to be developed.

### **OBJECTIVE:**

Modify existing processes to ensure that all EMS personnel, including EMTs, first responders and dispatchers are trained in ICS, MCI and SEMS. Monitor compliance to training standards and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.05 DISTRIBUTION OF CASUALTIES**

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### **CURRENT STATUS:**

A regional patient distribution plan does not currently exist.

### **COORDINATION WITH OTHER EMS AGENCIES:**

To be determined.

### **NEED(S):**

Develop the procedures for distributing disaster casualties functions effectively. Develop a regional Facilities Assessment Profiles document, which would identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### **OBJECTIVE:**

Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Create a facilities assessment profile for each hospital in the EMS system.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.06 NEEDS ASSESSMENT**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

General written procedures have been used by Operational Area Disaster Medical-Health Coordinators in the counties in MNSEMSA throughout the 90's, thanks to a series of wet winters. These procedures include a process for assessing and communicating needs to OA EOCs, OES Region II and State OES.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the procedures for assessing medical needs in a disaster function effectively. Develop regional written procedures for OADMHCs . Assess the need for a Regional Operations Center. Cross train Agency staff so that OADMHC responsibilities can be undertaken and fulfilled by regional staff. Establish minimum ICS-MCI training standards for EMS field personnel.

### **OBJECTIVE:**

Establish processes to ensure that all EMS personnel are trained in MCI and SEMS. Monitor compliance to training standards and make changes as needed. Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.07 DISASTER COMMUNICATIONS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and is in need of evaluation, upgrade and repair. Most transporting and non-transporting emergency medical response vehicles in the EMS system have CALCOORD capabilities as well as redundant overlay of fire based mutual aid frequencies. However, no frequency has been officially designated for disaster medical communications on a regional basis.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Communications frequencies and the locations of radio repeaters may need to be performed in conjunction with adjacent EMS systems (e.g., Marin and North Coast).

### **NEED(S):**

Ensure the availability of common medical communications during disasters. An assessment of the communication system needs to be performed as a precursor to the development of a regional communications plan.

### **OBJECTIVE:**

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes to meet system needs.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **8.08 INVENTORY OF RESOURCES**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

Resource Directory being created with this plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Annually update the Disaster Medical Resource Directory.

### **OBJECTIVE:**

Update the Disaster Medical Resource Directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.09 DMAT TEAMS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

DMAT team within OES Region II is being resurrected. Planning by member counties has occurred at the regional disaster medical coordinators' meetings.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Develop a more formal relationship with Region II DMAT Team.

### **OBJECTIVE:**

Develop a relationship with Region II DMAT Team.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.10 MUTUAL AID AGREEMENTS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Providers execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region II are currently working on a "regional" master medical mutual aid agreement to be executed between counties and/or LEMSAs.

### **COORDINATION WITH OTHER EMS AGENCIES:**

As stated above.

### **NEED(S):**

Adoption of a master (Region II) medical mutual aid agreement. Formalize existing day to day mutual aid operations that currently exist within and between member counties. Develop a MNSEMSA regional medical mutual aid agreement.

### **OBJECTIVE:**

Continue the process of developing and adopting a master medical mutual aid agreement.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than )

**8.11 FTS DESIGNATION**

**MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Several sites for Field Treatment Sites have been identified, by individual counties. However, no formal regional plan has been developed for their activation, staffing or outfitting.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Formally identify FTS and establish plans regarding activation, staffing and outfitting.

**OBJECTIVE:**

In conjunction with county OES offices, identify FTS and establish plans regarding activation, staffing and outfitting.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.12 ESTABLISHMENT OF FTS**

### **MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Field Treatment Sites (FTS) and a means for communicating with them.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Several sites for FTS have been identified throughout the EMS region. However, no formal plans have been developed for their activation, staffing or outfitting.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Identify FTS and establish plans regarding activation, staffing and outfitting.

### **OBJECTIVE:**

In conjunction with county OES offices, identify FTS and establish plans regarding activation, staffing and outfitting.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **8.13 DISASTER MEDICAL TRAINING**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:** The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. MCI training is conducted by providers, first responders and training institutions.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Ensure a standard of training for EMS personnel in disaster medical response and the management of hazardous materials incidents.

#### **OBJECTIVE:**

Ensure an adequate number of Field, Hospital and Dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.14 HOSPITAL PLANS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

EMSA staff are available to all hospitals for in-service and training in ICS and MCI plan standards. Hospitals conduct disaster exercises on an annual basis. Two thirds of the regions' hospitals are HEICS practitioners.

### **COORDINATION WITH OTHER EMS AGENCIES:**

To be determined.

### **NEED(S):**

All hospitals should adopt some form of ICS as the basis for their facility's disaster plan.

### **OBJECTIVE:**

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one inter-agency disaster drill is conducted in each member county.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.15 INTERHOSPITAL COMMUNICATIONS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Hospitals within Sonoma County can communicate with each other through a VHF radio net. Common radio frequencies between hospitals within the EMS system have not been established.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure the availability of inter-hospital medical communications in conjunction with a region-wide communications system assessment and the development of a regional communications plan.

### **OBJECTIVE:**

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **8.16 PREHOSPITAL AGENCY PLANS**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

Disaster medical planning has been occurring in each of the member counties. Awaiting release of latest OES multi-hazard plan so that respective medical and health annexes for each of the member counties can be revised. A response plan specific to toxic substance management has not been developed on a regional level.

While individual member counties have MCI Plans that are ICS and SEMS compatible, there is not a regional MCI Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

Ensure that providers and hospitals continue to effectively use the respective MCI plans when managing MCIs and medical disasters. Ensure that all EMS personnel receive the minimum level of disaster medical training (ICS 120 & 4 hours of hospital or field MCI training). Encourage the continued development and usage of HEICS as the "standard" acute facility plan. Development of a regional MCI Plan. Release and distribute the Mendocino MCI Plan. Consider development of an annual medical/health disaster conference for regional providers and facilities.

#### **OBJECTIVE:**

Monitor compliance to plan standards and take corrective action as necessary. Develop a process to ensure that all EMS personnel receive required ICS, MCI and Hazmat training.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.17 ALS POLICIES**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Procedures have been established with adjacent EMS systems through day to day mutual aid agreements, although not on a region-wide basis.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEED(S):**

Ensure that policies and procedures exist to allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents. Enact a mutual aid agreement within OES Region II.

### **OBJECTIVE:**

Monitor and modify the policies and procedures which allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.18 SPECIALTY CENTER ROLES**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS:**

Specialty care facilities have not been identified on a regional basis. the roles of the existing trauma center (Queen of the Valley) and the anticipated Sonoma trauma center have not been examined in relation to the impact of significant medical incidents on day-to-day triage procedures.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEED(S):**

Determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures. Create a regional map depicting all of the acute care facilities within both the MNSEMSA region and OES Region II with their various specialties.

### **OBJECTIVE:**

When specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **8.19 WAIVING EXCLUSIVITY**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

All exclusive operating area agreements contain language allowing the MNSEMSA to waive the exclusivity of an area in the event of a significant medical incident.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that a process exists for the waiving of exclusivity in EOAs in the event a significant medical incident.

### **OBJECTIVE:**

Monitor the process for waiving exclusivity and make changes as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: Sonoma/Mendocino/Napa

Reporting Year: 1999-2000

**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:	<u>Sonoma</u>	<u>Mendocino</u>	<u>Napa</u>
a. Basic Life Support (BLS)	0%	10%	7%
b. Limited Advanced Life Support (LALS)	0%	5%	0%
c. Advanced Life Support (ALS)	100%	85%	93%

**2. Type of agency**

- a. Public Health Department
- b. **County Health Services Agency** **Yes**
- 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 EMS agency reports to:**

- a. **Public Health Officer** **Yes**
- b. Health Services Agency Director/Administrator
- c. Board of Directors
- d. Other:

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

- a. Implementation of exclusive operating areas (ambulance franchising) Yes
- b. Designation of trauma centers/trauma care system planning Yes
- c. Designation/approval of pediatric facilities No
- d. Designation of other critical care centers No
- e. Development of transfer agreements No
- f. Enforcement of local ambulance ordinance Yes
- g. Enforcement of ambulance service contracts Yes
- h. Operation of ambulance service No
- i. Continuing education Yes
- j. Personnel training Yes
- k. Operation of oversight of EMS dispatch center Yes
- l. Non-medical disaster planning No
- m. Administration of critical incident stress debriefing (CISD) team Yes
- n. Administration of disaster medical assistance team (DMAT) No
- o. Administration of EMS Fund [Senate Bill (SB) 12/612] Yes

**5. EMS agency budget for FY 1999-2000**

**A. EXPENSES**

Salaries and benefits (all but contract personnel)	<u>\$ 670,672</u>
Contract Services (e.g. medical director)	<u>103,022</u>
Operations (e.g. copying, postage, facilities)	<u>84,953</u>
Travel	<u>13,035</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>60,126</u>
Ambulance subsidy	<u>0</u>
EMS Fund payments to physicians/hospital	<u>0</u> *
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>0</u>
Other:	
Other:	
Other:	
<b>TOTAL EXPENSES</b>	<b><u>\$931,808</u></b>

\* EMS fund payments to physicians/hospitals not managed under EMS Agency budget unit.

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	<u>\$ 0</u>	*
Office of Traffic Safety (OTS)	<u>0</u>	
State general fund	<u>311,299</u>	
County general fund	<u>399,614</u>	
Other local tax funds (e.g., EMS district)	<u>0</u>	
County contracts (e.g. multi-county agencies)	<u>43,467</u>	
Certification fees	<u>0</u>	
Training program approval fees	<u>0</u>	
Training program tuition/Average daily attendance funds (ADA)	<u>0</u>	
Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>	
Base hospital application fees	<u>0</u>	
Base hospital designation fees	<u>39,137</u>	
Trauma center application fees	<u>0</u>	
Trauma center designation fees	<u>80,000</u>	
Pediatric facility approval fees	<u>0</u>	
Pediatric facility designation fees	<u>0</u>	
Other critical care center application fees	<u>0</u>	
Ambulance service/vehicle fees	<u>0</u>	
Contributions	<u>0</u>	
EMS Fund (SB 12/612)	<u>56,791</u>	
Other grants:	<u>0</u>	
Other fees: Franchise fees	<u>60,000</u>	
Other (specify): Fines	<u>1,500</u>	
 <b>TOTAL REVENUE</b>	 <b><u>\$ 931,808</u></b>	

- Napa County received PHHS Block Grant for a data collection project prior to implementation of the region. Those funds are managed through Napa County and not included in the regional budget.

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY 1999-2000	<u>Sonoma</u>	<u>Mendocino</u>	<u>Napa</u>
First responder certification	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
EMS dispatcher certification	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 7</u>
EMT-I certification	<u>\$ 0</u>	<u>\$ 35</u>	<u>\$ 11</u>
EMT-I recertification	<u>\$ 0</u>	<u>\$ 25</u>	<u>\$ 11</u>
EMT-defibrillation certification	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
EMT-defibrillation recertification	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
EMT-II certification	<u>\$ 0</u>	<u>\$ 50</u>	<u>\$ 0</u>
EMT-II recertification	<u>\$ 0</u>	<u>\$ 25</u>	<u>\$ 0</u>
EMT-P accreditation	<u>\$ 0</u>	<u>\$ 50</u>	<u>\$ 164</u>
Mobile Intensive Care Nurse certification	<u>\$ 0</u>	<u>\$ 50</u>	<u>\$ 150</u>
MICN recertification	<u>\$ 0</u>	<u>\$ 25</u>	<u>\$ 30</u>
EMT-I training program approval	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
EMT-II training program approval	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
EMT-P training program approval	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
MICN/ARN training program approval	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Base hospital application	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Base hospital designation	<u>\$ 39,137*</u>	<u>\$ 0</u>	<u>\$ 0</u>
Trauma center application	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Trauma center designation	<u>\$ 80,000*</u>	<u>\$ 0</u>	<u>\$ 0</u>
Pediatric facility approval	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Pediatric facility designation	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Ambulance service license	<u>\$ 0</u>	<u>\$ 900</u>	<u>\$ 0</u>
Ambulance vehicle permits	<u>\$ 0</u>	<u>\$ 200</u>	<u>\$ 0</u>
Other: <u>Air Ambulance</u>	<u>\$ 0</u>	<u>\$ 900</u>	<u>\$ 0</u>

\* Sonoma County Base Hospital and Trauma Center fees are established as contractual requirements of designation and not by County fee ordinance

**Table 2 - System Organization & Management (cont.)**

EMS System: Sonoma/Mendocino/Napa

Reporting Year: 1999-2000

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
<u>EMS Admin./Coord./Dir.</u>	EMS Coordinator	1.0	\$ 30.90	34.5%	
<u>Asst. Admin./Admin. Asst./Admin. Mgr.</u>	Assistant Regional EMS Administrator	1.0	\$ 27.98	23.9%	
<u>Program Manager</u>	EMS Project manager	1.0	\$ 28.44	36.0%	
<u>ALS Coord./Field Coord./Trng Coord.</u>	ALS Coordinator	1.0	\$ 26.77	36.6%	
<u>Program Coord./Field Liaison (Non-clinical)</u>	EMS Specialist	3.0	\$ 22.33 \$ 21.96 \$ 19.42	25.7% 43.6% 34.4%	1.0 FTE assigned to each county in EMS region
<u>Trauma Coord.</u>	Trauma Coordinator	1.0	\$ 28.22	35.5%	Position currently vacant pending formal designation of Trauma Center
<u>Med. Director</u>	Regional EMS Med. Dir.	0.3	\$ 60.00	n/a	Contract position, no benefits
<u>Other MD</u>	Deputy Med Dir's	0.4 (2 positions @ 0.2 FTE each)	\$ 60.00	n/a	Contract positions, no benefits

**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
<u>Disaster Med. Planner</u>	N/A				
<u>Dispatch Supervisor</u>	N/A				
<u>Medical Planner</u>	N/A				
<u>Dispatch Supervisor</u>	N/A				
<u>Data Evaluator/ Analyst</u>	N/A				
<u>QA/QI Coordinator</u>	N/A				
<u>Public Info. &amp; Ed. Coord.</u>	N/A				
<u>Ex. Secretary</u>	Secretary	1.0	\$ 17.96	41.9%	Sonoma County office
<u>Other Clerical</u>	Senior Office Assistant	1.0	\$ 13.13	17.6%	Napa County office
<u>Other Clerical</u>	Office Assistant	1.0	\$ 8.74	30.2%	Mendocino County office
<u>Data Entry Clerk</u>	N/A				

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

EMS System: Sonoma/Mendocino/Napa

Reporting Year: 1999-2000

	EMT-Is	EMT-IIIs	EMT-Ps	MICN	EMS Dispatchers
Total certified	2865	45		105	52
Number of newly certified this year	985	0		10	26
Number of recertified this year	882	25		45	NA
Total number of accredited personnel on July 1			251		
Number of certificate reviews resulting in:	0	0	1	0	NA
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 52

2. Early defibrillation: 284

a) Number of EMT-I (defib) certified 156

b) Number of public safety (defib) certified (non-EMT-I) 125

3. Do you have a first responder training program?  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Sonoma-Napa-Mendocino EMS Agency

County: Sonoma

Reporting Year: 1999-2000

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

1. Number of primary Public Service Answering Points (PSAP) 9
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system?  
 yes  no
  - a. Radio primary frequency 155.265
  - b. Other methods: CALCOORD, Cellular phone banks, radio secondary frequency 155.100, UHF Med Channels,
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes  no
  - d. Do you participate in OASIS?  yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  yes  no
    - 1) Within the operational area?  yes  no
    - 2) Between the operational area and the region and/or state?  yes  no
6. Who is your primary dispatch agency for day-to-day emergencies?  
 County of Sonoma Sheriff's Dispatch Center
7. Who is your primary dispatch agency for a disaster?  
 County of Sonoma Sheriff's Dispatch Center

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Sonoma-Napa-Mendocino EMS Agency

County: Napa

Reporting Year: 1999-2000

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

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

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Sonoma-Napa-Mendocino EMS Agency

County: Mendocino

Reporting Year: 1999-2000

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

1. Number of primary Public Service Answering Points (PSAP) 3
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system?  yes  no
  - a. Radio primary frequency 153.800
  - b. Other methods: CALCOORD, Cellular phone banks, UHF Med Channels,
  - c.
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes  no
  - d. Do you participate in OASIS?  yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  yes  
 no
    - 1) Within the operational area?  yes  no
    - 2) Between the operational area and the region and/or state?  yes  no
6. Who is your primary dispatch agency for day-to-day emergencies?  
 County of Mendocino Sheriff's Dispatch Center
7. Who is your primary dispatch agency for a disaster?  
 County of Mendocino Sheriff's Dispatch Center

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

EMS System:                    Sonoma-Napa-Mendocino EMS Agency

Reporting Year:              999-2000

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas:	2
2.	Percentage or population covered by Exclusive Operating Areas (EOA)	250,000
3.	Total number responses:	Unknown
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	46,287
	b) Number non-emergency responses (Code 1: normal)	Unknown
4.	Total number of transports	Unknown
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	34,712
	b) Number non-emergency transports (Code 1: normal)	Unknown Unknown

**Early Defibrillation Programs**

5.	Number of public safety defibrillation programs	46*
	a) Automated	*(all of our programs are a mix of PS & EMT)
	b) Manual	
6.	Number of EMT-Defibrillation programs	See Above
	a) Automated	
	b) Manual	

**Air Ambulance Services**

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

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont)**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	N/A*	N/A	N/A	N/A
2. Early defibrillation capable responder.	N/A*	N/A	N/A	N/A
3. Advanced life capable responder.	7**	14** / 4-6 min.***	29**	N/A
4. EMS transport unit.	11** / <10***	18** / <30***	33** / <60***	N/A

\* No mechanism exists for the collection of response time data for first response agencies

\*\* Sonoma's response time standards are only in effect in the EOA portion of Sonoma. Additionally, the response time standards are triggered by EMD call determinants.

\*\*\* Napa County's standards



EMS System: Sonoma-Napa-Mendocino EMS Agency

County: Sonoma

Reporting Year: 1999-2000

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? In process of determining locations
  - b. How are they staffed? N/A at this time
  - 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?      N/A
  - c. Are they available for statewide response?      N/A
  - d. Are they part of a formal out-of-state response system?      N/A
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes       no
  - b. At what HazMat level are they trained?      N/A
  - c. Do you have the ability to do decontamination in an emergency room?      yes       no
  - d. Do you have the ability to do decontamination in the field?      yes       no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes       no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      10
  
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.      N/A

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?      Dept of Health Services
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?      N/A

EMS System: Sonoma-Napa-Mendocino EMS Agency

County: Napa

Reporting Year: 1999-2000

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? In process of determining locations
- b. How are they staffed? N/A at this time
- 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? N/A
- c. Are they available for statewide response? N/A
- d. Are they part of a formal out-of-state response system? N/A

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes  no
- b. At what HazMat level are they trained? N/A
- c. Do you have the ability to do decontamination in an emergency room? yes  no
- d. Do you have the ability to do decontamination in the field? yes  no

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes  no
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4
- 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. N/A



EMS System: Sonoma-Napa-Mendocino EMS Agency  
 County: Mendocino  
 Reporting Year: 1999-2000

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? In process of determining locations
  - b. How are they staffed? N/A at this time
  - 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?      N/A
  - c. Are they available for statewide response?      N/A
  - d. Are they part of a formal out-of-state response system?      N/A
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes       no
  - b. At what HazMat level are they trained?      N/A
  - c. Do you have the ability to do decontamination in an emergency room?      yes       no
  - d. Do you have the ability to do decontamination in the field?      yes       no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes       no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      4
  
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. N/A
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? Public Health Dept
12. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

**TABLE 8. RESOURCES DIRECTORY -- Providers**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Petaluma Fire Department</b> 198 "D" Street, Petaluma, CA 707-778-4390				<b>Primary Contact: Chief Terry Krout</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS                    [0] PS-Defib <input type="checkbox"/> BLS                    [0] EMT-D <input type="checkbox"/> LALS                    [ ] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2, 1 back-up

<b>Sebastopol Fire Department</b> 7425 Bodega Ave., Sebastopol, CA 95472 707-823-8061				<b>Primary Contact: John Zanzi</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS                    [15] PS-Defib <input type="checkbox"/> BLS                    [15] EMT-D <input type="checkbox"/> LALS                    [ ] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Mayacamas VFD</b> BOX 225, Glen Ellen, CA 95442 707-996-6660					<b>Primary Contact:</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>US Coast Guard TRACEN Fire Dept.</b> 599 Tomales Rd, Petaluma, CA 94952 707-765-7359					<b>Primary Contact: Steve Scott</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Valley of the Moon Fire District</b> 16900 Highway 12, Sonoma, CA 95476 707-996-1002					<b>Primary Contact: John Keane</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [45] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [20] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Rohnert Park Dept. of Public Safety</b> 500 City Hall Drive, Rohnert Park, CA 94949 707-584-2650					<b>Primary Contact: Bob Cassel</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Pub. Safety	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Cloverdale Health District</b> Box 33, Cloverdale, CA 95425 707-894-5862					<b>Primary Contact: Tom Hinrichs</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [10] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [10] EMT-D [4] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: Special District	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> special district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

<b>Glen Ellen Fire District</b> 13445 Arnold Dr, Glen Ellen, CA 95442 707-996-9266					<b>Primary Contact: Bill Murray</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS [18] PS-Defib [19] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Sonoma Life Support</b> 1415 N. Dutton Ave., Santa Rosa, CA 95401 707-579-9542					<b>Primary Contact: Lori Price</b>
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [92] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 11

<b>Forestville FPD</b> Box 427 Forestville, CA 95436 707-887-2212					<b>Primary Contact: Gary Duignan</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> [30] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> [24] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Bodega Bay FPD</b> 510 Highway 1, Bodega Bay, CA 94923      707-875-3200 <b>Primary Contact: Mike Elson</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

<b>Windsor FPD</b> Box 530, Windsor, CA 95492      707-838-1170 <b>Primary Contact: Ron Collier</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> [16] PS-Defib <input checked="" type="checkbox"/> [30] BLS <input checked="" type="checkbox"/> [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Santa Rosa Fire Department</b> 955 Sonoma Ave. Santa Rosa, CA 95404    707-543-3532					<b>Primary Contact:</b> <b>Toni Pini</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [110] PS                      [96] PS-Defib [96] BLS                      [ ] EMT-D [ ] LALS                      [ ] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Sonoma County Sheriff's Department</b> 600 Administration Dr. SR 95403    707-524-7195					<b>Primary Contact: Sgt. Bob Pacheco</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS                              [0] PS-Defib [7] BLS                        [0] EMT-D [0] LALS                      [6] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 helicopter (leased from private company)

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>North Bay Fire Authority</b> Box 1029, Penngrove 94951 707-795-6011					<b>Primary Contact: John Keane</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [150] PS <input type="checkbox"/> PS-Defib 90] BLS <input type="checkbox"/> [90] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Goldridge FPD</b> 4500 Hessel Rd, Sebastopol, 95472      707-823-1804					<b>Primary Contact: Kent Reynolds</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [30] PS                    [45] PS-Defib <input type="checkbox"/> BLS                    [25] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Bennett Valley FFD</b> 6161 Bennett Valley Road, Santa Rosa 95404 707-578-7761					<b>Primary Contact: Kent Reynolds</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [15] PS                      [10] PS-Defib <input type="checkbox"/> BLS                      [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances n/a

<b>Kenwood FPD</b> Box 249 Kenwood 95452                      707-833-2042					<b>Primary Contact: Bob Uboldi</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS                              [22] PS-Defib <input type="checkbox"/> BLS                              [8] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Graton FPD</b> Box A, Graton 95444                      707-823-5515 <b>Primary Contact: Tom Somermeier</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS                      [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes –volunt. <input type="checkbox"/> no	Number of ambulances n/a

<b>Coast Life Support District</b> Box 1056 Gualala, 95468                      707-884-1829 <b>Primary Contact: Nick Scanlon-Hill</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air (x) <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [18] BLS                      [12] EMT-D <input type="checkbox"/> LALS                      [6] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> spec dist.	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> special district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:4

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Sonoma

**Reporting Year:** 1999-2000

<b>REACH/Mediplane Air Ambulance</b> 5010 Flightline Drive, Santa Rosa 95403      707-575-6886 <b>Primary Contact: Jennifer Hardcastle</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS      [25] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> special district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3 helicopters

<b>Russian River FPD</b> Box 367 Guerneville, 95446      707-869-9089 <b>Primary Contact: Al Mazza</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [10] BLS      [10] EMT-D <input type="checkbox"/> LALS      [4] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Bell's Ambulance Service</b> Box 726, Healdsburg 95448						<b>Primary Contact: Wayne Bell</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [6] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [6] ALS					
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3						

<b>Redwood Empire Support</b> 940 Petaluma Hill Rd, Santa Rosa 95404						707-542-6772						<b>Primary Contact: Julie Cantor</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [16] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [8] ALS											
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 12												

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Geyserville FPD</b> Box 217 Geyserville 95441                      707-857-3535 <b>Primary Contact: Dean Turberville</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Monte Rio FPD</b> Box 218, Monte Rio, 95462                      707-865-2856 <b>Primary Contact: Steve Baxman</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Occidental CSD</b> Box 157 Occidental 95465					<b>Primary Contact: Ron Lunardi</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances n/a

<b>Schell-Vista FPD</b> 23000 Broadway, Sonoma, 95476					<b>Primary Contact: Mitch Mulas</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Sonoma

**Reporting Year:** 1999-2000

<b>Timber Cove FPD</b> 30800 Seaview, Cazadero, 95421      707-847- <span style="float: right;"><b>Primary Contact: Mike Singer</b></span>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Cazadero CSD</b> Box 95 , Cazadero, 95421      707-632-5390 <span style="float: right;"><b>Primary Contact: Fred Luna</b></span>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [30] PS                      [45] PS-Defib <input type="checkbox"/> BLS                    [25] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8. RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>California Dept of Forestry &amp; Fire</b> 2210 West College Ave, Santa Rosa, 95401						<b>Primary Contact: Ed Shriver</b>							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: n/a			

<b>Cloverdale FPD</b> 116 Broad Street, Cloverdale, 95425						707-894-3545						<b>Primary Contact: Jack Rosevear</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS					
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: n/a							

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Healdsburg FD</b> 601 Healdsburg Ave, Healdsburg, 95448      707-431-3360 Primary Contact: <b>Bob Taylor</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes –volt. <input type="checkbox"/> no	Number of ambulances: n/a

<b>Annapolis VFD</b> 31909 Annapolis Rd, Annapolis, 95412      707-886-5166 Primary Contact: <b>Joe Miller</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> special district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Bloomfield VFD</b> 12999 Sutton St, Bloomfield, 94952                      707-795-8785 <b>Primary Contact: Jeff Matthews</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> special district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Bodega VFD</b> Box 28, Bodega, 94922                      707-876-3197 <b>Primary Contact: Ron Albini</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                      [4] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Camp Meeker</b> Box 511, Camp Meeker, 95419						<b>Primary Contact: Fred Meyer</b>							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: n/a			

<b>Dry Creek VFC</b> Box 2107 Healdsburg, 95448						707-431-7291						<b>Primary Contact: Vacant</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS					
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances:							

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Fort Ross VFD</b> Box 129, Cazadero, 95421                      707-632-5911 <b>Primary Contact: Tom Kraus</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Jenner VFD</b> Box 9, Jenner, 95450                      707-632-5503 <b>Primary Contact: Rob Ciocatto</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Knights Valley VFD</b> 16850 Spencer Ln, Calistoga, 94552      707-942-4110 <b>Primary Contact: August Grube</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Lakeville VFD</b> 5565 Lakeville Hwy, Petaluma, 94952      707-762-2075 <b>Primary Contact: Ken Altenruther</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Mountain VFD</b> 5198 Sharpe Rd, Calistoga, 95415      707-942-6135 <b>Primary Contact: Mike Rossi</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances n/a

<b>San Antonio VFD</b> 5497 Old Redwood Hwy, Petaluma, CA 94952      707-762-8249 <b>Primary Contact: Jerry Corda</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

<b>Sea Ranch VFD</b> Box 65, Sea Ranch, 95497                      707-785-2648 <b>Primary Contact: Dan Levin</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Two Rock VFD</b> 55 Walker Rd, Petaluma, 94952                      707-762-6010 <b>Primary Contact: Paul Martin</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Sonoma

**Reporting Year:** 1999-2000

<b>Valley Ford VFD</b> Box 468, Valley Ford, 94972                      707-876-3489 <b>Primary Contact: Bill Henke</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Sonoma Fire Department</b> 32 Patton, Sonoma, 95476                      707-996-2102 <b>Primary Contact: Mike Cahill</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Napa

**Reporting Year:** 1999-2000

<b>Piner Ambulance</b> 1820 Pueblo St, Napa 94558      (707) 224-3123				<b>Primary Contact: Chris Piper</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ 24 BLS      _____ EMT-D _____ LALS      _____ 15 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>8</u>

<b>Mercy St Helena Ambulance</b> 1105 Pope St, St Helena 94574      (707) 963-1510				<b>Primary Contact: Bill Montgomery</b>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ 20 BLS      _____ EMT-D _____ LALS      _____ 12 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Napa

Reporting Year: 1999-2000

<b>Napa City Fire Dept</b> PO Box 660, Napa 94559                      (707) 257-9597					<b>Primary Contact: Dave Mellow</b>							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">_____ PS</td> <td style="text-align:center;">_____ PS-Defib</td> </tr> <tr> <td style="text-align:center;">27 BLS</td> <td style="text-align:center;">45 EMT-D</td> </tr> <tr> <td style="text-align:center;">_____ LALS</td> <td style="text-align:center;">21 ALS</td> </tr> </table>		_____ PS	_____ PS-Defib	27 BLS	45 EMT-D	_____ LALS	21 ALS
_____ PS	_____ PS-Defib											
27 BLS	45 EMT-D											
_____ LALS	21 ALS											
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>n/a</u>							

<b>Angwin Volunteer Community Ambulance</b> 275 College Ave, Angwin 94508                      (707) 965-2469					<b>Primary Contact: Ted McIntyre</b>							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">_____ PS</td> <td style="text-align:center;">_____ PS-Defib</td> </tr> <tr> <td style="text-align:center;">27 BLS</td> <td style="text-align:center;">27 EMT-D</td> </tr> <tr> <td style="text-align:center;">_____ LALS</td> <td style="text-align:center;">_____ ALS</td> </tr> </table>		_____ PS	_____ PS-Defib	27 BLS	27 EMT-D	_____ LALS	_____ ALS
_____ PS	_____ PS-Defib											
27 BLS	27 EMT-D											
_____ LALS	_____ ALS											
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>							

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Napa

Reporting Year: 1999-2000

<b>American Canyon Fire District</b> 225 James Rd, American Canyon 94589 (707) 642-2747				<b>Primary Contact: Keith Caldwell</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ 30 BLS                  _____ 25 EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>n/a</u>

<b>Napa State Hospital</b> 2100 Napa-Vallejo Hwy, Napa 94559 (707) 253-5235				<b>Primary Contact: Ron Gupton</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ 10 BLS                  _____ 10 EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Napa

Reporting Year: 1999-2000

<b>CDF/Napa County Fire</b> <b>1555 Airport Rd, Napa 94558 (707) 253-6198</b>					<b>Primary Contact: Ernie Loveless</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ 50 BLS                      _____ 156 EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>n/a</u>

<b>Calistoga Fire Dept</b> <b>1232 Washington St, Calistoga 94515 (707) 942-2821</b>					<b>Primary Contact: Gary Kraus</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ 11 BLS                      _____ 11 EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>n/a</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Napa

Reporting Year: 1999-2000

<b>St Helena Fire Dept</b> <b>1480 Main St, St Helena 94574 (707) 963-1641</b>				<b>Primary Contact: Kevin Twohey</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ 12 BLS                      _____ 28 EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>n/a</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Anderson Valley Ambulance</b> P.O. Box 144, Boonville, CA 95415 (707) 895-2127				<b>Primary Contact: Susan Newstead</b>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 4 PS PS-Defib 15 BLS EMT-D 1 LALS ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Non-profit	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Anderson Valley Fire Department</b> 14725 Highway 128, P.O. Box 398 Boonville, CA 95415				<b>Primary Contact: Colin H. Wilson</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 41 PS PS-Defib 9 BLS EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Little Lake Fire Protection District</b> 74 East Commercial St., Willits, CA 95490			<b>Primary Contact: Jeff Smith</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  0  </u>

<b>Mendocino Coast District Hospital Ambulance</b> 700 River Dr., Ft. Bragg, CA 95437    (707) 961-1234			<b>Primary Contact: Mike Ciancio</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Hosp Dist.	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  3  </u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Redwood Valley Fire</b> 8481 East Rd./ P.O. Box 385, Redwood Vly, CA 95470 (707) 485-8121				<b>Primary Contact: Rick Ryan</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib <u>24</u> BLS <u>10</u> EMT-D _____ LALS <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Ukiah Ambulance Service</b> P.O. Box 277, Ukiah, CA 95482 (707) 462-3808				<b>Primary Contact: Bob McAdoo</b>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib <u>6</u> BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Mendocino

**Reporting Year:** 1999-2000

<b>Ukiah Valley Fire District</b> 1500 S. State St., Ukiah, CA 95482				<b>Primary Contact: Dan Grebil</b>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ 17 PS                      _____ PS-Defib _____ 18 BLS                    _____ EMT-D _____ LALS                    _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Ukiah Fire Department</b> 300 Seminary Ave., Ukiah, CA 95482 (707) 463-6274				<b>Primary Contact: Roe Sandelin</b>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ 16 BLS                    _____ EMT-D _____ LALS                    _____ 13 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Fort Bragg Fire Department</b> 141 N. Main Street, Fort Bragg, CA 95437						<b>Primary Contact: Will Phenix</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib <u>38</u> BLS                                  _____ EMT-D _____ LALS                      _____ ALS						
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no (on call)	Number of ambulances: <u>0</u>						

<b>Laytonville Fire Dept. &amp; Ambulance</b> Primary Contacts: <b>Lance Whitely / Mark Robertson</b> P.O. Box 399, Laytonville, CA 95454 (707) 984-6055					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>8</u> PS    _____ PS-Defib <u>20</u> BLS    _____ EMT-D <u>3</u> LALS <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Brooktrails Fire Dept.</b> 24860 Birch St., Willits, CA 95490 (707) 459-4441					<b>Primary Contact: David Thomen</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ 10 BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Willits Ambulance Service</b> P.O. Box 970, Willits, CA 95490 (707) 459-7088					<b>Primary Contact: Terry Thomen</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ 8 BLS                      _____ EMT-D _____ LALS                      _____ 4 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Albion-Little River</b> P.O. Box 101, Albion, CA 95410				<b>Primary Contact: Richard Ricca</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>Comptche Vol. Fire Dept.</b> P.O. Box 164, Comptche, CA 95427				<b>Primary Contact: Larry Tunzi</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>16</u> PS                      _____ PS-Defib <u>4</u> BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Mendocino

**Reporting Year:** 1999-2000

<b>Elk Fire</b> P.O. Box 151, Elk, CA 95432						<b>Primary Contact: Charles Acker</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: 19 PS                      PS-Defib 6 BLS                      EMT-D _____ LALS                      ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Spec Dist.		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: <u>1</u>	

<b>Garcia Fire and Rescue</b> P.O. Box 342, Pt. Arena, CA 95468						<b>Primary Contact:</b>					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport		Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Number of personnel providing services: _____ PS                      PS-Defib _____ BLS                      EMT-D _____ LALS                      ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: _____	

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Greenwood Ridge Fire Dept.</b> P.O. Box 114, Elk, CA 95432 (707) 877-3311				<b>Primary Contact: R.D. Beacon</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>Hopland Fire Dept.</b> P.O. Box 386, Hopland, CA 95449				<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Irish Beach Vol. Fire</b> <b>P.O. Box 67, Manchester, CA 95459</b>					<b>Primary Contact:</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ BLS                  _____ EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>Iron Peak Vol. Fire Dept.</b> <b>P.O. Box 1495, Laytonville, CA 95454</b>					<b>Primary Contact:</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ BLS                  _____ EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Mendocino

**Reporting Year:** 1999-2000

<b>Leggett Valley FPD</b> P.O. Box 191, Leggett, CA 95585 (707) 925-6334					<b>Primary Contact: Brian Wilberger</b>
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ BLS                  _____ EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>Mendocino Fire Protection Dist.</b> P.O. Box 901, Mendocino, CA 95460 (707) 937-2469					<b>Primary Contact: Steve Wells</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>32</u> PS                  _____ PS-Defib <u>32</u> BLS <u>13</u> EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Piercy Fire Protection Dist.</b> P.O. Box 206, Piercy, CA 95587 (707) 247-3449					<b>Primary Contact:</b>
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ BLS                  _____ EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

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

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Potter Valley Community Serv. Dist.</b> 7420 Potter Valley Road, Potter Valley, CA 95469 (707) 743-1545			<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>South Coast Fire Protection Dist.</b> P.O. Box 334. Gualala, CA 95445 (707) 884-4700			<b>Primary Contact: Leighton Nelson</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                      _____ PS-Defib _____ BLS                      _____ EMT-D _____ LALS                      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 8: RESOURCES DIRECTORY – Providers (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Westport Vol. Fire Dept.</b> P.O. Box 63, Westport, CA 95488 (707) 964-4646					<b>Primary Contact:</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib _____ BLS                  _____ EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>Whale Gulch</b>					<b>Primary Contact: Nancy Peregrine</b>
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS                  _____ PS-Defib <u>5</u> BLS                  _____ EMT-D _____ LALS                  _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Non-profit	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

Training Institution Name / Address		Contact Person telephone no.
Santa Rosa Junior College 609 Tomales Rd, Petaluma, CA, 94952		Linda Anderson 707-776-0843
Student Eligibility: * Open  * course prerequisites required	Cost of Program [basic/refreshers]: \$160  Refresher: \$50	**Program Level: EMT-1 Number of students completing training per year: Initial training: 200 Refresher: 300 Cont. Education: Expiration Date:  Number of courses: 18-20  Initial training: 6 per year Refresher: 12-14 per year Continuing Education

Training Institution Name / Address		Contact Person telephone no.
Santa Rosa Junior College 609 Tomales Rd, Petaluma, CA, 94952		Linda Anderson 707-776-0843
Student Eligibility: Competitive application process & prerequisites	Cost of Program [basic/refreshers]: \$1500, not including internship fees or licensure/testing fees	**Program Level: EMT-Paramedic Number of students completing training per year: 20 Initial training: 1 Refresher: Cont. Education: Expiration Date:  Number of courses: 1  Initial training: Refresher: Cont. Education:

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

Training Institution Name / Address		Contact Person telephone no.
Santa Rosa Junior College 609 Tomales Rd, Petaluma, CA, 94952		Linda Anderson 707-776-0843
Student Eligibility: Open	Cost of Program [basic/refresher]: \$100  Refresher:	**Program Level: First Responder Number of students completing training per year: Initial training: 420 Refresher: 300 Cont. Education: Expiration Date: 06/30/01  Number of courses: 15  Initial training: 15 per year Refresher: Continuing Education

Training Institution Name / Address		Contact Person telephone no.
Santa Rosa Junior College 609 Tomales Rd, Petaluma, CA, 94952		Linda Anderson 707-776-0843
Student Eligibility: RN	Cost of Program [basic/refresher]: \$100	**Program Level: MICN Number of students completing training per year: 25 Initial training: 1 Refresher: Cont. Education: Expiration Date:  Number of courses: 1  Initial training: Refresher: Cont. Education:

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999-2000

**Training Institution Name / Address**

**Contact Person telephone no.**

Santa Rosa Junior College 609 Tomales Rd, Petaluma, CA, 94952		Linda Anderson 707-776-0843
<b>Student Eligibility: Department recommendation</b>	<b>Cost of Program [basic/refresher]: \$10 + books</b>  <b>Refresher:</b>	**Program Level: AED – First Responder/EMT Number of students completing training per year: Initial training: 150 Refresher: 300 Cont. Education: Expiration Date: 06/30/01  Number of courses: As needed basis Initial training: 5-6 per year Refresher: Continuing Education:

**Training Institution Name / Address**

**Contact Person telephone no.**

Santa Rosa Junior College 609 Tomales Rd, Petaluma, CA, 94952		Linda Anderson 707-776-0843
<b>Student Eligibility: SRJC EMT-P Student enrollees</b>	<b>Cost of Program [basic/refresher]: \$125</b>	**Program Level: NREMT-P Testing Number of students completing training per year: 20 Initial training: 1 Refresher: Cont. Education: Expiration Date:  Number of courses: 1  Initial training: Refresher: Cont. Education:

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (cont')**

EMS System: Sonoma/Napa/Mendocino

County: Napa

Reporting Year: 1999-2000

**Training Institution Name / Address**

**Contact Person telephone no.**

Napa Valley College Health Occupations 2277 Napa – Vallejo Hwy Napa CA 94558		Patty Vail (707)253-3120
<b>Student Eligibility: * Open</b>	<b>Cost of Program [basic/refresher]:</b> \$13.00 per Credit	**Program Level: EMT-I Number of students completing training per year: 45 Initial training: 20 Refresher: 25 Cont. Education: 0 Expiration Date:  Number of courses: Initial training: 1 Refresher: 2 Cont. Education: 0

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

Training Institution Name / Address		Contact Person telephone no.
Mendocino College 1000 Hensley Creek Rd, Ukiah, 95482		Mary Houghton 707-468-3005
Student Eligibility: Course prerequisites, entrance exam	Cost of Program [basic/refreshers]: \$650	**Program Level: EMT-Paramedic Number of students completing training per year: Initial training: 32 Refresher: Cont. Education: Expiration Date: April 2001  Number of courses: Initial training: In progress Refresher: Continuing Education:

Training Institution Name / Address		Contact Person telephone no.
Mendocino College 1000 Hensley Creek Rd, Ukiah, 95482		Mary Houghton 707-468-3005
Student Eligibility: Program/course prerequisites	Cost of Program [basic/refreshers]: \$225	**Program Level: EMT II Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date:  Number of courses: Initial training: Refresher: Cont. Education:

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999

<b>Santa Rosa Memorial Hospital</b> 1165 Montgomery Drive, Santa Rosa 95402 707-525-5207			<b>Primary Contact: Robert Fish</b>		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: n/a (trauma designation process in progress)	

<b>Sutter Medical Center of Santa Rosa</b> 3325 Chanate Road, Santa Rosa, CA 707-576-4000			<b>Primary Contact: Cliff Coates</b>		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: n/a (trauma designation process in progress)	

**TABLE 10. RESOURCES DIRECTORY – Facilities (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999

<b>Petaluma Valley Hospital</b> 400 N McDowell Blvd Petaluma, CA 94952		707-763-4307			<b>Primary Contact: Robert Fish (Memorial)</b>	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center
						<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:

<b>Palm Drive Hospital</b> 501 Petaluma Ave Sebastopol, CA 95472		707-823-8511			<b>Primary Contact: Steve Hall</b>	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:
						<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:

**TABLE 10: RESOURCES DIRECTORY – Facilities (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Sonoma

Reporting Year: 1999

<b>Sonoma Valley Hospital</b> 347 Andrieux St Sonoma, CA 95476		707-935-5000			<b>Primary Contact:</b>
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input type="checkbox"/> no
					Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:

<b>Healdsburg General</b> 1375 University Ave. Healdsburg, 95448		707-431-6500			<b>Primary Contact: Walt Maack,MD</b>
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:

**TABLE 10: RESOURCES DIRECTORY – Facilities (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Sonoma

**Reporting Year:** 1999

<b>Kaiser Santa Rosa</b> Kaiser Permanente-401 Bicentennial Way Santa Rosa, 95403      707-571-4800			<b>Primary Contact:</b> Robert Schultze					
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:

<b>Warrack Hospital</b> 3449 Summerfield Rd Santa Rosa, CA 95405      707-523-7125			<b>Primary Contact:</b> Dale Iverson					
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level

**TABLE 10: RESOURCES DIRECTORY – Facilities (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Napa

Reporting Year: 1999

<b>Queen of the valley Hospital</b> 1000 Trancas St Napa, Ca 94558      707-252-4411			<b>Primary Contact: Veronica Simpson</b>		
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: III

<b>St. Helena Hospital &amp; Health Center</b> 650 Sanitarium Rd St Helena, CA 94576      707-963-3611			<b>Primary Contact: Melissa Davis</b>		
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level

**TABLE 10: RESOURCES DIRECTORY – Facilities (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Ukiah Valley Medical Center</b> 275 Hospital Drive Ukiah, CA 95482				<b>Primary Contact: Valgene Devitt</b> (707)463-3111		
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Frank Howard Memorial Hospital</b> 1 Madrone Street, Willits, CA 95490 (707)459-6801				<b>Primary Contact: Marilyn Depew-Hillman R.N.</b>		
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

**TABLE 10: RESOURCES DIRECTORY – Facilities (cont')**

EMS System: Sonoma-Napa-Mendocino

County: Mendocino

Reporting Year: 1999-2000

<b>Mendocino Coast District Hospital</b> 300 River Drive, Ft.Bragg, CA 95437			<b>Primary Contact: Marsha Weeks R.N.</b> (707) 961-1234		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

**TABLE 11: RESOURCES DIRECTORY -- Disaster Medical Responders**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Sonoma

**Date:** 1999-2000

**County Office of Emergency Services (OES) Coordinator:** OES on-call staff

**Alternate's Name:** on-call person

Work Telephone No.: 707-565-1152

Work Telephone No.:

Home Telephone No.: see below

Home Telephone No.:

Office Pager No.: see below

Office Pager No.:

FAX No.:

FAX No.:

24-HR No. 707-576-1371 (Co. Fire Dispatch-will notify on-call person)

24-HR No.:

**County EMS Disaster Medical Services (DMS) Coordinator:** Kent Coxon

**Alternate's Name:** Mike DuVall

Work Telephone No.: (707) 525-6501/ 6504 vm/pgr

Work Telephone No.: 707-525-6501/6506

Home Telephone No.: (707) 526-3153

Home Telephone No.: 707-579-2599

Office Pager No. (707) 288-7491

Office Pager No.: 707-288-9105

FAX No.: 707 425-6510

FAX No.: 707-525-6510

24-HR No.: 707-528-4191 (Co. Amb. Disp.)

24-HR No.: 707-528-4191

**County Health Officer's Name:** Dr. George Flores

**Alternate's Name:**

Work Telephone No.: (707)-565-4700

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.: See Disaster Medical Services Coord

Office Pager No.:

FAX No.: See Disaster Medical Services Coord

FAX No.:

24-HR No.: See Disaster Medical Services Coord.

24-HR No.:

Medical/Health EOC telephone no.: Assigned per incident

Medical/Health EOC FAX No.: Assigned per incident

Amateur Radio contact name: Assigned by County OES

Medical/Health radio frequency used:

Who is the RDMHC for your region? Contra Costa County – Dr Walker

**TABLE 11: RESOURCES DIRECTORY -- Disaster Medical Responders (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Napa

**Date:** 1999-2000

**County Office of Emergency Services (OES) Coord:** Jeff Cox,  
Interim OES Coordinator

**Alternate's Name:**

Work Telephone No.: (707) 253-4421

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-HR No.

24-HR No.:

**County EMS Disaster Medical Services (DMS) Coordinator:** Bonny Martignoni

**Alternate's Name:** Sam Barnett

Work Telephone No.: (707) 253-4345

Work Telephone No.: (707) 259-8753

Home Telephone No. 253-8490

Home Telephone No.: 265-0323

Office Pager No. 288-9107

Office Pager No.: 288-0416

FAX No. 259-8112

FAX No.: 259-8112

24-HR No.:

24-HR No.:

**County Health Officer's Name:** Robert Hill, M.D.

**Alternate's Name:** None

Work Telephone No.: (707) 253-4566

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.: 288-3481

Office Pager No.:

FAX No.: 253-4155

FAX No.:

24-HR No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name: Mark Caro, RACES

Medical/Health radio frequency used:

Who is the RDMHC for your region? Contra Costa County

**TABLE 11: RESOURCES DIRECTORY -- Disaster Medical Responders (cont')**

**EMS System:** Sonoma-Napa-Mendocino

**County:** Mendocino

**Date:** 1999-2000

**County Office of Emergency Services (OES) Coord:** Rick Page

Work Telephone No.: (707) 463-5630

Home Telephone No.: (707) 468-7466

Office Pager No.: (707) 466-2593

FAX No.: (707) 467-2504

24-HR No. (707) 463-5797

**Alternate's Name:** Jim Anderson

Work Telephone No.: (707) 463-4441

Home Telephone No.: (707) 462-2850

Office Pager No.: (707) 463-9690

FAX No.: (707) 463-5649

24-HR No.: (707) 463-5797

**County EMS Disaster Medical Services (DMS) Coordinator:** Kent Coxon

Work Telephone No.: (707) 565-6501

Home Telephone No : (707) 526-3153

Office Pager No. : (707) 288-7491

FAX No : (707) 565-6510

24-HR No.: (707) 528-4192 (Amb Disp)

**Alternate's Name:** Steve Francis

Work Telephone No.: (707) 259-8753

Home Telephone No.: (707) 838-8922

Office Pager No.: : (707) 581-5812

FAX No.: (707) 467-2511

24-HR No.: (707) 463-5787

**County Health Officer's Name:** Marvin Trotter, M.D.

Work Telephone No.: (707) 463-4144

Home Telephone No.:

Office Pager No.:

FAX No.: (707) 463-4138

24-HR No.:

**Alternate's Name:** None

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region? Contra Costa County

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

## **DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS**

In order to accomplish the task of creating an "ideal" system, the individual member counties embarked on separate trails, some new, some well traveled, but all leading to the same destination: an EMS system based on collaborative vision and effort. Sonoma utilized an EMS System Redesign grant project process that was comprised of representatives from hospitals, ambulance providers, first response agencies, insurance industry, consumers and government agencies. A task force met over the course of two years and identified the ideal components of the system model of the future. These findings were incorporated into a final project report that was used as the baseline information foundation for Sonoma's interest.

Mendocino's path was more traditional, in that Mendocino had an active EMCC with a number of steering committees comprised of stakeholder representatives that met with and assisted the EMS agency in first identifying the county's most pressing system needs and then developing a prioritization scheme. System goals were established and these goals were incorporated into the regional plan.

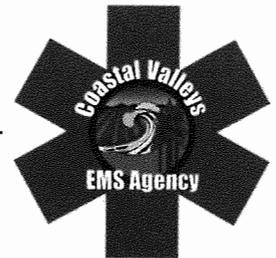
While Napa also had an active EMCC, the time necessary to devote to a total system analysis, needs assessment and goal prioritization had to be balanced with the day to day needs of system oversight and coordination. Napa has previously elected to utilize the Abaris Group to assist the Agency's and EMCC's efforts to write an EMS Plan out of which the missing "ideal" system components were prioritized. Napa's "solo" EMS Plan was used as the resource document for updating its needs into the regional plan.

While each member county's independent system appraisal was accomplished through differing methods of collaboration and participation as well as timelines, the results were, fortunately, remarkably convergent. The Agency wrote the initial draft based on the information culled from the three processes. The initial draft was distributed throughout the three county region to all affected stakeholders, including the respective EMCCs. A thirty day comment period yielded a minimal number of suggestions and a rewrite was again distributed throughout the three counties for another 30 day comment period. None of the member counties received any negative feedback or suggestions regarding the "final" draft.

The document was then formatted and reprinted and submitted to the respective EMCCs and Board of Supervisors of each county for final review and approval before submittal to the EMS Authority.

# Coastal Valleys EMS Agency

Mendocino, Napa and Sonoma Counties



September 17, 2001

Bonnie Sinz, R.N.  
Emergency Medical Services Authority  
State of California  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814-7043

**RE: Modification of Destination Policy – Standby Emergency Departments**

Dear Ms. Sinz:

As you know, we have recently completed an impact assessment of two hospitals changing emergency department status from Basic to Standby. Per State regulation, the impact assessment reports were forwarded to the licensing division of State Department of Health Services (DHS) for action. Subsequently, State DHS approved the downgrade of status for both hospitals.

In order to mitigate the impacts of the status change on the EMS system, we have revised our regional Patient Destination/Point of Entry Policy. The revised policy provides guidance to EMS personnel for the transportation of patients to Basic, Standby, and Trauma Center facilities throughout the three-county region.

We have attached a copy of the policy for your review. It is our understanding that this revised policy meets all applicable State regulations in regard to patient destination and facilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce H. Lee".

Bruce H. Lee  
Regional EMS Administrator

A handwritten signature in black ink, appearing to read "William Teufel".

William Teufel, M.D.  
Regional EMS Medical Director

enclosure

Mendocino County Office

890 N. Bush Street  
Ukiah, CA 95482  
(707) 463-4590 Office  
(707) 467-2551 Fax

Napa County Office

1500 3rd St., Suite B  
Napa, CA 94559  
(707) 253-4341 Office  
(707) 259-8112 Fax

Sonoma County Office

3273 Airway Drive, Suite E  
Santa Rosa, CA 95403  
(707) 565-6501 Office  
(707) 565-6510 Fax



## PATIENT DESTINATION / POINT OF ENTRY

**AUTHORITY**  
4015

Health and Safety Code Sections 1797.220, 1797.222 & 1798  
 California Code of Regulation, Title 22, Division 9, Sections 100144, 100304, 100107, 100128, 100175A2

**PURPOSE**  
4015.1

Patients shall be transported to the nearest appropriate California licensed emergency receiving facility which is equipped, staffed, and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein. (Note: this does not preclude the transport of a patient to other facilities during the course of non-emergency inter-facility transfers or scheduled non-emergency transports at the request or direction of the patient's private physician.)

**APPROVED RECEIVING FACILITIES**  
4015.2

Approved receiving facilities within the Coastal Valleys EMS region include:

<u>Facility Name</u>	<u>Status</u>	<u>Location</u>
<b><u>Sonoma County</u></b>		
Healdsburg General Hospital**	Standby	Healdsburg
Kaiser Hospital	Basic	Santa Rosa
Palm Drive Hospital**	Standby	Sebastopol
Petaluma Valley Hospital	Basic	Petaluma
Santa Rosa Memorial Hospital	Basic	Santa Rosa
Sonoma Valley Hospital	Basic	Sonoma
Sutter Medical Center	Basic	Santa Rosa
Sutter Warrack Hospital**	Standby	Santa Rosa
<b><u>Mendocino County</u></b>		
Howard Memorial Hospital**	Standby	Willits
Mendocino Coast District Hospital	Basic	Ft. Bragg
Redwood Coast Medical Services *	Clinic	Gualala
Ukiah Valley Medical Center	Basic	Ukiah
<b><u>Napa County</u></b>		
Queen of the Valley Hospital	Basic	Napa
St. Helena Hospital	Basic	Deer Park

\* Although not a licensed acute care facility, RCMS has been approved to receive patients from the northern Sonoma County and southern Mendocino County coastal area.

\*\* Assumes physician staffing 24 hours per day/7 days per week.

*Refer to "Facilities" section of the policy manual for more information on receiving hospitals.*

**DEFINITION OF AMBULANCE RECEIVING FACILITY**  
4015.3

Title 22 (70411) requires that a Basic Emergency Service, Physician on Duty, be staffed and equipped at all times to provide prompt care for any patient presenting with urgent medical problems.

Title 22 (70649) requires that a Standby Emergency Service, Physician on Call, be equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable amount of time.



**PATIENT DESTINATION / POINT OF ENTRY CONTINUED**

**DESTINATION DETERMINATION - GENERAL CONSIDERATIONS 4015.4**

The destination for patients shall be based upon the clinical capabilities of the receiving hospital & the patient's condition. Although the criteria listed below are the primary factors for determining the appropriate destination for patients, when the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital (based on its clinical capabilities).

The following factors may also be considered in determining patient destination:

- Patient request
- Family request
- Patient's physician request or preference

**DESTINATION FOR MAJOR TRAUMA PATIENTS 4015.5**

Major trauma patients (i.e. those patients meeting trauma triage criteria) shall be transported as follows:

- Within 30 minutes transport time from a trauma center - patients shall be transported to the closest appropriate trauma center.
- Between 30 – 60 minutes transport time from a trauma center - patients may be transported either to the closest hospital with an emergency department or directly to the closest appropriate trauma center upon base hospital physician direction.
- Greater than 60 minutes transport time from a trauma center – patients shall be transported to the closest hospital with an emergency department.

**APPROVED TRAUMA CENTERS 4015.6**

The following factors shall be considered in determining the appropriate local trauma center for patient transports:

- Santa Rosa Memorial Hospital (Level II Trauma Center) – capable of receiving all types of trauma patients.
- Queen of the Valley Hospital (Level III Trauma Center) – Capable of receiving all trauma patients except those with neuro-trauma (no patients with GCS ≤ 13 or paralysis).

Other trauma centers within the Bay Area / Northern California region that may be used when appropriate (with base hospital direction) include:

- John Muir Medical Center – Walnut Creek (Level II) – capable of receiving all types of trauma patients.
- Marin General Hospital – Larkspur (Level III) - capable of receiving all types of trauma patients including neuro (no on-site helipad).
- San Francisco General – San Francisco (Level I) – Capable of receiving all types of trauma patients (no on-site helipad)
- UC Davis – Sacramento (Level I – adult & pediatric) – Capable of receiving all types of trauma patients
- Eden Hospital – Castro Valley (Level II) - capable of receiving all types of trauma patients.
- Highland Medical Center – Oakland (Level II) - capable of receiving all types of trauma patients (no on-site helipad).
- Enloe Hospital – Chico (Level II) - capable of receiving all types of trauma patients.
- Mercy Medical Center – Redding (Level II) - capable of receiving all types of trauma patients.

- ☑ Napa County
- ☑ Sonoma County
- ☑ Mendocino County



**PATIENT DESTINATION / POINT OF ENTRY CONTINUED**

**DESTINATION FOR  
PEDIATRIC TRAUMA  
PATIENTS  
4015.7**

Pediatric patients (less than 15 years of age) with major trauma may be transported by EMS helicopter to an approved pediatric trauma center (Oakland Children's Hospital) with the following exceptions:

- Greater than 30 minutes transport time to CHO unless otherwise authorized by base hospital.
- Pediatric patients meeting trauma triage criteria and originating from within the city limits of Santa Rosa and Napa will be transported by ground ambulance to the closest appropriate Trauma Center. (Note: special consideration for safety and timeliness of transport should be exercised when utilizing an EMS Aircraft within other urban density areas located within the Coastal Valleys region.)

Notwithstanding the above, pediatric patients with the following conditions shall be transported to the closest appropriate emergency department:

- Pulseless, non-breathing following trauma
- Unstable or unmanageable airway
- Rapidly deteriorating vital signs
- Overall transport time to pediatric trauma center >30 minutes. (May be waived upon direct order of base station physician.)
- Base station physician order

**STANDBY EMERGENCY  
DEPARTMENTS**

*(applies to Sonoma County  
only)*  
**4015.8**

Standby emergency departments are approved to receive ambulance patients with the following exceptions :

- Any patient meeting trauma triage criteria
- Massive bleeding from any source (including suspected internal bleeding) resulting in hypotension (systolic BP < 90)
- Patients with sustained altered level of consciousness (GCS ≤ 13)
- Obstetric patients in active labor (imminent birth)

Patients meeting the above criteria should be transported either to a designated trauma center (if patient meets trauma triage) or the next closest hospital with a basic level ED.

Notwithstanding the above, patients with the following conditions shall be transported to the closest emergency department (including a standby ED):

- Pulseless, non-breathing following trauma
- Unstable or unmanageable airway
- Rapidly deteriorating vital signs
- Overall transport time to next closest acute care hospital with basic ED >30 minutes. (May be waived upon direct order of base station physician.)
- Base station physician order

DATE: September 2001  
REVIEW: September 2003

Transportation Plan  
Of The  
Sonoma, Napa, Mendocino  
Emergency Medical Services Agency  
1999

*The Sonoma, Napa, Mendocino EMS Agency EMS Transportation Plan*

## **Authority**

Division 2.5, California Health & Safety Code, sections 1787.52, 1797.78, 1797.85, 1797.178, 1797.206, 1797.218, 1797.224, and Title 22, California Code of Regulations, section 100167.

## **Definitions**

- “Region” means the geographic jurisdiction of the Mendocino, Napa & Sonoma EMS Agency (MNSEMSA).
- “County” means any of the counties that are part of the contractual agreement that forms the MNSEMSA.
- “Exclusive Operating Area” is an area defined by the local (county) EMS agency, which limits operations to one or more providers of advanced life support (ALS) service.
- “Non Exclusive Operating Area” is an area defined by the local (county) EMS agency, which does not limit the operations to specific providers of advanced life support services.
- “Request for Proposal” or RFP is the document that specifies the requirements for all respondents that wish to bid to provide ALS services to an exclusive operating area.

## **Intent**

It is the intent of the Mendocino, Napa, Sonoma EMS Agency (MNSEMSA) to include ground ALS transportation exclusivity in the EMS Plan. The following EMS Transportation Plan has been developed to comply with the State EMS Authority’s Minimum Standards and Recommended Guidelines 4.19 through 4.22. Because of distinct differences, needs and circumstances of the member counties of MNSEMSA, the manner in which the minimum standards for exclusive operating area permits has been addressed has been separated into county specific components.

## **Minimum Standards for Ground Ambulance - Transportation Services**

Minimum standards for ground ambulance and transportation services are addressed in policies and ordinances adopted by each respective member county. Each member county has a permit process for providing ground ambulance services. Each member county has minimum standards policies for personnel, vehicles and equipment. Each member county ensures that private and/or public safety responses are conducted in a coordinated fashion by designated fire and EMS dispatch centers. Each member county utilizes EMD protocols to varying degrees and affected providers adhere to those protocols. The level of ambulance and transportation service provided within the region ranges from Basic Life Support (BLS, EMT) in rural-frontier areas to Limited Advance Life Support (LALS, EMT-II) in semi-rural-exurban areas to Advanced Life Support (ALS, Paramedic) in urban areas. Critical Care Transport (CCT, RN & EMT a/o Paramedic) is offered as an adjunct service by private providers throughout the region.

Minimum standards common to the three counties within the region include:

- Providers must be available for service calls 24 hours a day, 7 days a week.
- Providers must meet all respective county permit requirements and pay applicable fees.
- Providers must meet all applicable requirements contained within the respective county EMS policy and procedure manuals.
- Providers must participate in a CQI program.
- Providers must participate in a coordinated dispatch and mutual aid system.
- Providers must utilize currently licensed and/or accredited personnel and fully equipped and insured vehicles.

## **Optimal Transportation System for Ground Ambulance Services - Overview**

Based on the State Standards and Guidelines, ALS ground ambulance services are viewed as the optimal level of service available. While the entire region is not at the ALS level, the development of the transportation system for ground ambulance services within the member counties has steadily evolved for over 25 years from sporadically available volunteer based BLS services to ALS exclusive operating areas. In developing the respective transportation systems within each member county, the respective stakeholder groups balanced need, capability, financial wherewithal, geography and collective community "will".

If the choice facing smaller communities was ALS service or nothing, then large areas of the region (approximately 1200 square miles) would be under served, i.e., no service at all. The balanced results within each member county have produced an extensive first responder system, communications-dispatch system and public and/or private based providers committed to serving their communities and participation in a well orchestrated mutual aid system. These subsystems have formed the foundation for optimal transportation systems that have maximized the available resources and financing. For remote areas of the region (which is over 5500 square miles) BLS providers have either ALS ground providers or ALS EMS aircraft available to back up ALS calls for service. For urban areas of the region, LALS service is still offered with EMT II to Paramedic upgrade courses being developed. Ground ALS service is now available in all urban centers and corridor catchment areas in the region. The following county by county breakdown of the current transportation systems will show many similarities and some unique variations on how to piece together a responsive, 24 hour a day transportation network of emergency ambulance services.

### **Mendocino Ground Ambulance Services**

Mendocino County has an eclectic blend of ground ambulance providers ranging from BLS in the more rural portions of the county to ALS in the urban core areas. All of Mendocino's ambulance providers provide around the clock coverage. Sonoma County based ALS provider Cloverdale Ambulance Service serves the southern entrance to the county. On the southern coastal portion of the county, Coast Life Support District serves both Sonoma and Mendocino counties. Between the Coast and Cloverdale response areas, Anderson Valley Ambulance Service, a private nonprofit company, provides BLS response as a minimum and LALS when staffing is available. An air ambulance backs up Anderson Valley. The city of Ukiah is serviced by the city fire department, which maintains an ALS transport capability around the clock. Ukiah Ambulance Service, a private ALS transportation provider, serves the Ukiah valley area. UAS also backs up the city fire department when it is committed on multiple calls for service.

A private ALS transport provider, Willits Ambulance Service, serves the city of Willits. The communities of Round Valley, Covelo, Brooktrails and Elk are served by fire department based BLS ambulance services from each respective community. An air ambulance based in Ukiah backs up all of the BLS fire department based services. The communities of Legget, Piercy and areas east are served by the Southern Humboldt ALS service out of Garberville. The community of Laytonville is served by the fire department which is ALS or LALS depending on staffing. There is also a hospital-based service on the coast - Mendocino Coast Hospital Service, which is ALS and serves both Mendocino and Fort Bragg.

### **Napa County Ground Ambulance Services**

Napa County's service level ranges from BLS to ALS. In the southern portion of the county Piner Ambulance Service, a private company, provides ground ambulance services. Piner provides ALS ambulance response to the unincorporated areas of the southern portion of the county surrounding, but not including the city of Napa. Piner also provides BLS ambulance transport service to the city of Napa in conjunction with the city fire department and an established Emergency Medical Dispatch system. The Napa Fire Department provides ALS first response and Piner provides the transportation component. If the transported patient requires ALS services, the Napa Fire paramedic will ride along in the Piner ambulance. Piner also provides ALS back-up services to the City in the event that the Fire Department is committed on multiple calls.

The area presently being served by Piner's is a non-exclusive operating area, which is being competitively bid for an exclusive operating area by the County of Napa during FY 99-00.

In the northern portion of Napa County ("Up Valley area") ALS ground service is provided by Mercy Ambulance Service, which is also a private company. Mercy serves the St. Helena – Calistoga – Hwy 29-corridor area of the Up Valley area. Mercy also serves as the back up and first-in ALS provider for the Angwin area. The Angwin area is served by the Angwin Volunteer Community Ambulance Service which provides BLS service. Future planning for the Angwin based BLS service includes an upgrade to Enhanced EMT level.

The area presently being served by Mercy is being competitively bid for an exclusive operating area by the County of Napa during FY 99-00.

### **Sonoma County Ground Ambulance Services**

Sonoma County's service levels range from BLS to CCT, although all operating areas are served by a first out ALS level response. There is an exclusive operating area zone (known as the franchise zone) within the central portion of the county that encompasses the cities of Cotati, Rohnert Park, Santa Rosa and Sebastopol as well as the unincorporated area between and bordering the respective cities (Note: full description contained in the EMS Plan Zone Summary).

The franchise zone was awarded to AMR, effective July 1, 1999 for a period of six years, with two additional extension periods of two years available, subject to negotiation. AMR is the exclusive provider of ALS and emergency ambulance response (as defined by EMD protocols). Subject to County approval, AMR has the ability to subcontract with other entities (first responder agencies, other providers) to enhance the service level capability offered within the franchise zone. AMR has ALS ambulances, ALS Quick Response Vehicles (QRV, ALS equipped and staffed – single medic, in an Explorer type vehicle) and pending ALS first response fire engines (with City of Santa Rosa Fire Department). BLS ambulances may also be utilized for those calls for service that are EMD triaged and assessed by ALS first responders.

There are two community assessment district ALS ambulance services in the county, one serving the city of Cloverdale and the surrounding unincorporated catchment area and the other service operating in the northwest portion of the county along the coast (the district straddles the county line between Sonoma & Mendocino counties-thus also serving the southwest corner of Mendocino along the coast). Both services provide ALS around the clock and employ BLS back-up ambulances when the primary ALS leaves the respective district on a transport. Both districts are backed by air ambulance services operating in Sonoma and Mendocino counties.

There are two fire protection district ALS ambulance providers (both financed by assessment). One serves the Russian River valley and is headquartered in Guerneville. The other serves the Bodega Bay area as well as contiguous fire department areas inland from the coast. Bodega Bay Fire also serves portions of northwest Marin County along the coast. Both services provide ALS around the clock and also employ BLS back up ambulances when the primary ALS ambulance is on a transport. Both services are also backed up by air ambulance services. There are also two city fire department based ALS ambulance services, one serving the city of Petaluma, the other the city of Sonoma. Both departments serve an unincorporated response area surrounding the respective cities. Both services run two ALS ambulances around the clock. There are two private ambulance companies providing ALS response and transportation. Bell's ambulance service area covers the cities of Healdsburg and Windsor as well as the unincorporated areas between and surrounding the respective cities. Bell's provides two ALS ambulances (one for each city) around the clock and one BLS ambulance for transfers. The other private company providing ALS transportation services is Redwood Empire Life Support (RELS). RELS has partnered with the Occidental Fire Department to provide ALS transportation services to the Occidental Community Service District (a rural community set in the western portion of the county) as well as the Camp Meeker Fire Department catchment area. RELS provides an ALS ambulance and paramedic on a 24/7 basis and the fire department provides an EMT driver on a per call basis.

### **Competitive Process to Ensure System Optimization**

Both Napa and Sonoma counties utilized the guidelines provided by the State EMS Authority (i.e., EMSA # 141 “Competitive Process for Creating Exclusive Operating Areas”). Both counties submitted final draft RFP documents to the EMSA for approval. Neither of the Exclusive Operating Areas (EOA) in both Napa and Sonoma counties are all encompassing. Both counties have 1797.201 H&SC entities with which positive and cooperative relationships have been forged, hence the customization of the respective EOA boundaries. Both counties encouraged the participation of system stakeholders in defining the components and enhancements of the respective EOA. (Note: while the advisory groups from both counties were instrumental in creating the desirable features within the respective EOA, the groups and/or single members did not participate in the drafting of the respective RFPs). Both counties released and distributed their respective RFP documents to potential providers both within and outside of the region to ensure widespread understanding of the counties’ desire to establish EOA. Both counties held Bidder’s Conferences to ensure that potential bidders’ questions concerning various aspects of the respective RFPs were answered to the satisfaction of the bidders.

Both counties have structured initial fixed contract cycles with the option of extending the contract for multiple, shorter periods of time, based on a continuing evaluation and assessment of the performance of the respective providers. Sonoma County has a performance compliance review focus group in its EMCC that is charged with monitoring the EOA provider’s performance as well as other providers within the system. Both counties’ EMCCs are actively involved in assessing the EMS system needs and overall effectiveness.

### **Grandfathering of Qualified Providers in Exclusive Operating Areas**

None of the member counties of the MNSEMSA have elected to exercise the authority granted in 1797.224 H&SC to grandfather providers into EOA within the respective counties.

### **Process for Assigning Roles to System Participants**

System participants shall be assigned roles in the EOA and non-exclusive operating areas pursuant to local county EMS policies and procedures and agreements between the respective local agencies and the system participant agencies.

**Minimum Standards for Ground Ambulance – Transportation Services (continued)**

**EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY**

**Local EMS Agency or County Name:**

Mendocino, Napa, Sonoma EMS Agency - Sonoma County

**Area or sub-area (Zone) Name or Title:**

(Sonoma County) Franchise Zone

**Name of Current Provider(s):**

The current provider of ALS and emergency ground ambulance services in this zone is American Medical Response (AMR), doing business as Sonoma Life Support (SLS).

**Area or sub-area (zone) Geographic Description:**

The franchise zone encompasses the cities of Cotati, Rohnert Park, Santa Rosa and Sebastopol and the unincorporated communities of Bellevue, Graton, Hessel, Freestone, Fulton, Larkfield-Wikiup, Rincon Valley, Bennett Valley, Penngrove, Kenwood, Mark West Springs and Roblar-Washoe. The zone also serves the fire districts of Rancho Adobe, Gold Ridge, Rincon Valley, Bennett Valley, Graton and Kenwood. See map attached.

**Statement of Exclusivity, Exclusive or Nonexclusive (1797.6 H&SC):**

The ambulance provider agreement (franchise contract) between the County of Sonoma Department of Health Services and AMR specifies that AMR (dba Sonoma Life Support) is the exclusive operator of ALS ground ambulances and the exclusive provider of ALS and emergency ambulance response within the franchise zone. The contract was effected July 1, 1999.

**Type of Exclusivity:**

All emergency ground ambulance, provision of ALS and ALS ground ambulance requests.

**Method to Achieve Exclusivity:**

A competitive bid process consisting of preparation and release of an RFP (copy submitted to EMSA), a Bidder's Conference, RFP evaluation panel, tentative selection, and protest period, bid award, litigation, contract negotiations and ratification of the contract by the County BOS.

**Local EMS Agency or County Name:**

Napa County

**Area or subarea (Zone) Name or Title:**

St. Helena-Calistoga EMS Area

**Name of Current Provider:**

Mercy-St. Helena Ambulance Service

**Statement of exclusivity:**

Exclusive. Competitive bid with BOS approved contract expiring 98-99. County will be conducting another competitive bid process during 99-00.

**Method to achieve Exclusivity:**

Competitive bid process with contract.

**Type of exclusivity:**

Emergency Ambulance

**Attachment:**

Map of EOA.

# EMS

## EXPLANATION

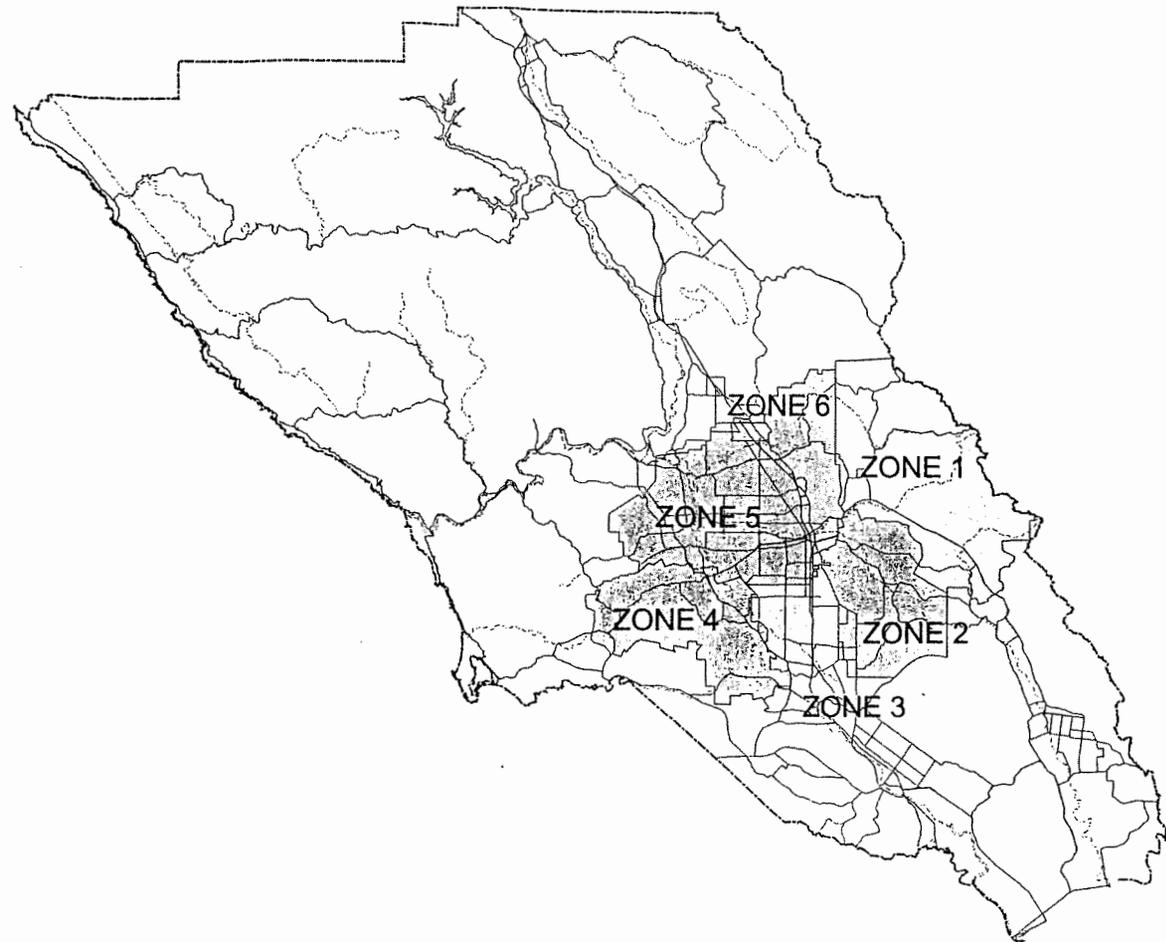
Sonoma County Boundary

Major Roads

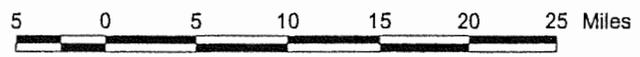
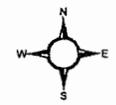
Hydrology

Response Time Compliance Zones

- ZONE 1
- ZONE 2
- ZONE 3
- ZONE 4
- ZONE 5
- ZONE 6

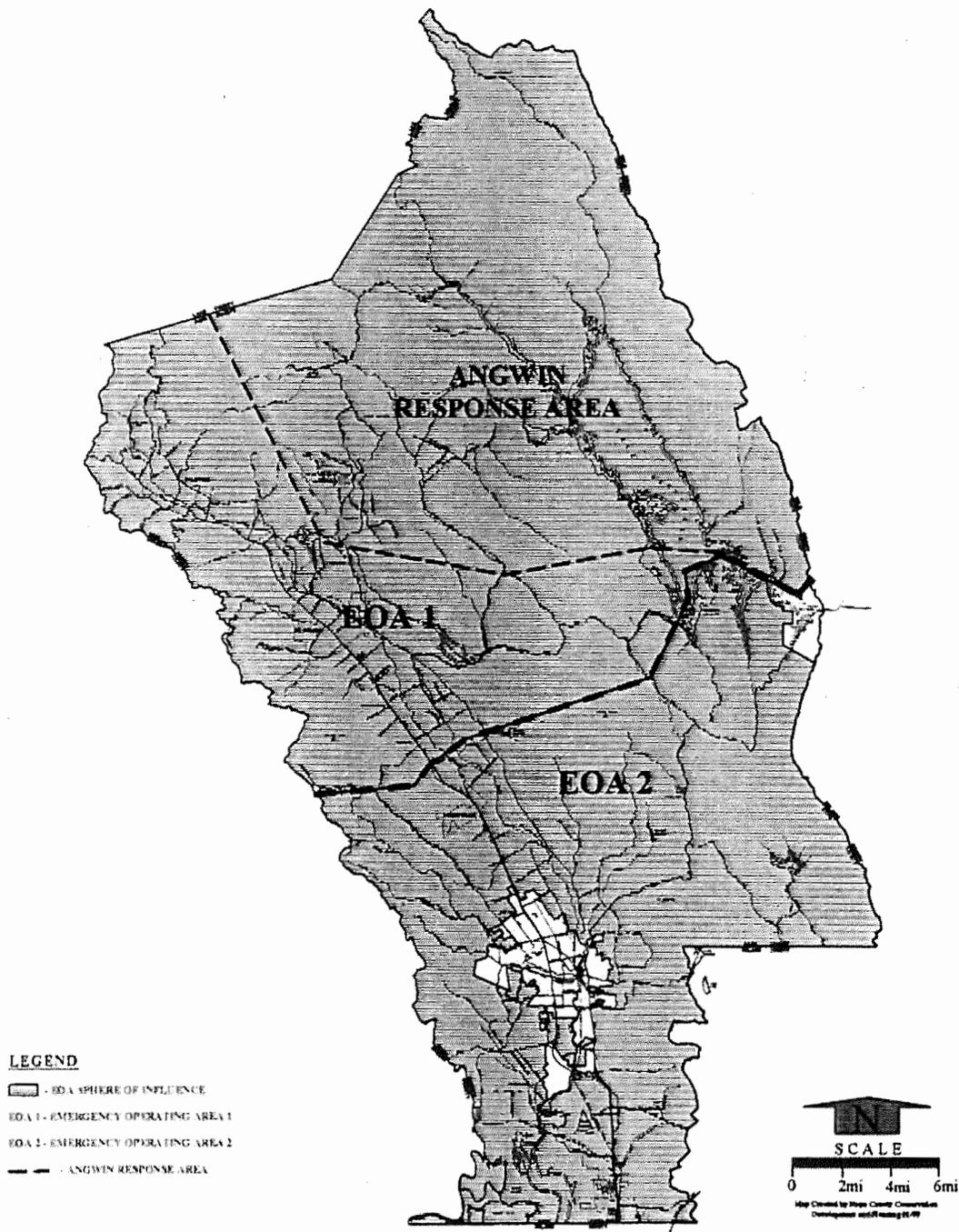


Compliance Zones	Square Miles
ZONE 1	83
ZONE 2	45
ZONE 3	34
ZONE 4	49
ZONE 5	67
ZONE 6	30

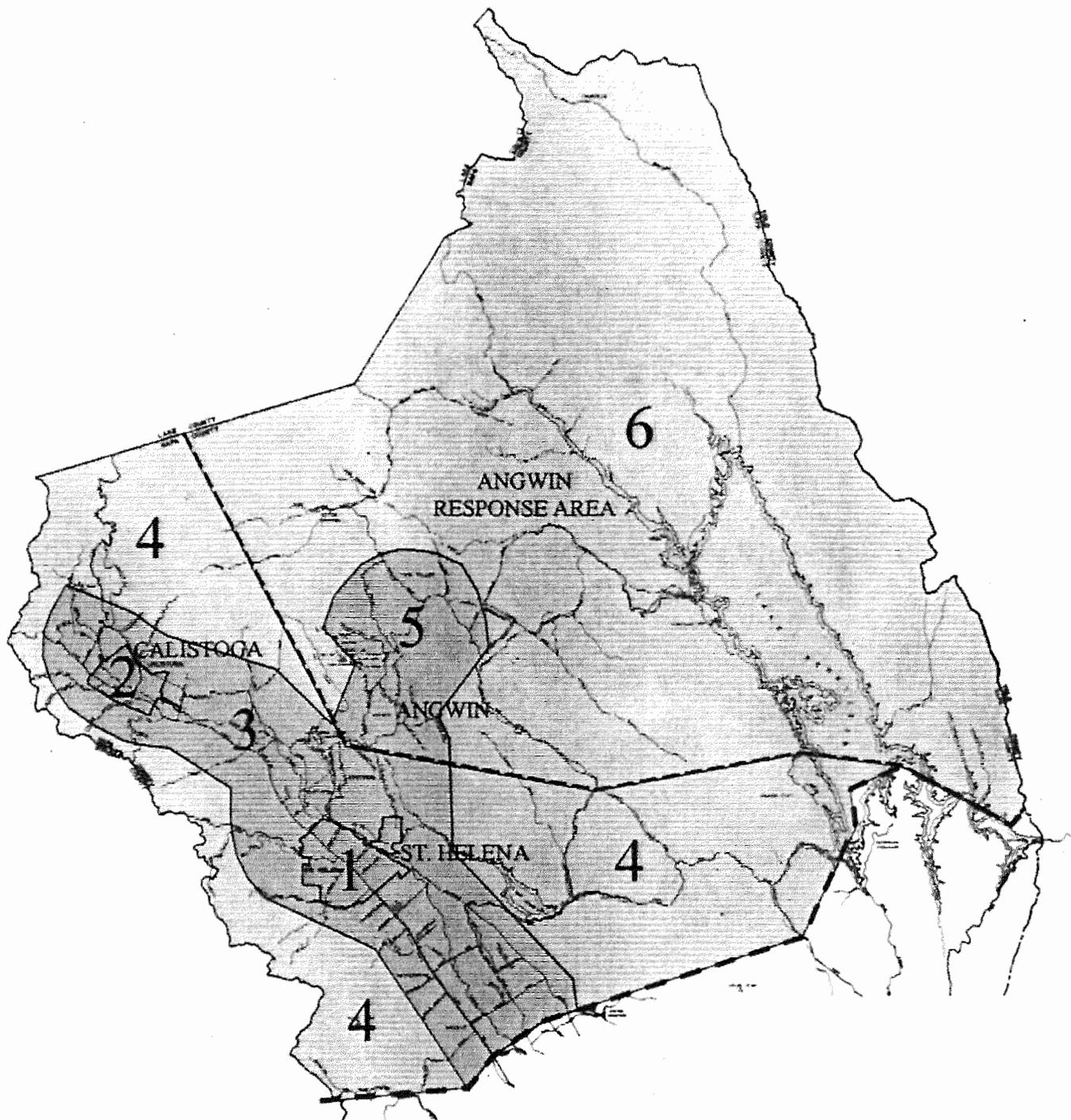


Map Produced By  
 Sonoma County GIS Group  
 Information Systems Department  
 John Plunkett GIS Coordinator  
 2615 Paulin Drive  
 Santa Rosa, CA 95403  
 707-527-1942

Author: EMS Agency  
 Cartography: S. Mason  
 File No.: H:\Mason\EMS  
 Date: Sept. 23, 1998



**County of Napa Appendix I**  
**Emergency Ambulance Exclusive Operating Areas**



**LEGEND**

-  METRO / SUBURBAN RESPONSE TIME
-  SUBURBAN / RURAL RESPONSE TIME
-  WILDERNESS RESPONSE TIME
-  ANGWIN RESPONSE AREA



**County of Napa Appendix II**  
**Exclusive Operating Area 1 (EOA 1)**  
**Response Time Zones**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
SACRAMENTO, CALIFORNIA 95814-7043  
(916) 322-4336 FAX: (916) 324-2875



July 6, 2001

Bonny Martignoni, Assistant Regional EMS Administrator  
Coastal Valleys Emergency Medical Services Agency  
1500 Third Street, Suite B  
Napa, CA 94559

Dear Ms. Martignoni:

As requested, the Emergency Medical Services (EMS) Authority has reviewed the July 2001 draft for Napa County's Request for Proposals (RFP) process for emergency ambulance service exclusive operating area #1. It appears that the draft RFP addresses the requirements of Health and Safety Code Section 1797.224 and the majority of minimum requirements outlined in the EMS Authority publication #141, "Competitive Process for Creating Exclusive Operating Areas". The award notification and contract cancellation process does not appear to be included in the draft RFP and should be addressed as part of the minimum requirements. There are a few other items that are outlined in the guidelines which you may wish to consider including in the final RFP document. A copy of the guidelines is enclosed with the areas that were not addressed in the RFP marked for your information.

The transportation portion of your EMS plan should be modified to include the new information. Enclosed is a copy of the "Exclusive Operating Areas EMS Plan-Zone Summary" for your use. Please be sure to make it clear what services will be exclusive (i.e., interfacility transport).

Thank you for the opportunity to review the draft RFP. I hope this information will be of assistance to you. If you have any questions, please contact me, or Donna Nicolaus, at (916) 322-4336. We will be glad to assist you possible.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McNeil".

Maureen McNeil, Chief  
EMS Division

Enclosure

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322 4336  
FAX (916) 324 2875



**COMPETITIVE PROCESS FOR CREATING  
EXCLUSIVE OPERATING AREAS**



February 1997  
EMSA #141

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



February 10, 1997

**COMPETITIVE PROCESS FOR CREATING EXCLUSIVE OPERATING AREAS**

Section 1797.224 of Division 2.5 of the Health and Safety Code requires that the EMS Authority delineate a competitive process for awarding exclusive operating areas for emergency response.

If the local EMS agency decides to create exclusive EMS operating areas, a Request for Proposal (RFP) must be developed. An RFP is the awarding agency's description, in document form, of specific services to be provided in addition to other contractual requirements. The competitive process for awarding the area must, at a minimum, address the following:

1. Formal advertising of the opportunity to compete for areas.
2. A request for proposal which sufficiently states the requirements of the county and requires adequate documentation of the respondents' EMS capability and fiscal status.
3. A responders conference to provide a forum for answering questions.
4. Policies for:
  - a. the submission of responses; ✓
  - b. receiving responses; ✓
  - c. response evaluation; ✓
  - d. response rejection; ✓
  - e. award notification; ✓
  - f. protests and appeals; and ✓
  - g. contract cancellation. ✓

When the local EMS agency policies and procedures have been developed, they should be sent to the EMS Authority as part of the local EMS plan submittal. Approval of the process may be secured prior to plan submittal provided that it is later incorporated into the plan.

# GUIDELINES FOR CREATING EXCLUSIVE EMERGENCY MEDICAL SERVICES OPERATING SERVICE AREAS

## I. INTRODUCTION

In the event a local emergency medical services (EMS) agency decides to create one or more exclusive operating areas (EOA) in the development of a local plan, EMS providers within those areas must be selected through a competitive process outlined in Section 1797.224 of Division 2.5 of the Health and Safety Code unless one of the statutory exceptions to that competitive process exists (Section 1797.224). A local EMS agency creates an "exclusive operating area" whenever it restricts operations in an EMS area or subarea defined by the Emergency Medical Services Plan to:

- one or more emergency ambulance services or
- providers of limited advanced life support (LALS) or
- advanced life support (ALS) (Section 1797.85).

The provisions of Section 1797.224 will apply in the majority of instances in the development of a local plan since most local agencies restrict operations to one or more emergency ambulance services or providers within an EMS area or subarea. This is done in an effort to develop system-wide coordination and predictable EMS response initiated from emergency calls received through a central dispatch facility. If the local EMS agency restricts operations to one or more emergency ambulance services or providers within an EMS area or subarea, exclusive operating areas are thereby created.

A competitive process is not required if the local EMS agency implements a plan "that continues the use of existing providers operating within a local EMS area in the manner and scope in which services have been provided without interruption since January 1, 1981" (Section 1797.224). For this exemption to be available, prehospital EMS services within a local EMS area or subarea must have been provided by one or more providers in an unchanged and uninterrupted manner since January 1, 1981. Where those facts exist, a

local EMS agency may make a finding within the development of their plan that those services by existing providers shall continue.

If the local EMS agency decides to create EOAs, an Request for Proposal (RFP) shall be developed. An RFP is the awarding agency's description, in document form, of specific services to be provided, in addition to other contractual requirements. An awarding agency may be the county or any other county authorized agency.

## II. FORMAL ADVERTISING: INVITATIONS

An RFP should be prepared according to the following requirements. RFPs should contain the applicable information enumerated below and any other information necessary for proposal evaluation. The RFP should also include the eligibility and evaluation criteria including the point system to be used in scoring proposals.

- a. The serial number of the RFP. ✓
- b. Name and address of the awarding agency. ✓
- c. Date of issuance.
- d. Time and place for submission of responses, including disposition of late responses and potential reasons for rejecting all responses. ✓
- e. Time and place of response opening. ✓
- f. Period of time for which response is to remain in effect. ✓
- g. Guarantee, performance and payment bond requirements.
- h. Responder's certification that all statements in the response are true. This shall constitute a warranty, the falsity of which shall entitle the awarding agency to pursue any remedy authorized by law, which shall include the right, at the option of the awarding agency, of declaring any contract made as a result thereof to be void. ✓
- i. When needed for the purpose of proposal evaluation, pre-award surveys, or inspection, a requirement that responders state the place(s), including the street address, from which the services will be furnished. ✓

- j. Description or specification of services to be furnished in sufficient detail to permit open competition. The awarding agency shall obtain and distribute information from current contractors necessary for fair responses by all eligible providers.
- k. Time, place and method of service delivery. ✓
- l. Citation of, and required responder conformance to, all applicable provisions of law and regulations. ✓
- m. Requirement for each responder to submit a detailed budget and budget narrative wherein line items are identified as yearly or contract period costs. ✓

### III. RESPONDERS CONFERENCE ✓

The awarding agency should conduct a responders conference at a pre-designated time during the early stage of the process. The date and time of the conference should be stated in the RFP, or arrangements should be made for contacting RFP recipients.

The purpose of the responders conference is to provide a forum for answering questions. The conference should be the only time that questions are answered regarding the RFP. This will ensure that all prospective responders receive the same information. Questions and answers need not be put in writing. If a written response to a question is provided then all prospective responders must receive a copy of the question and the answer.

### IV. PROPOSAL CONTENTS

1. The RFP should require responders to submit a statement of experience which shall include but not be limited to the following information:
  - a. Business name and legal business status (i.e., partnership, corporation, etc.) of the prospective contractor.
  - b. Number of years the prospective contractor has been in business under the present business name, as well as related prior business names.
  - c. Number of years of experience the prospective contractor has had in

- providing the required services.
- d. Contracts completed during last five (5) years showing year, type of services, dollar amount of services provided, location, and contracting agency.
  - e. Details of any failure or refusals to complete a contract.
  - f. Whether the responder holds a controlling interest in any other organization, or is owned or controlled by any other organization.
  - g. Financial interests in any other related business.
  - h. Names of persons with whom the prospective contractor has been associated in business as partners or business associates in the last five (5) years.
  - I. Explanation of any litigation involving the prospective contractor or any principal officers thereof, in connection with any contract for similar services.
  - j. An explanation of experience in the service to be provided or similar experience of principal individuals of the prospective contractor's present organization.
  - k. A list of major equipment to be used for the direct provision of services.
  - l. The awarding agency should request financial information which will disclose the true cost of the proposed operation and the intended source of all funding related to the provision of services as specified in the RFP. This may include current financial statements, letters of credit, and guarantor letters from related entities, as well as other materials required by the awarding agency.
  - m. A list of commitments, and potential commitments which may impact assets, lines of credit, guarantor letters, or otherwise affect the responder's ability to perform the contract.
  - n. Business or professional licenses or certificates required by the nature of the contract work to be performed and held by the responder.
  - o. An agreement to provide the awarding agency with any other information the county determines is necessary for an accurate determination of the prospective contractor's qualifications to perform services.

- p. Agreement to right of the awarding agency to audit the prospective contractor's financial and other records.

## V. SUBMISSION OF PROPOSALS

1. Management of the proposal process should require that:
  - a. Proposals should be submitted so as to be received in the office designated in the RFP document not later than the exact time set for submission of responses.
  - b. Proposals, with required attachments, should be submitted in the format specified by the awarding agency, and signed. The format should provide for the desired sequence of the proposal's content and a model budget.
  - c. Proposals should be filled out, executed, and submitted in accordance with the instructions which are contained in the RFP. If the proposal is not submitted in the format specified, it may be considered only if the responder meets and accepts all the terms and conditions of the RFP.
  
2. Any proposal received at the office designated in the RFP after the exact time specified for receipt should not be considered unless it is received before award is made and either:
  - a. The awarding agency has set forth an option, to be contained in the RFP document, for acceptance of proposals by registered or certified mail, sent prior to the date specified for the receipt of proposals.
  - b. It is determined that the late receipt was due solely to mishandling by the awarding agency after receipt at the agency.

3. Acceptable evidence to establish whether a proposal is late or meets some of the exceptions listed above may be:
  - a. The date of mailing of a proposal, proposal modification, or withdrawal sent either by registered or certified mail is the U.S. Postal Service postmark on the wrapper or on the receipt from the U.S. Postal Service. If neither postmark shows a legible date, the proposal, modification, or withdrawal should be deemed to have been mailed late.
  - b. The time of receipt at the awarding agency is the time-date stamp of such agency on the proposal wrapper or other evidence of receipt.
4. Any modification or withdrawal of a proposal should be subject to the same conditions cited above. A proposal may also be withdrawn in person by a responder or an authorized representative, provided his/her identity is made known and he/she signs a receipt for the proposal, but only if the withdrawal is made prior to the exact time set for opening of proposals.

## **VI. RECEIPT AND EVALUATION OF PROPOSALS**

1. Upon receipt, each proposal should be noted with a separately identifiable proposal number, the date and time of receipt.
2. All proposals received prior to the time set for opening should be kept unopened and secured in a locked receptacle.
3. An agency official should decide when the time set for submission has arrived and should so declare to those present. All proposals received prior to the time set for opening should then be publicly opened and the following recorded and read aloud to the persons present:
  - a. RFP number.
  - b. Submission date.
  - c. General description of service being procured.
  - d. Names of responders.

- e. Amounts proposed.
  - f. Any other information the awarding agency determines is necessary.
4. If the number of proposals received is less than anticipated, the awarding agency should examine the reasons for the small number of proposals received. The purpose of this examination is to ascertain whether the small number of responses is attributable to an absence of any of the prerequisites of formal advertising.
  5. Should administrative difficulties be encountered after proposal opening which may delay contract award beyond the stated deadline for contract award, the responders should be notified before that date and the acceptance period extended in order to avoid the need for readvertisement.

## VII. REJECTION OF PROPOSALS

1. Any proposal which fails to conform to the essential requirements of the RFP documents, such as specifications or the delivery schedule should be rejected as nonresponsive. Proposals submitted which do not meet the requirements regarding responsibility should also be rejected.

When rejecting a proposal, the awarding agency should notify each unsuccessful responder that the proposal has been rejected.

2. A proposal should not be rejected when it contains a minor irregularity or when a defect or variation is immaterial or inconsequential.

A minor irregularity means a defect or variation which is merely a matter of form and not of substance, such as:

- a. Failure of the responder to return the required number of copies of signed proposals.
- b. Apparent clerical errors.

3. Immaterial or inconsequential means that the defect or variation is insignificant as to price, quantity, quality, or delivery when contrasted with the total costs or scope of the services being procured.
4. The awarding agency should give the responder an opportunity to cure any deficiency resulting from a minor informality or irregularity in a proposal or waive such deficiency, whichever is to the advantage of the awarding agency.

## **VIII. AWARD OF CONTRACT**

The contract(s) should be in accordance with the criteria previously delineated in this document, and comply with relevant local policies governing contracting.

When the awarding agency has completed their evaluation of proposals and has made a recommendation for award, all responders should be notified of this decision as well as the date and time of any public hearing on the proposed contract.

## **IX. CONTRACT PERIODS**

1. The complete process (Requests for Proposals) must be repeated at periodic intervals. The period between RFP requests should be established by local EMS agency policy based upon population, initial investment in provision of service and other relevant factors.
2. Contracts should be reviewed annually, at which time they could be renegotiated if this option is included in the contract. A contract may be renewed without rebidding if this is stated in the RFP.
3. The rate of reimbursement for additional terms let under the contract should be negotiated with the contractor based on the following:

- a. Actual expenditures by the contractor, as documented during the first contract term and approved by the awarding agency.
  - b. Changes in state program requirements.
  - c. Other reasonable costs or increases in cost over which the contractor has no control.
4. In renegotiating costs, the awarding agency should assure that these costs accurately reflect current contract performance and are not inflated to recover costs which may have been understated by the contractor during the original RFP process.
  5. The awarding agency should assure, by audit if necessary, that all cost increases are reasonable and necessary to the continuation of the contract.

## **X. PROTESTS**

The awarding agency should consider any protest or objection regarding the award of a contract, whether submitted before or after the award, provided it is filed within the time period established in the RFP.

Written confirmation of all protests shall be requested from the protesting parties. The protesting party should be notified in writing of the awarding agency's decision on the protest. The notification should explain the basis for the decision.

The decision of the awarding agency regarding the protest may be appealed to higher authority.

## **XI. CANCELING THE PROCUREMENT PROCESS AFTER OPENING**

1. The procurement process may be canceled after opening, but prior to award, when the contracting officer determines in writing that cancellation is in the best interest of the agency for reasons such as those listed below.
  - a. Inadequate, ambiguous, or otherwise deficient specifications were cited in the RFP.
  - b. The services are no longer required.
  - c. All otherwise acceptable proposals received are at unreasonable prices.
  - d. The proposals were not independently arrived at in open competition, were collusive, or were submitted in bad faith.
  - e. The proposals received did not provide competition adequate to ensure reasonable prices in accordance with local resources or generally accepted prices.
  - f. No proposal is received which meets the minimum requirements of the RFP.
  - g. The awarding agency determines after analysis of the proposals that its needs can be satisfied by a less expensive method.
  
2. All responders should be notified in writing of the specific reasons when proposals are rejected.

NEW FORMS

**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.

<b>Local EMS Agency or County Name:</b>
<b>Area or subarea (Zone) Name or Title:</b>
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
<b>Area or subarea (Zone) Geographic Description:</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
 ACRAMENTO, CALIFORNIA 95814-7043  
 (916) 322-4336 FAX: (916) 324-2875



October 25, 2002

Bruce Lee, EMS Administrator  
 Coastal Valleys EMS Agency  
 3273 Airway Drive, Suite D  
 Santa Rosa, CA 95403

Dear Mr. Lee:

We have completed our review of *Coastal Valley's 1999 and 01/02 Emergency Medical Services Plan*, and have found them to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.10 Special Populations	Need to identify population groups served by the EMS systems which require specialized services (elderly, handicapped and non-English speakers) and to develop these services.
1.18 QA/QI	Need to develop a region-wide CQI plan and program.
1.27 Pediatric System	Agency is implementing a 2-year EMSC plan. Need to submit an update based on the work to date.
2.05 First Responder Training	Need to ensure that at least one person on each non-transporting EMS first response unit have been trained to administer first aid and CPR.
3.05 Hospitals	Need to establish common radio frequencies between hospitals within Mendocino and Napa counties.
4.05 Response Time Standards	Need to measure response times from the primary PSAP to arrival on-scene for ambulance and first response vehicles.
5.06 Hospital Evacuation	Need to develop and implement a plan for hospital evacuation.
5.10 Pediatric System Design	Need to update this standard based on what has been accomplished on the EMSC grant.
7.03 Disaster Preparedness	In conjunction with the local office of emergency services, need to develop and promote citizen disaster preparedness activities.
7.04 First Aid & CPR Training	Need to promote the availability of first aid and CPR training for the general public.

SECTION	COMMENT
8.02 Response Plans	WMD taking place in each county, but need to develop a plan based on OES multi-hazard plan.
8.05 Distribution of Casualties	Need to establish written procedures for distributing disaster casualties to the medical facilities in its service area.
8.07 Disaster Communications	Was not included in 2002 plan. 1999 plan needs to develop a communications plan and coordination during a disaster.
8.08 Inventory of Resources	Need to develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters. No progress has been made since the 1999 plan.
8.09 DMAT Teams	Need to establish and maintain relationships with DMAT teams in your area.
8.10 Mutual Aid Agreements	Need to develop and adopt a master medical mutual aid agreement.
8.11 CCP Designation	Need to develop a regional plan for designating casualty collection points and a means for communicating with them.
8.12 Establishment of CCPs	
8.13 Disaster Medical Training	Need to ensure the disaster medical training of EMS responders including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.
8.15 Interhospital Communications	Need to develop common radio frequencies between hospitals within the regional EMS system.
8.16 Prehospital Agency Plans	Need to develop a response plan specific to toxic substance management on a regional level.
8.18 Specialty Center Roles	Need to identify specialty centers during a significant medical incident and the impact of such incidents on day-to-day procedures.

These comments are for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson  
Interim Director