

Coastal Valleys
Emergency Medical Services Agency
Serving the counties of Mendocino, Napa & Sonoma



**EMERGENCY MEDICAL SERVICES
SYSTEM PLAN**

2001 - 2002

INTER-OFFICE MEMO

TO: Napa County Board of Supervisors & Jay Hull

FROM: Jim Featherstone, Assistant Director

SUBJECT: Regional EMS Plan and Regional Trauma Plan

DATE: March 25, 2002

Background

State law requires an Emergency Medical Services (EMS) Agency to develop an EMS Plan, and update it annually. State law also requires any EMS Agency which implements a trauma care system to develop a Trauma Care System Plan that addresses the required components of the local or regional trauma system. In past action, the Board has approved the EMS Plan and the Trauma Care System Plan for the Coastal Valleys EMS region. The action requested is to approve the updates for both plans as necessary to reflect system changes and comply with State law.

The Coastal Valleys EMS Agency is a regional partnership formed between the Counties of Napa, Mendocino, and Sonoma through inter-county agreements. A regional EMS agency is eligible for State grant funding on an annual basis. The Coastal Valleys EMS Agency is responsible for the oversight, planning, and administration of EMS systems in the three county region.

The EMS Plan addresses the eight required components of the regional EMS system: System Organization and Management, Manpower and Training, Communications, Transportation, Hospitals and Critical Care Centers, Data Collection and Evaluation, Public Information and Education, and Disaster Response. The EMS Plan includes an assessment of how the local EMS system compares to the recommended minimum and desirable standards within each of the eight component areas. The EMS Plan serves as the basis of the functional "work plan" for the continuing development of the regional EMS system. The Regional EMS Plan reflects the assessment and status of the EMS system throughout the three counties within our EMS system. Upon approval, the Plan will be submitted to the State EMS Authority for approval.

Previous versions of the Trauma Care System Plan were separate documents that addressed trauma system requirements in Napa County, and in Mendocino County and Sonoma County specifically. The change from two documents to one document reflects the evolution of the regional EMS organization, which evolved from a two-county region to a three-county region with the addition of Napa County four years ago. The inclusion of Napa County in the EMS region included a Level III trauma center (Queen of the Valley Hospital) which had been designated by Napa County EMS Agency in 1984. In 1999, Sonoma County designated a Level

II trauma center (Santa Rosa Memorial Hospital). Consistent with the requirement to update the Trauma Plan to reflect changes in the EMS system, the EMS Agency has created an updated Regional Trauma Plan that includes the Napa County portion of the trauma care system.

A draft of the updated Regional Trauma Care System Plan was released on October 18, 2001 to allow for public review and comment on the proposed plan. At the conclusion of the public comment period, changes were made to the draft plan. The Trauma Care System Plan being submitted to the Board reflects the final version that incorporates appropriate public comments and staff updates.

Both the EMS Plan and the Regional Trauma Care System Plan are being submitted to the Board of Supervisors in all three regional counties for review and approval before being submitted to the State EMS Authority. There is no fiscal impact to the County with the approval of these plans. Draft and final plan documents are posted on the EMS Agency website for public review (www.coastalvalleysems.org).

Recommendation

It is recommended that the Board of Supervisors approve the 2002 Coastal Valleys EMS Plan and Trauma Care System Plan and authorize EMS Agency staff to submit the plans to the State EMS Authority.



MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF MENDOCINO STATE OF CALIFORNIA

DATE: April 16, 2002

SUPERVISORS PRESENT: Supervisors Delbar, Shoemaker, Lucier, Campbell, Colfax

SUPERVISORS ABSENT: None

5. CONSENT CALENDAR

Consent Calendar items 5a(9 and 14) removed for separate consideration.

Consent Calendar items 5a(4) continued at the request of the department.

Consent Calendar items 5a(15 and 16) removed for presentation.

Upon motion by Supervisor Shoemaker, seconded by Supervisor Campbell, and carried unanimously; IT IS ORDERED that Regular Consent Calendar items 5a(1-3, 5-8 and 10-13) and the Water Agency Consent Calendar items 5b(1 and 2) are approved/denied as follows:

- (10) Approval of the Coastal Valley Emergency Medical Services (EMS) Agency Annual EMS Plan and Trauma Care System Plan – Public Health -- Approved;

STATE OF CALIFORNIA)
) ss.
COUNTY OF MENDOCINO)

I, KRISTI FURMAN, Clerk of the Board of Supervisors, in and for the County of Mendocino, State of California, do hereby certify the foregoing to be a full, true and correct copy of an order made by the Board of Supervisors, as the same appears upon their minute book.

WITNESS my hand and the seal of said Board of Supervisors, affixed this 23rd day of April, 2002.

KRISTI FURMAN
Clerk of the Board of Supervisors

By: Sandi Bellfield
Deputy



MENDOCINO COUNTY BOARD OF SUPERVISORS
AGENDA SUMMARY

BOARD AGENDA # _____

Steve

Agenda Summaries must be submitted no later than noon Wednesday, 13 days prior to the meeting date

TO: Board of Supervisors DATE: April 3, 2002

FROM: Carol Mordhorst, Director of Public Health AGENDA DATE: April 16, 2002

DEPARTMENT RESOURCE: Cindy Roper PHONE: 4134 Present On Call

CAO RESOURCE: Sue Goodrick PHONE: 4441 Present On Call

Consent Regular Agenda Est. Time for Item: _____ Urgent Routine

■ **AGENDA TITLE: APPROVE THE COASTAL VALLEY EMERGENCY MEDICAL SERVICES (EMS) AGENCY ANNUAL EMS PLAN AND TRAUMA CARE SYSTEM PLAN**

■ **PREVIOUS BOARD OR BOARD COMMITTEE ACTIONS:** Yes, annual EMS plan

■ **SUMMARY:** State law requires an EMS Agency to develop an EMS plan, and update it annually. State law also requires any EMS Agency which implements a trauma care system to develop a Trauma Care System Plan that addresses the required component of the local or regional trauma system. The Coastal Valleys EMS Agency is a regional partnership formed between Mendocino, Napa and Sonoma Counties through inter-agency agreements. The EMS Plan serves as the basis of the functional "work plan" for the continuing development of the regional EMS system. The Regional EMS Plan reflects the assessment and status of the EMS system throughout the 3 counties within our EMS system. Upon approval by the Board, the Plans will be submitted to the State EMS Authority for approval.

Previous versions of the Trauma Care System Plan were separate documents that addressed trauma system requirements in Napa County, in Mendocino County and Sonoma County specifically. Consistent with the requirement to update the Trauma Plan to reflect changes in the EMS system, the EMS Agency has updated the Regional Trauma Plan to include the Napa County portion. A draft Trauma Care Plan was released on 10/18/01 to allow for public review and comment on the proposed plan. The Trauma Care System Plan submitted today reflects the final version that incorporates appropriate public comments and staff updates.

■ **ALTERNATIVES:** Do not approve the Annual EMS Plan and/or Trauma Care System Plan.

■ **WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL?** Yes* Number _____ No

*If yes, has this been through the Personnel Process? Yes No

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
Not applicable	Not applicable	Not applicable	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

■ **RECOMMENDED ACTION/MOTION:** The Board of Supervisors approve the Coastal Valleys EMS Agency Annual EMS Plan and Trauma Care System Plan and authorize submission to the State. Please send one copy of the minute order of the Board's action.

■ **CAO RECOMMENDATION:** Agree Disagree No Opinion Staff Report Attached

BOARD ACTION **Date of Action** _____
 1) Approved _____ 3) Denied _____
 2) Referred to _____ 4) Other _____

AGENDA

9. Acting Director of Health and Human Services requests approval of and authorization for Chairman to sign Amendment No. 1 to Agreement No. 4495 with River Oak Center for Children and Families, increasing the amount by \$41,272 for a new maximum of \$54,940, for residential treatment services.
10. Acting Director of Health and Human Services requests approval of the 2002-2005 Child Abuse Prevention, Intervention & Treatment and Community Based Family Resource Support Services Plan (CAPIT/CBFRS).
11. Acting Director of Health and Human Services requests approval of and authorization for Chairman to sign Amendment No. 2 to Agreement No. 4450 with Jodie Morgan, increasing the amount by \$5,000 for a new maximum of \$36,000, for consultation services related to substance abuse treatment.
12. Acting Director of Health and Human Services requests authorization to increase the In-Home Supportive Services Provider wage from \$6.75 per hour to \$7.11 per hour, effective July 1, 2002.
13. Acting Director of Health and Human Services requests approval of the Regional Emergency Medical Services (EMS) Plan and Regional Trauma Plan for the Counties of Napa/Sonoma/Mendocino and authorization for the EMS Agency to submit the Regional EMS Plan and Trauma Plan to the State EMS Authority. *Approved 4-23-02*
14. Second reading and adoption of an ordinance adding Chapter 2.58 to the Napa County Code relating to the establishment of the In-Home Supportive Services Public Authority of Napa County.
ENVIRONMENTAL DETERMINATION: Exempt (general rule).

PROPERTY

15. Director of Public Works requests adoption of a resolution prohibiting parking, stopping or standing of vehicles along the west side of Milton Road from Mile Post 0.00 to Mile Post 1.20 on Tuesdays from 6 A.M. to 6 P.M. to enable the maintenance of Napa River Reclamation District drainage facilities.

CONSENT CALENDAR – Continued
PROPERTY - Continued

16. Director of Public Works requests adoption of a resolution establishing temporary parking restrictions on both sides of Dunaweal Lane from Silverado Trail to State Route 29 on June 6, 2002 from 6 A.M. to 6 P.M. to facilitate traffic flow during the Napa Valley Wine Auction.
17. Director of Public Works requests acceptance of the work as complete and authorization for Chairman to sign and file a Notice of Completion with the Clerk/Recorder for Contract No. RDS 00-21, "Concrete Repair at Various Locations Project."

AGENDA ITEM TRANSMITTAL REPORT

DEPARTMENT: Health Services	SUBMITTED BY: Mark A. Kostielney
FOR BOARD ACTION ON: 04/09/02	AS: (X) CONSENT () REGULAR

THIS ITEM REQUIRES: (Check appropriate boxes)

<input type="checkbox"/> Hearing	<input type="checkbox"/> 4/5 Vote
<input type="checkbox"/> Requests Gold Resolution	<input type="checkbox"/> Appropriation Transfer
<input type="checkbox"/> Public Appearance Anticipated	<input type="checkbox"/> Position Alloc List Change(s)
<input checked="" type="checkbox"/> County Counsel Approval Date <u>3/19/02</u>	By: <u>[Signature]</u>

AGENDA SHORT TITLE:
Regional EMS Plan and Trauma Care System Plan

REQUESTED BOARD ACTION:
Approve the FY 2001/02 Coastal Valleys Regional EMS Plan and Trauma Care System Plan and direct staff to submit plans to the State of California Emergency Medical Services Authority.

[Signature]
Signature of Department Head

Special Instructions to Clerk of the Board:

FOR AGENDA COMMITTEE USE

County Administrator's Office Recommendation:

<input type="checkbox"/> Approval	<input type="checkbox"/> Submitted with Comment
<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Policy Determination by Board

Analyst Comment:

Signature of County Administrator

Agenda Committee Action:

<input type="checkbox"/> Consent Calendar	Date Scheduled: ___/___/___
<input type="checkbox"/> Regular Calendar	Time Scheduled: _____ (If required)

#39 April 9, 2002

COUNTY OF SONOMA AGENDA ITEM SUMMARY REPORT	Clerk of the Board Use Only	
	Meeting Date	Held Until
	____/____/____	____/____/____
	Agenda Item No:	Agenda Item No:

Department: Health Services	() 4/5 Vote Required
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Contact: Mark A. Kostielney	Phone: 565-4700	Board Date: 04/09/02	Deadline for Board Action:
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AGENDA SHORT TITLE:
Regional EMS Plan and Trauma Care System Plan

REQUESTED BOARD ACTION:
Approve the FY 2001/02 Coastal Valleys Regional EMS Plan and Trauma Care System Plan and direct staff to submit plans to the State of California Emergency Medical Services Authority.

CURRENT FISCAL YEAR FINANCIAL IMPACT			
<u>EXPENDITURES</u>		<u>ADD'L FUNDS REQUIRING BOARD APPROVAL</u>	
Estimated Cost	\$ 0	Contingencies	\$
		(Fund Name:)	
Amount Budgeted	\$ 0	Unanticipated Revenue	\$
		(Source:)	
Other Avail Approp (Explain below)	\$	Other Transfer(s)	\$
		(Source:)	
Additional Requested:	\$ 0	Add'l Funds Requested:	\$
Explanation (if required):			

Prior Board Action(s): On October 26, 1999, the Board approved the Regional EMS Plan and directed staff to submit to State EMS Authority.

Alternatives – Results of Non-Approval: EMS Agency will not fulfill State requirements for updated EMS Plan and Trauma Care System Plan, and may be subject to reduced or eliminated State grant funding for EMS administration.

State law requires an Emergency Medical Services (EMS) Agency to develop an EMS Plan, and update it annually. State law also requires any EMS Agency which implements a trauma care system to develop a Trauma Care System Plan that addresses the required component of the local or regional trauma system. In past action, the Board has approved the EMS Plan and the Trauma Care System Plan for the Coastal Valleys EMS region. The action requested today is to approve the updates for both plans as necessary to reflect system changes and comply with State law.

The Coastal Valleys EMS Agency is a regional partnership formed between Mendocino County, Napa County and Sonoma County through inter-county agreements. A regional EMS agency is eligible for State grant funding on an annual basis. The Coastal Valleys EMS Agency is responsible for the oversight, planning, and administration of EMS systems in the three county region.

The Regional EMS Plan must address the eight required components of the local or regional EMS system: System Organization and Management, Manpower and Training, Communications, Transportation, Hospitals and Critical Care Centers, Data Collection and Evaluation, Public Information and Education, and Disaster Response. The EMS Plan includes an assessment of how the local EMS system compares to the recommended minimum and desirable standards within each of the eight component areas. The EMS Plan serves as the basis of the functional "work plan" for the continuing development of the regional EMS system. The Regional EMS Plan being presented to the Board today reflects the assessment and status of the EMS system throughout the three counties within our EMS system. Upon approval by the Board, the Plan will be submitted to the State EMS Authority for approval.

Previous versions of the Trauma Care System Plan were separate documents that addressed trauma system requirements in Napa County, and in Mendocino County and Sonoma County specifically. The change from two documents to one document reflects the evolution of the regional EMS organization, which evolved from a two-county region to a three-county region with the addition of Napa County four years ago. The inclusion of Napa County in the EMS region included a Level III trauma center (Queen of the Valley Hospital) which had been designated by Napa County EMS Agency in 1984. In 1999, Sonoma County designated a Level II trauma center (Santa Rosa Memorial Hospital). Consistent with the requirement to update the Trauma Plan to reflect changes in the EMS system, the EMS Agency has created an updated Regional Trauma Plan that includes the Napa County portion of the trauma care system.

A draft of the updated Regional Trauma Care System Plan was released on October 18, 2001 to allow for public review and comment on the proposed plan. At the conclusion of the public comment period, changes were made to the draft plan. The Trauma Care System Plan being submitted to the Board today reflects the final version that incorporates appropriate public comments and staff updates. A summary of public comments and related plan changes is attached. The County Emergency Medical Care Council reviewed both plans on March 25, 2002.

Attachments: Summary of public comments and plan changes.

On File With Clerk: FY 2001/02 Coastal Valleys Regional EMS Plan and Trauma Care System Plan.

CLERK OF THE BOARD USE ONLY

Board Action (if other than "Requested")	Vote:	MOTION		
		AYE	NO	
_____			<i>absent</i>	
_____		✓		
_____		✓		
_____		✓		
_____		✓		

The Regional EMS Plan and the Trauma Care System Plan are being submitted to the Board of Supervisors in all three counties in the EMS region for review and approval before being submitted to the State EMS Authority. There is no new net County cost associated with the approval of these plans. Draft and final plan documents are posted on the EMS Agency website for public review (www.coastalvalleysems.org).

Recommendation

Approve the FY 2001/02 Coastal Valleys Regional EMS Plan and Trauma Care System Plan and direct staff to submit the plans to the State of California Emergency Medical Services Authority.

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EXECUTIVE SUMMARY

The Coastal Valleys Emergency Medical Services Agency (CVEMSA) was formed through an evolution of contractual inter-county agreements that started in 1993 between Mendocino and Sonoma counties. In FY 97-98, the State Authority encouraged discussions between the Sonoma-Mendocino Agency and both Marin and Napa EMS Agencies regarding the feasibility of forming an EMS Region. In 1998 Napa County elected to participate in the development of the regional EMS Agency which currently serves the counties of Mendocino, Napa and Sonoma. The CVEMSA's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system which meets the minimum standards developed by the California EMS Authority.

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management
- Staffing and training
- Communications
- Response & Transportation
- Facilities and critical care
- Data collection and evaluation
- Public information and education
- Disaster medical response

Major changes are taking place in the CVEMSA EMS system. These changes include:

- The continuing evolution of the Coastal Valleys Emergency Medical Services Region
- The availability of Enhanced 9-1-1 service in the entire region coupled with an extensive first responder network and designated EMS dispatch centers.
- Advanced life support (paramedic) services in all of the major population centers of the EMS system.
- Four different region-based EMS aircraft providers to serve the more remote portions of the region.
- The continuing development of a regional EMS database management system.
- The formation of an additional exclusive operating area (EOA) for ALS ambulance service.>
- The continuing development of the regional trauma system.
- The continuing development of an EMS-C system and plan.

The process of assessing system needs and developing plan objectives revealed that although major improvements have been made in the overall EMS system since the creation of the respective county LEMSAs in the mid 1980's, several components of the EMS system remain unchanged or undeveloped. As an example, there is not a region wide CQI program supported by a data base management system. There are, however, established QI programs in place in each of the member counties that utilize the regional data base management system. Despite tremendous improvements in communications technology, the communications system as a whole has not been updated or significantly modified since the mid-1980's. That aspect is beginning to change with the successful awarding of a Rural Healthcare Development grant to the Agency for upgrading the communications system in Mendocino County. The CVEMSA system lacks a pediatric plan and formal pediatric system. Region wide disaster planning and training have not been accomplished on a consistent, methodical basis but Operational Area planning is being accomplished. Region wide facility assessment and special population identification has not been accomplished but partial assessment has been accomplished through trauma system development during the last year and a half. Even with these identified shortcomings, the CVEMSA currently meets or exceeds 100 of the State's 121 minimum standards, an improvement of 69% from the writing of the Agency's first EMS Plan. 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. It is now focusing efforts on implementing recommendations developed during that process. Mendocino has an active EMCC with a number of steering committees comprised of stakeholder

representatives that meet with and assist the EMS agency in identifying the county's most pressing system needs and then developing implementation strategies. Napa also has an active EMCC that assists the Agency with local projects and priorities and developing implementation strategies.

While each member county's independent system appraisal is accomplished through differing methods of collaboration and participation as well as timelines, the results are, 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 still 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 CVEMSA 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. Establishing a second ALS Exclusive Operating Area (EOA) is a top goal for Napa. 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 CVEMSA 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.

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 CVEMSA EMS System Plan include:

- Continued development of the CVEMS region.
- Establishing ALS service capability throughout the region.
- Continue development and refinement of the region wide DBMS based CQI program and process.
- Studying the feasibility of ALS first response services and other ALS alternatives.
- Continue development of 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 an EMD QI process.
- Continue refinement of triaging medical emergencies and dispatch of 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.
- Continued development of a regional trauma care system.
- Continued development of pre-hospital triage and transfer protocols.
- Developing a pediatric system and plan.

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

ASSESSMENT OF SYSTEM

SUMMARY OF SYSTEM STATUS

This section provides a summary of how the Coastal Valleys 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	
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	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 Policy & Procedures Manual		X	NA	X	X
1.15 Policy Compliance		X	NA		X
1.16 Funding Mechanism		X	NA	X	X
1.17 Medical Direction		X	NA	X	X

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

STAFFING AND TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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 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 Medical & Rescue 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 Inter-county Response		X			X
4.14 Incident Command		X	NA		X
4.15 MCI Plans		X	NA		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
4.21 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	X
5.11 ED Pediatric Capability	X			X	X
5.12 Public Input			NA	X	X
5.13 Specialty Care System Design	X			X	X
5.14 Specialty 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 Pre-hospital Records		X	NA	X	X
6.03 Pre-hospital 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 Center 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 Pre-hospital Preparedness Plans	X			X	X
8.17 ALS Policies		X	NA		X
8.18 Specialty Center Roles	X				X
8.19 Waiving Exclusivity		X	NA		X

*CVEMSA 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 CVEMSA 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 CVEMSA 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 the annual work plan, transportation plan or trauma plan.

SYSTEM ORGANIZATION AND MANAGEMENT

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: *meets minimum standard*

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 (Regional Directors Committee - RDC).

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 9 FTE employees. Other non-agency resources include base hospital medical directors, base hospital nurse liaisons, provider QI 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. Maintain a Regional Directors 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 quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The CVEMSA was created in FY 98-99. While individual member counties have comprehensive emergency medical services systems, the regional system continues to be evaluated by the CVEMSA. The continuing evaluation of the system is being accomplished through the writing of the region's updated EMS Plan. While QA/QI programs are now established in each county, linkage & creation of a region-wide wide QI program remains 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 Advisory 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: *meets minimum standard*

Each member county has a functioning Emergency Medical Care Committee that reviews local operations, policies and practices. A Regional Directors Committee (RDC) comprised of one Public Health administrator from each member county meets bimonthly to review and discuss issues affecting CVEMSA. 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 pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: *meets minimum standard / meets minimum guidelines*

The agency Medical Director possesses Board Certification in Emergency Medicine and previous experience as a LEMSA medical director. The Medical Director, who practices emergency medicine in Marin County, has two deputy Medical Directors. Together, they provide medical oversight to all portions of the region.

Within each member county of the region, Medical Advisory Committees, which include ED medical directors from the bas and receiving hospitals, have been established. The Director and deputies communicate regularly 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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

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: *meets minimum standard*

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: *meets minimum standard*

A Level II Trauma Center and Level III Trauma Center have been established in Sonoma County to serve Mendocino, Napa and Sonoma counties, as well as portions of Lake and Marin counties. An updated and revised regional Trauma Plan will be submitted to the State during FY 2001-2002. A medical evaluation site visit was conducted of Trauma Centers (Santa Rosa Memorial - Level II & Napa Queen of the Valley - Level III) in 2001. A regional Trauma Advisory Committee (TAC) has been established.

COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of the CVEMS 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. Integration of trauma data into CQI process.

OBJECTIVE:

Continue refining a regional trauma care system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X 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: *meets minimum standard*

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:

North Coast EMS Region provides resource response coordination into certain portions of the CVEMS region.

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:

- 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: *meets minimum standard*

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: *does not currently meet standard*

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. An EMS for Children program has been initiated within the region during FY 2000-2001, so one special population group's needs are being addressed. Additionally, the Agency worked with a coalition of special population (handicapped) care facilities in developing a disaster plan for those facilities and their populations in Sonoma County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Identify population groups, other than pediatric 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: *meets minimum standard*

The roles and responsibilities of many system participants are based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities has been conducted with Base Hospitals, Trauma Centers, EOA transport providers and EMS Dispatch Centers within the region. Mendocino County has formal agreements with all providers. Sonoma has a permit process in place for private providers. Napa is formulating a second EOA in the Up Valley portion of the county and the process should be completed during FY 2001-2002.

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 to assigned EMS system roles and responsibilities.

OBJECTIVE:

Continue the identification of the optimal roles and responsibilities of EMS system participants. Continue developing 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: *meets minimum standard*

There are Q.I. programs in place in each member county. Local QI groups, consisting of agency staff, provider QI coordinators and hospital liaison QI coordinators as well as medical directors are now functional. A region wide Management Information system (MIS) is now in place. Response time standards are in place in Sonoma and Napa EOA. The respective county EMCCs are continuing 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. Develop a system wide QI Plan.

OBJECTIVE:

Implement structural indicators and compliance mechanisms in conjunction with a regional QI program implementation. Continue refinement of the region MIS to include 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: *meets minimum standard*

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 CVEMSA 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 that 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: *meets minimum standard*

Policy and procedure manuals from the respective counties have been developed and distributed or made available to the respective county system providers. A reconciliation effort has been begun to align the respective member counties' policies so that region wide applicability is ensured. A regional web site has been developed, and the region's policies and procedures are posted and available to our region's stakeholders.

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. Continue development of making EMS policies available on the Agency web site.

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)
- X 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: *meets minimum standard*

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 have written agreements with the agency. There is not a formal region wide QI program in place although QI programs are in place in each member county, and each county program utilizes the region data system.

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)
- X 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: *meets minimum standard*

The CVEMSA relies on local/county contributions, State general fund grants, PHHS project grants, user fees and SB12/612 and /2132 monies as a fund base for agency operations. Work is underway to standardize the certification fee schedules presently charged by each county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to identify funding sources. Standardize the fee structures between individual counties.

OBJECTIVE:

Maintain existing funding sources and continue to 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 Coastal Valleys 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 pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Currently there are 13 hospitals in the EMS system, of which seven have been designated as base hospitals. However, with the inclusion of system wide provider QI and an increase in standing orders, there may not be a continuing need for the number base hospitals in their current roles. Work is in progress to formalize an alternative base station in the north Sonoma-south Mendocino coast area.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Develop a process to reengineer the current system of base hospitals, if deemed necessary and viable by system stakeholders. Should a single medical control point in each member county be determined to be desirable, identify optimal configuration and responsibilities.

OBJECTIVE:

Implement base hospital policies and execute base hospital agreements as necessary. Determine feasibility of single medical control points 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 (QA/QI) 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:

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

CURRENT STATUS: *meets minimum standard*

There is not a region wide CQI plan in place. Local QI groups in each of the member counties, consisting of respective agency staff, provider QI coordinators, hospital QI coordinators as well as medical directors are functional. A region wide MIS is in place. Uniform, region-wide response time standards are not in place but standards have been established in the Sonoma and Napa EOA respectively, as well as Mendocino response standards. The respective county EMCCs are continuing 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 QA/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:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *meets minimum standard*

ALS and BLS treatment protocols, including 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. Policies on triage and patient destination are in the process of being developed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision of policies to meet state minimum standards and recommended guidelines.

OBJECTIVE:

Review and revise policies, as needed, to meet minimum standards and the recommended guidelines. Continue development of 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 pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

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

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: *meets minimum standard*

A determination of death policy was created and implemented with the concurrence of the respective county coroners during 1994-1996. Policy is in final stages of public review and will be updated by Spring 2002.

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: *meets minimum standard*

Regional policies have been developed regarding the reporting of abuse or suspected SIDS deaths and are presently being circulated for public comment. Implementation is anticipated during the fourth quarter of FY 2001-2002. Individual county policies currently existing will be supplanted by the regional policies.

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.

Implement draft 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 pre-hospital 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 pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A policy delineating the scene and interfacility transfer scope of practice of paramedics has been established on an individual county level. A regional policy is in the draft and public review-comment stage. Established policies and procedures for use of Heparin, blood products and Nitroglycerin as an expanded scope for interfacility transfers are not instituted region wide but are written and are contingent on training for implementation within individual counties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue developing BLS and ALS interfacility scope of practice platforms. Review, revise and adapt interfacility policies on a regional basis.

OBJECTIVE:

Implement 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: *meets minimum standard*

All ALS services currently provided in the EMS system are being done with (local) Agency approval. Written agreements, permits and/or contracts are utilized throughout the region. Exclusive operating areas (EOAs) 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 countywide or specific zone EOAs.

OBJECTIVE:

Maintain written agreements with all ALS providers and monitor compliance. Continue development of establishing either countywide or zone specific EOAs, including emergency ambulance providers and non-transporting ALS service providers.

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 that determines:

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

CURRENT STATUS: *meets minimum standard*

Currently seven out of thirteen hospitals in the EMS region have been designated as base hospitals. However, with the inclusion of provider QI throughout the region and an increase in standing orders, there may not be the need for the number of base hospitals in their current roles. In house medical direction is utilized by three providers (AMR, REACH, CALSTAR) within the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The issue of a single medical control point in each member county has been examined by system participants on a random basis. A process needs to be developed for determining the viability of a single medical control point in each county, when feasible and identifying its optimal configuration and responsibilities, assuming there is 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 continue to be developed.

OBJECTIVE:

Execute Base Hospital agreements. Establish a single medical control point in each county or where geographically feasible or necessary. 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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A Level II trauma center in Sonoma County (Santa Rosa Memorial Hospital) was designated in FY 99-00. The Sonoma/Mendocino County Trauma Plan has been submitted to the State. A Regional Trauma Plan is in development (draft stage) and will be submitted to the State during FY 2001-2002. In Napa County, Queen of the Valley Hospital is a Level III trauma center that has been designated by both Napa County and the State EMS Authority. Both facilities were recently reviewed by a site team and deemed acceptable. A regional Trauma Advisory Committee has been established. The Agency is reexamining its management of trauma system oversight, based off of recommendations from the site review team report.

COORDINATION WITH OTHER EMS AGENCIES:

Marin County EMS, North Coast EMS.

NEED(S):

Continue development of the regional trauma system. Develop a trauma registry for the region. Maintain the trauma audit process and establish the Trauma Audit Committee. Ensure integration with existing CQI & MIS.

OBJECTIVE:

Submit regional trauma plan by Fall 2001 deadline.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- 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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *does not currently meet standard*

The region has embarked on a State funded grant EMS for Children project, for purposes of developing a formalized EMS for Children system as well as a Pediatric System Plan. A project team has been put in place and will be utilizing the EMS for Children Implementation Guide. A regional EMS for Children Advisory Committee has been established along with program component specific subcommittees. The Committee has been meeting on a monthly basis. The second year EMS for Children proposal has been submitted to the State. The project manager has been attending the EMS for Children Coordinator's Forum.

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.

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, that 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: *meets minimum standard*

The optimal system design for ALS ambulance and the process for assigning roles to system participants are described in the Transportation Plan, included with this document, and is based on the EMS system models examined by the Agency. There are currently two EOAs within the region, which are not totally inclusive within the respective counties (Sonoma & Napa). Napa County is currently in the process of developing a second EOA for the "Up Valley" portion of the county that is all inclusive. The EOA will be competitively bid. The establishment of this Napa EOA is anticipated to be completed during FY 01-02.

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, and update the Transportation Plan. Monitor system design and make changes as required.

TIME FRAME FOR MEETING OBJECTIVE:

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

STAFFING AND TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Current training institutions and approved CE providers appear to be meeting system needs. Lesser Used Skills (LUS) training platforms have been established on a regional basis and the development of a training consortium with the local junior college district is in progress. An advanced scope EMT course was developed and presented for Napa County personnel. Paramedic training programs now exist in both Sonoma and Mendocino counties. Pediatric coursework will be a major focus during the next two years for the Agency's training efforts through the EMS for Children project. Multi-Casualty Incident (MCI) table top training sessions have also been offered in conjunction with LUS classes.

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 consortium relationships with local colleges and education providers to capitalize on shared resources, funding and instructors.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

- X 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 that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Procedures are in place to approve First Responder, EMD, EMT-D, EMT-I, EMT-II, 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 pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies have been adopted regarding emergency medical dispatcher certification within the region as well as first responder certification, EMT-I certification, EMT II certification, paramedic accreditation and MICN authorization. Work has begun on standardizing the EMT certification, including standardization of fee schedules.

Procedures have been developed for the reporting of unusual occurrences that 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:

- X 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: *meets minimum standard*

Level II emergency medical dispatching, with pre-arrival instructions is online in Mendocino, Napa and Sonoma counties. All three counties have designated EMS Dispatch Centers. There are also city Public Safety Answering Points (PSAP) that dispatch city ambulances (Cloverdale, Petaluma, Ukiah). However, these PSAPs are not using EMD.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain Level II EMD as the minimum standard for all PSAPs and dispatch centers providing or responsible for medical dispatching throughout the region. 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. Investigate and develop, as appropriate, the development of consolidated Fire & EMS Dispatch Centers.

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: *meets minimum standard*

It is assumed that all of the first response agencies serving the CVEMSA system comply with State regulations requiring a minimum of first aid and CPR training. Distribution of SAEDs and training for the use of SAEDs was accomplished during the last year in Sonoma County and purchase and distribution of SAEDs for Mendocino County responders will be accomplished during the next year through a Rural Health Development grant.

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 CVEMSA system are served by an early defibrillation first response provider, and that percentage is expected to reach 100% after the distribution of SAEDs in Mendocino County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines. Mandate and/or encourage EMT-D training where appropriate.

OBJECTIVE:

Develop and implement standardized first response agreements or other mechanism with all providers that 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: *meets minimum standard*

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 the EOA ALS transport services in Napa and Sonoma counties. The region has an extensive first responder system that is primarily fire based, but county and State Park rangers as well as certain law enforcement agencies are routinely dispatched to medical aids within their respective jurisdictions. BLS field protocols have been established for region responders. An expanded EMT scope trial study has been initiated in Napa County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to identify the optimal roles and responsibilities of all system participants based on EMS system and models, public input and State standards. Ensure that system participants conform to assigned EMS system roles and responsibilities. Develop expanded scope BLS standards for selected responders in Mendocino County.

OBJECTIVE:

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: *meets minimum standard*

There is a BLS field protocol manual for regional first responders. The Agency has no reason to believe that region first responders are not operating under established medical control and policies for BLS personnel, despite the lack of written agreements with first responder agencies.

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, BLS field protocols to ensure compliance with new State EMT regulations.

OBJECTIVE:

Refine existing 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: *meets minimum standard*

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. However, a BLS ambulance, staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted or in areas where BLS is the primary responder.

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 BLS enhanced, optimal scope or ALS.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

- 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: *meets minimum standard*

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 CVEMSA.

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 that 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: *meets minimum standard*

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 be certified in pre-hospital EMS management through such courses as pre-hospital 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 that 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: *meets minimum standard*

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.

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: *meets minimum standard*

Policies, procedures and training venues 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 pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Individual member county's policies and agreements specify that only mobile intensive care nurses, who have been authorized by the CVEMSA Medical Director, or base hospital physicians, who have been judged knowledgeable in pre-hospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel. Paramedic Liaison Nurses (PLN) participate in county QI programs which ensures a feedback loop between field, hospital and Agency.

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:

Refine policies requiring base hospital physicians and mobile intensive care nurses to be trained in providing pre-hospital 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

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: *meets minimum standard*

The current systems of dispatch, field and hospital medical communications within the three member counties range in age from 1 year to 15 years old. Communications capabilities for transport vehicles, ALS responders and facilities are established in each county. 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. Mendocino County, with Rural Healthcare development grant funding, will be overhauling its communications system during the next two years.

COORDINATION WITH OTHER EMS AGENCIES:

It is anticipated that coordination with North Coast EMS, NorCal EMS, and Marin County EMS may 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)

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: *meets minimum standard / meets minimum guidelines*

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. However, communications "dead-spots" exist throughout the system especially in the valleys of the coastal range mountains. Policies requiring the capability of ambulance and first responder communication have not been established on a regional basis. However, systems have evolved over time to facilitate this communication on a local level in a non-coordinated fashion.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard

NEED(S):

Funding is a critical issue. Ensure the availability of medical communications through development of a regional communications plan. This plan should include linkages between first responders and ambulance providers.

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)

3.03 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: *meets minimum standard*

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, potential upgrade and/or repair.

COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters may 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. Develop the plan as the State's communications master plan is established.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades and make necessary changes. Ensure compatibility between regional and state communications plan.

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: *meets minimum standard*

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. Designated EMS Dispatch centers have been established in each county.

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. Compatibility with State Master Communications Plan needs to be ensured.

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: *meets minimum standard*

Hospitals within Sonoma County can communicate with each other through a VHF radio system. 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. The Rural Health Development is expected to result in Mendocino hospitals having communications capabilities in 2001-2002.

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 (pre-hospital 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: *meets minimum standard*

Hospitals in Sonoma 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 Auxiliary Communications System (ACS) and cellular phones. Mendocino, Napa and Sonoma counties' EOCs are respectively linked to ACS operators and utilize regular telephone and facsimile lines as well as the RIMS network.

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: *meets minimum standard*

All counties in the CVEMSA 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: *meets minimum standard*

Education concerning 9-1-1 access is provided on an annual basis throughout the region, typically by region providers and first responders. 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 that 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: *meets minimum standard*

An emergency medical dispatch priority reference system, including systemized caller interrogation, and pre-arrival instructions has been developed and is in place in Napa, Sonoma and Mendocino.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Conduct random compliance evaluation of EMD centers.

TIME FRAME FOR MEETING OBJECTIVE:

- 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: *meets minimum standard*

Regional integrated dispatch continues to be developed in the CVEMSA 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

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: *meets minimum standard*

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), and NorCal EMS.

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:

- 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: *meets minimum standard*

The minimum standard is met through written agreements, permits, EOA contracts, 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 an EOA contract with an ALS provider. Napa is in the process of completing the establishment of a second EOA for the provision of ALS services that will result in another written contract.

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: *meets minimum standard*

An emergency medical dispatch priority reference system has been developed and is in use in Napa, Sonoma and Mendocino counties. Currently, classification criteria based off the medical priority dispatch systems is used by all designated EMS 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):

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

OBJECTIVE:

Maintain emergency medical dispatch system standards in all regional medical resource dispatch centers.

TIME FRAME FOR MEETING OBJECTIVE:

- 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 that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EOA contracts specify system status levels appropriate to accommodating prescheduled responses. Transport unit availability is a provider regulated responsibility, also monitored by the Agency and 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. 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: *does not currently meet standard*

Response standards were developed for the EOA ALS ambulance provider in Sonoma County and Napa County EOAs. In Mendocino County, geography, travel distance and resource availability make standards difficult to establish beyond "ASAP" in the rural-wilderness portions of the counties. All of the urban corridors within the three counties enjoy the ALS/ambulance/transport response standards as listed above. 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 CVEMSA counties.

COORDINATION WITH OTHER EMS AGENCIES:

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 all three 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 non-EOA portions of the region.

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: *meets minimum standard*

By policy, the minimum staffing level of all ALS 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: *meets minimum standard*

The roles and responsibilities of most system participants are based primarily on historical involvement and willingness to cooperate with the agency. The region has an extensive first responder network (70+ agencies) that meets State and local requirements.

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:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

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 put into place. New regional aircraft policies go into effect April 2002.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Ensure that medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Implement helicopter dispatch software usage in the designated EMS Dispatch Centers. 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: *meets minimum standard*

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. Conduct beta testing and evaluation of the helicopter dispatch software.

OBJECTIVE:

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

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: *meets minimum standard*

The CVEMSA has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS area. The Agency has either permits or written agreements with the aeromedical services operating in the region, with the exception of the California Highway Patrol, which is exempted. However, CHP and CDF have indicated a desire to participate in the CVEMS aeromedical program.

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. Implement helicopter tracking and statusing software in the region's EMS Dispatch Centers.

OBJECTIVE:

Monitor providers to ensure that system demands are being met. Ensure 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: *meets minimum standard*

Individual counties with specialty vehicle needs have developed resource lists and procedures for requesting and dispatching these specialty vehicles, primarily water rescue vehicles.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

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

OBJECTIVE:

Develop a regional 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: *meets minimum standard*

Each of the member counties have a current, functional MCI Plan. Each of the member counties have staff members who are part of the respective county disaster team, specifically EOC staff members. As Medical Health Operation Area Coordinators (MHOAC), EMS staff members work closely with the respective county OES organizations.

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 that identify financial responsibility for mutual aid responses.

CURRENT STATUS: *meets minimum standard*

Ambulance provider permits and agreements require providers to arrange for day-to-day auto-aid from neighboring providers stationed both inside and outside the CVEMSA system. Region providers routinely cross county borders to provide emergency response.

The counties of OES Region II are in the process of finalizing an EMS 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, Humboldt and Lake counties is needed.

NEED(S):

Master EMS 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 EMS 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 that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

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. 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:

- 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: *meets minimum standard*

The MCI Plans currently in use are ICS and SEMS compliant. The Agency has a MCI table top training kit as well as field MCI kit (vests, pocket guides, clipboards) that is available for training exercises for agencies within the region. The Agency has also produced a MCI pocket guide for field responders.

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. 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:

- 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: *meets minimum standard*

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. All 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)

4.18 TRANSPORT 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: *meets minimum standard*

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 (primarily 201 entities). However, these agencies are compliant with system standards. 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(s).

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 that 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: *meets minimum standard*

A Transportation Plan that 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: *meets minimum standard*

There are no grandfathered providers in the region. City of Napa Fire Department has 1797.201 rights for provision of ALS non-transport. City of Petaluma and City of Sonoma Fire Departments have 1797.201 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 EOA 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: *meets minimum standard*

There are contracts, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor and enforce compliance by EOA providers 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 second 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 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

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 that focused on exclusive operating areas as part of its scope. Napa County completed the design phase of its EOA process during 98-99 as well and has since instituted an EOA. A second Napa county EOA is anticipated to be instituted during FY 2001-2002. The performance standards required of providers operating within EOAs are 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: *meets minimum standard*

Two facilities are designated as Trauma Centers within the region. New triage and patient destination policies have been produced as a result of trauma system planning activities. There are written agreements with the base hospitals (seven) within the region. Two facilities that recently downgraded their ED status from Basic to Standby were assessed during the impact evaluation process. There are no written agreements with any receiving facilities (six) in Sonoma County. Most, if not all, facilities are expected to participate in the EMSC project during FY 2001-2002 and FY 2002-2003.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To develop a dynamic assessment process of area hospitals to determine ongoing EMS capabilities. To develop receiving hospital agreements.

OBJECTIVE:

In conjunction with area hospitals and the medical community, determine hospital capabilities through completion of a facility assessment instrument or process. Develop and execute 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 pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Pre-hospital trauma triage protocols have been implemented on a regional basis. An interfacility transfer policy has been established. Transfer protocols with Children's Hospital Oakland(CHO) have been established. Transfer agreements are in place at the region's two Trauma Centers with other specialty centers (burn, spinal cord, microsurgery). Additional model transfer agreements for pediatric patients are expected to be developed in conjunction with the EMSC project.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Continue development and implementation of pre-hospital triage protocols as needed. Continue to establish linkage platforms for patient transfers to specialty centers outside of the region.

OBJECTIVE:

Ensure timely production of pre-hospital triage and transfer protocols based on medical need and preferred transport. Continue research 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: *meets minimum standard*

Transfer protocols with Children's Hospital Oakland (CHO) have been established. An interfacility transfer policy has been established. Transfer agreements are in place at the region's two Trauma Centers with other specialty centers (burn, spinal cord, microsurgery). Additional model transfer agreements for pediatric patients are expected to be developed in conjunction with the EMSC project.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Assist with the development of 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: *meets minimum standard*

There is a Level II Trauma Center designation located in Sonoma County. CHO has been designated for direct air transport of pediatric patients.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside of our region was performed with the approval of the local EMS agencies that 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: *meets minimum standard*

There is currently not a regional mass casualty disaster plan. There are Multi-Casualty Incident plans in place in the member counties. All individual facilities within the region have internal disaster management plans. Mass casualty drills are scheduled in conjunction with the statewide drill. Most 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.

OBJECTIVE:

Monitor capability of system hospitals to respond to mass casualty incidents and encourage and/or 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: *does not currently meet standard*

There is no regional Agency driven hospital evacuation plan in place. All regional hospitals do have individual evacuation plans in place. Efforts are underway to establish either a county by county or regional hospital council to discuss issues of common interest to the hospitals and system stakeholders.

COORDINATION WITH OTHER EMS AGENCIES:

Will most likely be necessary as regional evacuation plans are developed.

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. Institute a regional hospital council.

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 pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Currently, seven of thirteen hospitals in the EMS system have been designated as base hospitals. However, with the inclusion of provider QI 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, if deemed viable, and identifying its optimal configuration and responsibilities.

OBJECTIVE:

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:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- 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,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Agency has established two trauma centers, a Level II in Sonoma County (Santa Rosa Memorial Hospital) and a Level III in Napa County (Queen of the Valley). The catchment area includes all of Sonoma, Mendocino and Napa counties and portions of Lake and Marin counties respectively. Trauma triage criteria has been implemented and the trauma centers have transfer platforms in place for patients needing specialty care outside of the region. Both trauma centers utilize trauma registry software to gather and track trauma patient data. A trauma registry package has been purchased by the Agency and is in the process of being installed. The capabilities of the outlying facilities have been considered and appropriate staff members will be members of the regional trauma audit committee that is being formed. A regional trauma coordinator position has been established to monitor and evaluate the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Maintain and refine a trauma system that effectively serves patients with critical injuries.

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 pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All trauma planning efforts have included numerous opportunities for public, stakeholder and hospital representatives. Trauma planning has included the input of the respective county EMCCs. The EIR process for the Level II center included extensive public input.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

Ensure an open process for continuing trauma system development.

OBJECTIVE:

Keep the process used for developing a trauma system open to hospital, pre-hospital 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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *does not currently meet standard*

The Agency is engaged in the management of an EMSC project grant. The grant was awarded during FY 2000-2001 and will run into FY 2001-2002. The Agency expects to meet the minimum standards of pediatric system design by the end of the project grant.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that 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 that describes the current EMSC system and identifies the optimal system design. Implement as many EMSC system components as possible.

OBJECTIVE:

Using the EMSC Implementation Guide, institute an EMSC program in the region. Develop a pediatric system plan. Implement the various components of an EMSC system.

TIME FRAME FOR MEETING OBJECTIVE:

- X 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:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- 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: *does not currently meet standard*

The Agency is engaged in the management of an EMSC project grant. The grant was awarded during FY 2000-2001 and will run into FY 2001-2002. The Agency expects to meet the minimum standards of pediatric system design by the end of the project grant.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that 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 that describes the current EMSC system and identifies the optimal system design. Implement as many EMSC system components as possible to meet State standards.

OBJECTIVE:

Assess region facilities for pediatric patient care capabilities. Using the EMSC Implementation Guide, institute an EMSC program in the region. Develop a pediatric system plan. Implement the various components of an EMSC system.

TIME FRAME FOR MEETING OBJECTIVE:

- X 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 pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Pediatric Advisory Committee comprised of pre-hospital 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:

- X 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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *does not currently meet standard*

Adult and pediatric trauma patients have been identified as patients warranting transfer to designated centers both inside and outside of the region. The Agency is in the process of implementing a transfer policy for burn patients as well.

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:

- X 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 pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *does not currently meet standard*

All specialty care planning efforts have included numerous opportunities for public and stakeholder input.

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:

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

DATA COLLECTION AND SYSTEM EVALUATION

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 pre-hospital 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: *meets minimum standard*

The region does not have a system wide CQI plan. There are dynamic, compliant 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 quality improvement coordinators. There is a region wide DBMS. Currently alignment of policies and protocols utilized in each county is being undertaken.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a region wide process to provide feedback to pre-hospital 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 pre-hospital 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:

Pre-hospital 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: *meets minimum standard*

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. A system wide PC server based PCR system is in place. Palm Pilot devices are being incorporated into the system to allow PC input while transporting.

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 pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *meets minimum standard*

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

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEEDS:

A clinical audit system capable of identifying preventable morbidity and mortality and ensuring adherence to treatment standards.

OBJECTIVE:

Continue development of 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 and base hospitals 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 pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Approved level II EMD centers are required by policy to establish an in-house QA program that includes the auditing of pre-arrival instructions.

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.

OBJECTIVE:

Continue development of a process 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 that 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 pre-hospital 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: *meets minimum standard*

There is a region-wide DBMS. Essential audit filters are completed. Additional specialized filters are under development.

COORDINATION WITH OTHER EMS AGENCIES:

NorCal EMS and North Coast EMS agencies are members of the DBMS users group.

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 pre-hospital patients. Establish benchmarks and quality indicators.

OBJECTIVE:

Train system participants to use established 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: *meets minimum standard*

Local Q.I. 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 that reviews local operations, policies and practices. A Regional Directors Committee (RDC) comprised of the three DHS directors from each member county meets bi-monthly and reviews issues concerning the plans, policies and procedures of the CVEMSA before they are submitted to the respective Board of Supervisors (BOS) for consideration. All meetings of the 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 in advance of issues before the EMCCs and the BOS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Creation of common indicators that can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Establishment of a regional CQI committee.

OBJECTIVE:

Create common indicators that 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 projects.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X 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: *meets minimum standard*

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: *meets minimum standard*

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 QI indicators and benchmarks. Establish reporting cycles.

OBJECTIVE:

Report analyzed data on an annual or quarterly basis. Annually report the results of the system evaluation, design and operations to the respective 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)
- X 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 pre-hospital activities.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *meets minimum standard*

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 quality improvement coordinators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a region wide process to provide feedback to pre-hospital 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 pre-hospital 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)
- X 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: *meets minimum standard*

The agency will be submitting a formal regional trauma system plan during early FY01-02 to the State EMS Authority. Both trauma centers utilize trauma registry software to gather and track trauma patient data. A trauma registry has been purchased by the Agency and is being installed during FY 01-02. A regional trauma audit committee has been established. A trauma center review was completed in March 2001, with an eye towards identifying areas for improvement. Another site review of both trauma centers is scheduled for Spring 2002.

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:

Continue development of a formal trauma system, implement the evaluation process developed by the CVEMSA, which includes the use of trauma registries and a Trauma Audit Committee.

TIME FRAME FOR MEETING 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 that 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: *meets minimum standard*

A trauma registry has been established. A trauma audit committee has been established. An Agency trauma coordinator position has been established. Trauma center site visits were completed in March 2001. Another site review is scheduled for Spring 2002.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The implementation of a trauma system evaluation and data collection program.

OBJECTIVE:

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 that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- 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: *does not currently meet standard*

CVEMSA has either developed or 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.

NEED(S):

Develop a regional approach, with linkages between the regions' respective EMCCs, 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:

- 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: *does not currently meet standard*

The agency has begun involvement with injury prevention and/or injury control efforts through its EMSC project. 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 EMCCs 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: *does not currently meet standard*

The CVEMSA 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:

- 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: *does not currently meet standard*

A list of available CPR and first aid classes is usually maintained within the respective member counties' offices. The Agency has begun taking a lead in promoting CPR and first aid training for respective member County employees. The Mendocino office has trained several hundred employees in CPR and first aid. 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 EMCCs 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

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: *meets minimum standard*

Disaster medical planning has been occurring in each of the member counties. A response plan specific to toxic substance management has not been developed on a regional level, however the Agency has participated in preparation of local counties' WMD plans.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Ensure that the MCI Plans in place continue to meet the disaster medical response needs of the EMS system. 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. Develop 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' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: *meets minimum standard*

Disaster medical planning has been occurring in each of the member counties. A response plan specific to toxic substance management has not been developed on a regional level, but WMD planning has been taking place in each respective county.

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. Develop 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: *meets minimum standard*

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 levels or 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: *meets minimum standard / meets recommended guidelines*

The MCI Plans utilized by the CVEMSA 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: *does not currently meet standard*

A regional patient distribution plan does not currently exist.

COORDINATION WITH OTHER EMS AGENCIES:

Eventual coordination with Marin County EMS and Solano County EMS cooperative is anticipated.

NEED(S):

Develop the procedures for distributing disaster casualties that 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: *meets minimum standard*

General written procedures have been used by Medical-Health OA Coordinators in the counties in CVEMSA throughout the 90's, during a series of wet winters. These procedures include a process for assessing and communicating needs to OA EOCs, OES Region II and State OES and EMSA.

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 MHOACs. Assess the need for a Regional Operations Center. Cross train Agency staff so that MHOAC 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)

8.08 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: *meets minimum standard*

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: *does not currently meet standard*

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, that ensure 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: *does not currently meet standard*

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 CVEMSA 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 one year)

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: *does not currently meet standard*

Several locations 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: *does not currently meet standard*

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: *does not currently meet standard*

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 pre-hospital medical care agencies.

CURRENT STATUS: *meets minimum standard*

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 region's hospitals are HEICS practitioners. Region hospitals are now coordinating annual drills with the statewide annual hospital drill.

COORDINATION WITH OTHER EMS AGENCIES:

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: *meets minimum standard*

Hospitals within Sonoma County can communicate with each other through a VHF radio net. Common radio frequencies between hospitals within the regional 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)

8.17 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: *meets minimum standard*

Procedures have been established with adjacent EMS systems through day to day mutual aid agreements, although not on a region-wide basis. Regional providers will be utilizing common policies and protocols that are being realigned as of this writing.

COORDINATION WITH OTHER EMS AGENCIES:

Eventual coordination is anticipated with Marin, Solano and North Coast 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 that 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: *does not currently meet standard*

Both trauma centers are base hospitals as well and are charged with coordinating disaster events within their respective counties.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Continue to refine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

OBJECTIVE:

When additional 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: *meets minimum standard*

All exclusive operating area agreements contain language allowing the CVEMSA 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)

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SYSTEM RESOURCES AND OPERATIONS

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

EMS System: Coastal Valleys

Reporting Year: 2001-2002

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		Yes	Yes
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 that are performed by the agency

a. Implementation of exclusive operating areas (ambulance franchising)	<u>Yes</u>
b. Designation of trauma centers/trauma care system planning	<u>Yes</u>
c. Designation/approval of pediatric facilities	<u>No</u>
d. Designation of other critical care centers	<u>No</u>
e. Development of transfer agreements	<u>No</u>
f. Enforcement of local ambulance ordinance	<u>Yes</u>
g. Enforcement of ambulance service contracts	<u>Yes</u>
h. Operation of ambulance service	<u>No</u>
i. Continuing education	<u>Yes</u>
j. Personnel training	<u>Yes</u>
k. Operation of oversight of EMS dispatch center	<u>Yes</u>
l. Non-medical disaster planning	<u>No</u>
m. Administration of critical incident stress debriefing (CISD) team	<u>Yes</u>
n. Administration of disaster medical assistance team (DMAT)	<u>No</u>
o. Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>Yes</u>

Table 2 - System Organization & Management (cont.)

5. EMS agency budget for FY 2001-2002

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$ 740,568</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:	
TOTAL EXPENSES	\$ <u>1,001,704</u>

* 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>32,000</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>28,500</u>
Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>92,000</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/EMSA)	<u>56,791</u>
Other grants:	<u>0</u>
Other fees: Franchise fees	<u>80,000</u>
Other (specify): Fines	<u>1,500</u>
 TOTAL REVENUE	 <u>\$ 1,001,704</u>

* 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 2000-2002	Sonoma	Mendocino	Napa
First responder certification	\$ 0	\$ 0	\$ 0
EMS dispatcher certification	\$ 0	\$ 0	\$ 7
EMT-I certification	\$ 0	\$ 35	\$ 11
EMT-I recertification	\$ 0	\$ 25	\$ 11
EMT-defibrillation certification	\$ 0	\$ 0	\$ 0
EMT-defibrillation recertification	\$ 0	\$ 0	\$ 0
EMT-II certification	\$ 0	\$ 50	\$ 0
EMT-II recertification	\$ 0	\$ 25	\$ 0
EMT-P accreditation	\$ 0	\$ 50	\$ 164
Mobile Intensive Care Nurse certification	\$ 0	\$ 50	\$ 150
MICN recertification	\$ 0	\$ 25	\$ 30
EMT-I training program approval	\$ 0	\$ 0	\$ 0
EMT-II training program approval	\$ 0	\$ 0	\$ 0
EMT-P training program approval	\$ 0	\$ 0	\$ 0
MICN/ARN training program approval	\$ 0	\$ 0	\$ 0
Base hospital application	\$ 0	\$ 0	\$ 0
Base hospital designation	\$ 28,500 *	\$ 0	\$ 0
Trauma center application	\$ 0	\$ 0	\$ 0
Trauma center designation	\$ 92,000 *	\$ 0	\$ 0
Pediatric facility approval	\$ 0	\$ 0	\$ 0
Pediatric facility designation	\$ 0	\$ 0	\$ 0
Ambulance service license	\$ 0	\$ 900 **	\$ 0
Ambulance vehicle permits	\$ 0	\$ 200	\$ 0
Other: <u>Air Ambulance</u>	\$ 0	\$ 900	\$ 0

* Sonoma County Base Hospital and Trauma Center fees are established as contractual requirements of designation and not by County fee ordinance.

** \$900 initial, \$136 per year, \$200 per vehicle

Table 2 - System Organization & Management (cont.)

EMS System: Coastal EMS

Reporting Year 2001-2002

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
<u>EMS Admin./</u> <u>Coord./Dir.</u>	EMS Administrator	1.0	\$ 44.58	39.0%	
<u>Asst. Admin./</u> <u>Admin. Asst./</u> <u>Admin. Mgr.</u>	Assistant Regional EMS Administrator	1.0	\$ 28.05	19.5%	
<u>Program Manager</u>	EMS Project Manager	1.0	\$ 30.51	39.1%	
<u>ALS Coord./</u> <u>Field Coord./</u> <u>Trng Coord.</u>	ALS Coordinator	1.0	\$ 28.47	39.7%	
<u>Program</u> <u>Coord./Field</u> <u>Liaison (Non-</u> <u>clinical)</u>	EMS Specialist	3.0	\$ 25.74 \$ 22.75 \$ 25.64	42.6% 36.2% 20.1%	1.0 FTE assigned to each county in EMS region
<u>Trauma Coord.</u>	Trauma Coordinator	1.0	\$ 30.51	39.6%	
<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
Disaster Med. Planner	N/A				
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Dispatch Supervisor	N/A				
Data Evaluator/ Analyst	N/A				
QA/QI Coordinator	N/A				
Public Info. & Ed. Coord.	N/A				
Exec. Secretary	Secretary	1.0	\$ 19.09	45.4%	Sonoma County office
Other Clerical	Senior Office Assistant	1.0	\$ 14.78	11.9%	Napa County office
Other Clerical	Staff Assistant II	1.0	\$ 12.22	38.9%	Mendocino office

TABLE 3: PERSONNEL/TRAINING

EMS System: Coastal Valleys

Reporting Year: 2001-2002

	EMT-I's	EMT-II's	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

- Number of EMT-I (defib) certified 156
- b) Number of public safety (defib) certified (non-EMT-I) 125

TABLE 4: COMMUNICATIONS

EMS System: Coastal Valleys EMS Agency
 County: Sonoma
 Reporting Year: 2001-2002

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 ACS 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 for law and fire related events. The designated EMS dispatch center coordinates medical events.
7. Who is your primary dispatch agency for a disaster?
 County of Sonoma Sheriff's Dispatch Center for law and fire related events. The AMR EMS dispatch center, designated by the EMS Agency through EOA contract, is the medical disaster dispatch center.

Table 4: Communications (cont.)

EMS System: Coastal Valleys EMS Agency
 County: Napa
 Reporting Year: 2001-2002

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? | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| | a. Radio primary frequency | |
| | b. Other methods: Cellular phone | |
| | c. Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | d. Do you participate in OASIS? | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| | e. Do you have a plan to utilize RACES as a back-up communication system? | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| | 1) Within the operational area? | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| | 2) Between the operational area and the region and/or state? | <input checked="" type="checkbox"/> yes <input type="checkbox"/> 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: Communications (cont.)

EMS System: Coastal Valleys EMS Agency

County: Mendocino

Reporting Year: 2001-2002

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 2
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes no
 - a. Radio primary frequency 153.800
 - b. Other methods: Cellular phone banks, 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 ACS as a back-up communication system? yes no
 - 1) Within the operational area? yes no
 - e. Do you have a plan to utilize ACS 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; secondary PSAP for fire and EMS is Howard Forest ECC.
7. Who is your primary dispatch agency for a disaster?
County of Mendocino Sheriff's Dispatch Center

TABLE 5 RESPONSE AND TRANSPORTATION

EMS System: Coastal Valleys EMS Agency

Reporting Year: 2001-2002

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 46,287
(Code 2: expedient, Code 3: lights and siren)
 - b) Number non-emergency responses Unknown
(Code 1: normal)
- 4. Total number of transports Unknown
 - a) Number of emergency transports 34,712
(Code 2: expedient, Code 3: lights and siren)
 - b) Number non-emergency transports Unknown
(Code 1: normal)

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 Unknown
 - a) Number of emergency responses Unknown
 - b) Number of non-emergency responses Unknown
- 8. Total number of transports Unknown

Table 5: Response and 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

TABLE 6 FACILITIES AND CRITICAL CARE

EMS System: Coastal Valleys EMS Agency

Reporting Year: 2001-2002 (Calendar Year 2000 statistics)

Trauma care system

1. Trauma patients:

a) Number of patients meeting pre-hospital trauma triage criteria	1313
b) Number of major trauma victims transported directly to a trauma center by ambulance (includes air ambulance)	696
c) Number of major trauma patients transferred to a trauma center from acute care facilities	335
d) Number of patients meeting triage criteria who weren't treated at a trauma center	617

* Napa County only, a region wide trauma system has not been implemented

Emergency departments:

2. Total number of emergency departments	13
a) Number of referral emergency services	0
b) Number of standby emergency services	4
c) Number of basic emergency services	9
d) Number of comprehensive emergency services	0
3. Number of receiving hospitals with agreements	7
4. Number of base hospitals with written agreements	7

Note: Data from Calendar Year 2000 only pertains to patients from incidents originating within the Coastal Valleys EMS Region. Patients from outside the CVEMS region are also transported to our local trauma centers, but those numbers are unavailable at this reporting date.

TABLE 7: DISASTER MEDICAL

EMS System: Coastal Valleys EMS Agency
 County: Sonoma
 Reporting Year: 2001-2002

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? Basic Responder
 - 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 <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 7. Are you part of a multi-county EMS system for disaster response? | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> |
| 8. Are you a separate department or agency? | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 9. If not, to whom do you report? | Dept of Health Svcs | |
| 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 | |

Table 7: Disaster Medical (cont.)

EMS System: Coastal Valleys EMS Agency
 County: Napa
 Reporting Year: 2001-2002

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 [X]
2. CISD

Do you have a CISD provider with 24-hour capability? yes [x] no
3. Medical Response Team
 - a. Do you have any team medical response capability? yes no [X]
 - b. For each team, are they incorporated into your local response plan? 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 [X] 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 [X]
 - d. Do you have the ability to do decontamination in the field? yes [X] no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes [x] no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4
3. Have you tested your MCI Plan this year in a:
 - a. real event? yes no [X]
 - b. exercise? yes [x] 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 <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 7. Are you part of a multi-county EMS system for disaster response? | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> |
| 8. Are you a separate department or agency? | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 9. If not, to whom do you report? | Health & Human Services Dept | |
| 11 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 7: Disaster Medical (cont.)

EMS System: Coastal Valleys EMS Agency
 County: Mendocino
 Reporting Year: 2001-2002

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 <input checked="" type="checkbox"/> | no <input type="checkbox"/> |
| 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 <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 7. Are you part of a multi-county EMS system for disaster response? | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> |
| 8. Are you a separate department or agency? | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> |
| 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Petaluma Fire Department 198 AD≅ Street, Petaluma, CA 707-778-4390				Primary Contact: Chris Albertson	
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: [60] PS [0] PS-Defib [50] BLS [40] EMT-D [0] LALS [20] 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

Sebastopol Fire Department 7425 Bodega Ave., Sebastopol, CA 95472 707-823-8061				Primary Contact: John Zanzi	
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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Mayacamas VFD BOX 225, Glen Ellen, CA 95442 707-996-6660						Primary Contact:	
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 [5] PS-Defib <input type="checkbox"/> BLS [5] 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		

US Coast Guard TRACEN Fire Dept. 599 Tomales Rd, Petaluma, CA 94952 707-765-7359						Primary Contact: Steve Scott	
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: [22] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Valley of the Moon Fire District 16900 Highway 12, Sonoma, CA 95476 707-996-1002						Primary Contact: John Keane					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: (x) 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 [45] BLS <input type="checkbox"/> [20] 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	

Rohnert Park Dept. of Public Safety 500 City Hall Drive, Rohnert Park, CA 94949 707-584-2650						Primary Contact: Bob Cassel					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: [x] 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"/> [65] 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 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Cloverdale Health District Box 33, Cloverdale, CA 95425 707-894-5862						Primary Contact: Tom Hinrichs							
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			

Glen Ellen Fire District 13445 Arnold Dr, Glen Ellen, CA 95442 707-996-9266						Primary Contact: Bill Murray							
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 [18] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Sonoma Life Support 1415 N. Dutton Ave., Santa Rosa, CA 95401 707-579-9542 Primary Contact: Lori Price					
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 [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

Forestville FPD Box 427 Forestville, CA 95436 707-887-2212 Primary Contact: Gary Duignan					
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: [30] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Bodega Bay FPD 510 Highway 1, Bodega Bay, CA 94923 707-875-3200 Primary Contact: Mike Elson					
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: [1] PS <input type="checkbox"/> PS-Defib [3] BLS [7] EMT-D <input type="checkbox"/> LALS [3] 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

Windsor FPD Box 530, Windsor, CA 95492 707-838-1170 Primary Contact: Ron Collier					
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 [16] PS-Defib [30] 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 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: Coastal Valleys _____

County: Sonoma _____

Reporting Year: 2001-2002 _____

Santa Rosa Fire Department 955 Sonoma Ave. Santa Rosa, CA 95404 707-543-3532						Primary Contact: Toni Pini	
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 <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		

Sonoma County Sheriff's Department 600 Administration Dr. SR 95403 707-565-7195						Primary Contact: Sgt. Bob Pacheco	
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: Coastal Valleys _____

County: Sonoma _____

Reporting Year: 2001-2002 _____

NORTH BAY FIRE AUTHORITY Box 1029, Penngrove 94951 707-795-6011						Primary Contact: John Keane	
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 90] BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib [90] 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		

Goldridge FPD 4500 Hessel Rd, Sebastopol, 95472 707-823-1804						Primary Contact: Kent Reynolds	
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 <input type="checkbox"/> BLS <input type="checkbox"/> LALS		[45] PS-Defib [25] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Bennett Valley FFD 6161 Bennett Valley Road, Santa Rosa 95404 707-578-7761						Primary Contact: Kent Reynolds		
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 <input type="checkbox"/> BLS <input type="checkbox"/> LALS		[10] PS-Defib [10] 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			

Kenwood FPD Box 249 Kenwood 95452 707-833-2042						Primary Contact: Bob Uboldi		
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		[22] PS-Defib [8] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Graton FPD Box A, Graton 95444 707-823-5515 Primary Contact: Tom Somermeier					
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

Coast Life Support District Box 1056 Gualala, 95468 707-884-1829 Primary Contact: Nick Scanlon-Hill					
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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

REACH/Mediplane Air Ambulance 5010 Flightline Drive, Santa Rosa 95403 707-575-6886 Primary Contact: Jennifer Hardcastle					
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

RUSSIAN RIVER FPD Box 367 Guerneville, 95446 707-869-9089 Primary Contact: Al Mazza					
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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Bell's Ambulance Service Box 726, Healdsburg 95448						Primary Contact: Wayne Bell					
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 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: 3						

Redwood Empire Support 940 Petaluma Hill Rd, Santa Rosa 95404 707-542-6772						Primary Contact: Julie Cantor					
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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Geyserville FPD Box 217 Geyserville 95441 707-857-3535 Primary Contact: Dean Turberville					
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 <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 <input type="checkbox"/> no	Number of ambulances: n/a

Monte Rio FPD Box 218, Monte Rio, 95462 707-865-2856 Primary Contact: Steve Baxman					
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: [16] PS <input type="checkbox"/> 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Occidental CSD Box 157 Occidental 95465						Primary Contact: Ron Lunardi					
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: [26] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [12] 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	

Schell-Vista FPD 23000 Broadway, Sonoma, 95476						Primary Contact: Mitch Mulas					
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: [22] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [4] EMT-D [0] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Timber Cove FPD 30800 Seaview, Cazadero, 95421 707-847- Primary Contact: Mike Singer					
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: [12] PS <input type="checkbox"/> PS-Defib] BLS [4] 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

Cazadero CSD Box 95 , Cazadero, 95421 707-632-5390 Primary Contact: Fred Luna					
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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

CALIFORNIA DEPT OF FORESTRY & FIRE 2210 West College Ave, Santa Rosa, 95401						Primary Contact: Ed Shriver							
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: [48] PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib [12] 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			

Cloverdale FPD 116 Broad Street, Cloverdale, 95425 707-894-3545						Primary Contact: Brian Elliot							
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: [26] PS <input type="checkbox"/> 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			

Table 8: Resources Directory – Providers (cont.)

EMS System: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Healdsburg FD 601 Healdsburg Ave, Healdsburg, 95448 707-431-3360 Primary Contact: Bob Taylor					
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: [28] PS [12] PS-Defib <input type="checkbox"/> BLS [6] 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

ANNAPOLIS VFD 31909 Annapolis Rd, Annapolis, 95412 707-886-5166 Primary Contact: Joe Miller					
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: [14] PS [8] PS-Defib <input type="checkbox"/> BLS [2] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Bloomfield VFD 12999 Sutton St, Bloomfield, 94952 707-795-8785 Primary Contact: Jeff Matthews					
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: [8] PS [4] 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

Bodega VFD Box 28, Bodega, 94922 707-876-3197 Primary Contact: Ron Albini					
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: [6] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> 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 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Camp Meeker Box 511, Camp Meeker, 95419						Primary Contact: Fred Meyer							
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: [12] PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		[6] PS-Defib [2] 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			

Dry Creek VFC Box 2107 Healdsburg, 95448						707-431-7291						Primary Contact: Vacant					
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: [8] PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS		[4] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Fort Ross VFD Box 129, Cazadero, 95421 707-632-5911 Primary Contact: Tom Kraus					
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: [10] PS [6] 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

Jenner VFD Box 9, Jenner, 95450 707-632-5503 Primary Contact: Rob Ciocatto / Steve Baxman					
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: [6] PS [4] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Knights Valley VFD 16850 Spencer Ln, Calistoga, 94552 707-942-4110 Primary Contact: August Grube					
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: [8] PS [4] 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

LAKEVILLE VFD 5565 Lakeville Hwy, Petaluma, 94952 707-762-2075 Primary Contact: Ken Altenruther					
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: [12] PS [4] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Mountain VFD 5198 Sharpe Rd, Calistoga, 95415 707-942-6135 Primary Contact: Mike Rossi					
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: [16] PS [4] PS-Defib <input type="checkbox"/> BLS [2] 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

San Antonio VFD 5497 Old Redwood Hwy, Petaluma, CA 94952 707-762-8249 Primary Contact: Jerry Corda					
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: [18] PS [8] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Sea Ranch VFD Box 65, Sea Ranch, 95497 707-785-2648 Primary Contact: Dan Levin					
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: [24] PS [12] PS-Defib <input type="checkbox"/> BLS [6] 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

Two Rock VFD 55 Walker Rd, Petaluma, 94952 707-762-6010 Primary Contact: Paul Martin					
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: [12] PS [4] PS-Defib <input type="checkbox"/> BLS [2] 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

Valley Ford VFD Box 468, Valley Ford, 94972 707-876-3489 Primary Contact: Bill Henke					
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: [8] PS [4] 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

Sonoma Fire Department 32 Patton, Sonoma, 95476 707-996-2102 Primary Contact: Mike Cahill					
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: [30] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [12] EMT-D <input type="checkbox"/> LALS [12] 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: 6

Table 8: Resources Directory – Providers (cont.)

EMS System: Coastal Valleys

County: Napa

Reporting Year: 2001-2002

Piner Ambulance 1820 Pueblo St, Napa 94558 (707) 224-3123					Primary Contact: Chris Piper	
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 30 BLS _____ EMT-D _____ LALS 29 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>	

EMS System: Coastal Valleys

County: Napa

Reporting Year: 2001-2002

Napa City Fire Dept PO Box 660, Napa 94559 (707) 257-9597					Primary Contact: Dave Mellow	
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 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>	

Table 8: Resources Directory – Providers (cont.)

Napa State Hospital 2100 Napa-Vallejo Hwy, Napa 94559 (707) 253-5235					Primary Contact: Ron Gupton	
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>	

EMS System: Coastal Valleys County: Napa Reporting Year: 2001-2002

CDF/Napa County Fire 1555 Airport Rd, Napa 94558 (707) 253-6198					Primary Contact: Ernie Loveless	
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>	

Table 8: Resources Directory – Providers (cont.)

Calistoga Fire Dept 1232 Washington St, Calistoga 94515 (707) 942-2821					Primary Contact: Gary Kraus	
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>11</u> BLS <u>11</u> 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>	

EMS System: Coastal Valleys

County: Napa

Reporting Year: 2001-2002

St Helena Fire Dept 1480 Main St, St Helena 94574 (707) 963-1641					Primary Contact: Kevin Twohey	
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>12</u> BLS <u>28</u> 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: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Anderson Valley Ambulance P.O. Box 144, Boonville, CA 95415				Primary Contact: Karen Neuman (707) 895-2127	
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 type="checkbox"/> Private <input checked="" type="checkbox"/> 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: ___1___

Anderson Valley Fire Department 14725 HIGHWAY 128, P.O. BOX 398 BOONVILLE, CA 95415				Primary Contact: Colin H. Wilson	
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: ___0___

Table 8: Resources Directory – Providers (cont.)

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Little Lake Fire Protection District 74 East Commercial St., Willits, CA 95490				Primary Contact: Jeff Smith	
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: 40 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>0</u>

Mendocino Coast District Hospital Ambulance 700 River Dr., Ft. Bragg, CA 95437 (707) 961-1234				Primary Contact: Marsha Weeks	
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 5 BLS EMT-D 2 LALS 7 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: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

REDWOOD VALLEY FIRE 8481 East Rd./ P.O. Box 385, Redwood Vly, CA 95470 (707) 485-8121						PRIMARY CONTACT: RICK RYAN					
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 _____ LALS _____ EMT-D <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>						

Ukiah Ambulance Service P.O. Box 277, Ukiah, CA 95482 (707) 462-3808						Primary Contact: Bob McAdoo					
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 _____ LALS _____ EMT-D _____ 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: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Ukiah Valley Fire District 1500 S. State St., Ukiah, CA 95482					Primary Contact: Dan Grebil	
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>	

Ukiah Fire Department 300 Seminary Ave., Ukiah, CA 95482 (707) 463-6274					Primary Contact: Chuck Yates	
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: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Fort Bragg Fire Department 141 N. Main Street, Fort Bragg, CA 95437						Primary Contact: Steve Orsi	
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>		

Laytonville Fire Dept. & Ambulance Primary Contacts: Lance Whitely / Mark Robertson 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: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

BROOKTRAILS FIRE DEPT. 24860 Birch St., Willits, CA 95490 (707) 459-4441						PRIMARY CONTACT: DARRYL SCHEPNER					
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>	

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Albion-Little River P.O. Box 101, Albion, CA 95410						Primary Contact: Oliver Searles					
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.)

Comptche Vol. Fire Dept. P.O. Box 164, Comptche, CA 95427					Primary Contact: Larry Tunzi	
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: 16 PS _____ PS-Defib 4 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: Coastal Valleys County: Mendocino Reporting Year: 2001-2002

Elk Fire P.O. Box 151, Elk, CA 95432					Primary Contact: Charles Acker	
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>	

Table 8: Resources Directory – Providers (cont.)

Garcia Fire and Rescue P.O. Box 342, Pt. Arena, CA 95468					Primary Contact:	
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: _____	

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Greenwood Ridge Fire Dept. P.O. Box 114, Elk, CA 95432 (707) 877-3311					Primary Contact: R.D. Beacon	
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.)

Hopland Fire Dept. P.O. Box 386, Hopland, CA 95449				Primary Contact: Mike Wecetti	
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: _____

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Irish Beach Vol. Fire P.O. Box 67, Manchester, CA 95459				Primary Contact:	
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.)

Iron Peak Vol. Fire Dept. P.O. Box 1495, Laytonville, CA 95454					Primary Contact:	
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: _____	

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Leggett Valley FPD P.O. Box 191, Leggett, CA 95585 (707) 925-6334					Primary Contact: Brian Wilberger	
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: _____	

Table 8: Resources Directory – Providers (cont.)

Mendocino Fire Protection Dist. P.O. Box 901, Mendocino, CA 95460 (707) 937-2469					Primary Contact: Steve Schlafer	
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: 32 PS PS-Defib 32 BLS 13 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>	

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Piercy Fire Protection Dist. P.O. Box 206, Piercy, CA 95587 (707) 247-3449					Primary Contact:	
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: _____	

Table 8: Resources Directory – Providers (cont.)

Redwood Coast Fire Point Arena, CA			Primary Contact: Mike Suddith		
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: _____

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Potter Valley Community Serv. Dist. 7420 Potter Valley Road, Potter Valley, CA 95469 (707) 743-1545			Primary Contact: Bill Pauli		
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.)

South Coast Fire Protection Dist. P.O. Box 334, Gualala, CA 95445 (707) 884-4700					Primary Contact: Leighton Nelson	
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: _____	

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Westport Vol. Fire Dept. P.O. Box 63, Westport, CA 95488 (707) 964-4646					Primary Contact: George Lancaster	
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.)

Whale Gulch		Primary Contact: Nancy Peregrine			
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 5 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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

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/refresher]: \$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/refresher]: \$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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

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: Coastal Valleys

County: Sonoma

Reporting Year: 2001-2002

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: Department recommendation	Cost of Program [basic/refreshers]: \$10 + books Refresher:	**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
Student Eligibility: SRJC EMT-P Student enrollees	Cost of Program [basic/refreshers]: \$125	**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: 2001-2002

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
Student Eligibility: * Open	Cost of Program [basic/refreshers]: \$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

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

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:

TABLE 10: RESOURCES DIRECTORY -- FACILITIES

EMS System: Coastal Valleys

County: Sonoma

Reporting Year: 1999

Santa Rosa Memorial Hospital 1165 Montgomery Drive, Santa Rosa 95402 707-525-5207			Primary Contact: David Ameen					
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: Level II

Sutter Medical Center of Santa Rosa 3325 Chanate Road, Santa Rosa, CA 707-576-4000			Primary Contact: Ken Sherwood					
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: n/a

Table 10: Resources Directory – Facilities (cont.)

EMS System: Coastal Valleys

County: Sonoma

Reporting Year: 1999

Petaluma Valley Hospital 400 N McDowell Blvd Petaluma, CA 94952 707-763-4307			Primary Contact: David Ameen		
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: n/a

Palm Drive Hospital 501 Petaluma Ave Sebastopol, CA 95472 707-823-8511			Primary Contact: Steve Hall		
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	Standby permit <input checked="" type="checkbox"/>	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: Coastal Valleys

County: Sonoma

Reporting Year: 1999

Sonoma Valley Hospital 347 Andrieux St Sonoma, CA 95476			707-935-5000			Primary Contact:		
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:

Healdsburg General 1375 University Ave. Healdsburg, 95448			707-431-6500			Primary Contact: Walt Maack, MD		
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	Standby permit <input checked="" type="checkbox"/>	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: Coastal Valleys

County: Sonoma

Reporting Year: 1999

Kaiser Santa Rosa Kaiser Permanente-401 Bicentennial Way Santa Rosa, 95403 707-571-4800		Primary Contact: 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:

Warrack Hospital 3449 Summerfield Rd Santa Rosa, CA 95405		Primary Contact: Dale Iverson			
		707-523-7125			
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: Standby permit <input checked="" type="checkbox"/>		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: Coastal Valleys

County: Napa

Reporting Year: 1999

Queen of the valley Hospital 1000 Trancas St Napa, Ca 94558 707-252-4411				Primary Contact: Veronica Simpson				
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

St. Helena Hospital & Health Center 650 Sanitarium Rd St Helena, CA 94576 707-963-3611				Primary Contact: Melissa Davis				
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: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Ukiah Valley Medical Center 275 Hospital Drive Ukiah, CA 95482				Primary Contact: Mike Rose, President (707)463-3111			
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	<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:	

Frank Howard Memorial Hospital 1 Madrone Street, Willits, CA 95490 (707)459-6801				Primary Contact: Marilyn Depew-Hillman, PLN			
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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:	

EMS System: Coastal Valleys

County: Mendocino

Reporting Year: 2001-2002

Mendocino Coast District Hospital 300 River Drive, Ft. Bragg, CA 95437 (707) 961-1234				Primary Contact: Marsha Weeks R.N.			
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	<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: Coastal Valleys

County: Sonoma

Date: 2001-2002

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: Bruce Lee

Alternate's Name: Mike DuVall

Work Telephone No.: (707) 565-6501/ 6503 vm/pgr

Work Telephone No.: 707-565-6501/6506

Home Telephone No.:

Home Telephone No.: 707-579-2599

Office Pager No. (707) 288-7790

Office Pager No.: 707-288-9105

FAX No.: 707 565-6510

FAX No.: 707-565-6510

24-HR No.: 707-568-5992 (Co. Amb. Disp.)

24-HR No.: 707-568-5992

County Health Officer's Name: Dr. Mary Maddux-Gonzales

Alternate's Name:

Work Telephone No.: (707)-565-4718

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: Coastal Valleys

County: Napa

Date: 2001-2002

County Office of Emergency Services (OES) Coord.:

Neal O'Haire,
Emergency Services Manager

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: Randy Linthicum

Work Telephone No.: (707) 253-4345

Work Telephone No.: (707) 259-4199

Home Telephone No. 253-8490

Home Telephone No.: 209-745-2321

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: Coastal Valleys

County: Mendocino

Date: 2001-2002

County Office of Emergency Services (OES) Coord.: Rick Page

Alternate's Name: Jim Anderson

Work Telephone No.: (707) 463-5630

Work Telephone No.: (707) 463-4441

Home Telephone No.: (707) 468-7466

Home Telephone No.: (707) 462-2850

Office Pager No.: (707) 466-2593

Office Pager No.: (707) 463-9690

FAX No.: (707) 467-2504

FAX No.: (707) 463-5649

24-HR No. (707) 463-5797

24-HR No.: (707) 463-5797

County EMS Disaster Medical Services (DMS) Coordinator: Steve Francis

Alternate's Name: Kent Coxon

Work Telephone No.: (707) 259-8753

Work Telephone No.: (707) 565-6501

Home Telephone No : (707) 838-8922

Home Telephone No.: (707) 526-3153

Office Pager No.: (707) 581-5812

Office Pager No.: (707) 288-7491

FAX No : (707) 467-2511

FAX No.: (707) 565-6510

24-HR No.: (707) 463-5787

24-HR No.: (707) 528-4192 (Amb Disp)

County Health Officer's Name: Marvin Trotter, M.D.

Alternate's Name: None

Work Telephone No.: (707) 463-4144

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.: (707) 463-4138

FAX No.:

24-HR No.: 463-3111

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

Who is the RDMHC for your region? Contra Costa County

DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

The process used to develop the EMS System Plan for the Coastal Valleys EMS Agency was taken directly from the California EMS Authority's EMS System Guidelines, Part III: EMS System Planning Guidelines (June 1994). These guidelines recommend the following three steps in developing an EMS plan: document the current status of the local EMS system (*where we are now*); develop a model for the future (*where we want to be*); and develop the specific objectives necessary to move the EMS system from where it is today toward the future model (*getting from where we are to where we want to be*).

Agency staff developed a first draft of the EMS plan objectives based on the California EMS Authority's EMS Systems Standards and Guidelines. Once complete the EMS plan objectives were submitted to the Regional Directors Committee (RDC) for review to determine if the objectives: 1) addressed each of the minimum EMS standards and recommended guidelines and 2) moved the EMS system in the direction of the EMS system model. Based on this review process revisions were made to the EMS plan objectives.

The Transportation Plan for the CVEMSA system, included here as Appendix 2, was drafted and submitted for public review concurrent with the EMS plan objectives.

An executive summary and a description of the plan development process were written following RDC approval of the EMS plan objectives.

Finally, agency staff brought the separate sections, summary, assessment, objectives, tables, etc., together to create a the Coastal Valleys Emergency Medical Services Agency Emergency Medical Services System Plan. Since each section was developed separately, agency staff reviewed the compiled plan and minor edits were made for grammar, format and consistency

APPENDIX

SECTION 1: SUMMARY OF CHANGES

Major Changes to the EMS System

1. Establishment of a Level II Trauma Center in the region (Santa Rosa Memorial Hospital)
2. Establishment of designated EMS Dispatch Centers in each member county. Each center is utilizing Agency approved EMD protocols.
3. Reorganization of the regional staff configuration, with a successful recruitment of a new Regional Administrator.

System Organization and Management

4. Standard 1.06 Annual plan Update: Submitted an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.
5. Standard 1.07 Trauma Planning: Established Level II Trauma Center. Established Trauma Coordinator position. Developing Trauma System Plan. Establishing Trauma Audit Committee.
6. Standard 1.09 Inventory of Resources: Updated the resource directories included in the EMS Plan.
7. Standard 1.18 QA/QI: The Agency developed a region wide data system to assist the QI process/teams in each member county. Audit filters are being created.
8. Standard 1.22 Reporting of Abuse: Regional policy development is in the final public review/comment stage. Policies will be implemented during FY 01-02.
9. Standard 1.24 ALS Systems: Work is currently under way to establish a second EOA in Napa County. EOA will be established during FY 01-02. The Transportation Plan will be amended when the EOA is established. Air Ambulance Policy was revised and is in final public comment/review stage.
10. Standard 1.28 EOA Plan: The EMS System Transportation Plan will be updated to include the pending Napa County EOA.

Staffing & Training

11. An EMT-I advanced scope of practice course was given during FY 00-01 for the Angwin (BLS) Ambulance Service (Napa).
12. In an effort to provide more continuing education for field personnel, Lesser Used Skills (LUS) are now offered throughout the region on a monthly basis.
13. EMT-I certification and recertification processes are being overhauled, with the certification being centralized in one office.
14. Standard 2.12 Early Defibrillation: 28 defibrillators were secured for Sonoma County through a grant from Agilent Technologies. The defibrillators were distributed to rural fire departments, County Parks, resident deputies, the Sonoma County Airport and Sheriff's Boat units. Training was provided to the recipient departments.

Communications

15. Standard 3.01 Communications Plan: A few minor changes made to existing EMS radio repeaters in Mendocino County. A Rural Health Grant was secured for Mendocino, which will fund changing out the base hospital radios, ambulance radios and establishing new repeater sites.
16. Standard 3.02 Radios: No significant changes made during FY 00-01, with the exception of those noted above.
17. Standard 3.03 Interfacility Transfers: No significant changes made during FY 00-01.
18. Standard 3.05 Hospitals: No significant changes made during FY 00-01.
19. Standard 3.06 MCI/Disasters: No significant changes made during FY 00-01.

Response & Transportation

20. No significant changes to report during FY00-01

Facilities & Critical Care

21. Standard 5.01 Assessment of Capabilities: No significant changes made during FY 00-01.

Data Collection & System Evaluation

22. Standard 6.01 QA/QI Program: QA/QI programs established in all three counties.
23. Standard 6.02 Pre-hospital Records: Continuing to investigate ways of improving completeness and timely submission of patient care records. Electronic data now being received from several ALS providers.
24. Standard 6.03 Pre-hospital Care Audits: Focus changed from Base Hospital review of care to Provider based QI and patient care reviews. Agency staff continues to develop audit filters.
25. Standard 6.05 Data Management System: During this last year a new, more powerful version of our data system was completed. The new software is based off of the Marin County version. This new system features greatly improved EMS personnel data management, faster reporting capability, improved data validation capability, and a host of other improvements. This is available to LEMSAs and relevant system participants statewide.
26. Standard 6.06 System Design Evaluation: Developing common indicators which can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands.

Public Information & Education

27. No significant changes to report for FY 00-01

Disaster Medical Response

28. No significant changes to report during FY00-01. Agency continues to participate in Region II RDMHC coordinated activities and meetings.

PLAN OBJECTIVES FOR 2002 - 2003

SYSTEM ORGANIZATION AND MANAGEMENT

1. Standard 1.01 THE LEMSA STRUCTURE: Review organizational models of other successful regional agencies in terms of JPAs, board of directors, ordinances, etc. Develop recommendations related to development of Coastal Valleys Region. Present to EMS Director's group for feedback. Develop an implementation plan.
2. Standard 1.02 THE LEMSA MISSION: Assure participation as a member in the EMS Administrator's Association of California. Maintain representation at the EMS Commission meetings. Participate in the State Regional Administrators group.
3. Standard 1.06 ANNUAL PLAN UPDATE: 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.
4. Standard 1.09 INVENTORY OF RESOURCES: Annually update the resource directories included in this plan.
5. Standard 1.11 SYSTEM PARTICIPANTS ROLES AND RESPONSIBILITIES: Develop template contract for all private providers. Develop template for all public providers. Execute agreements with all providers.
6. Standard 1.12 REVIEW AND MONITORING (see 6.01)
7. Standard 1.13 COORDINATION:
8. Standard 1.14 POLICY & PROCEDURES MANUAL: Make agency policies available via the regional agency Website. Implement regional treatment protocols. Implement standardized lesser-used skills classes. Implement standardized QI policies and procedures. Develop and publish a regional calendar of CE classes, tape reviews, skills training. Regionalize hospital diversion policy. Revise policies as needed.
9. Standard 1.15 COMPLIANCE WITH POLICIES (see 6.01)
10. Standard 1.16 FUNDING MECHANISM: Maintain existing funding sources and seek alternative or new funding sources. Continue to evaluate agency cost efficiency.
11. Standard 1.19 POLICIES, PROCEDURES, PROTOCOLS: (see 1.19)
12. Standard 1.22 REPORTING OF ABUSE: Develop regional EMS policies regarding the reporting of suspected elderly abuse and SIDS deaths.
13. Standard 1.27 PEDIATRIC SYSTEM PLAN (see 5.10, 5.11, 5.12)

STAFFING & TRAINING

1. Standard 2.02 APPROVAL OF TRAINING: Develop standardized criteria for review and approval of CE programs. Develop standardized criteria for review and approval of BLS and ALS training programs.
2. Standard 2.03 PERSONNEL: Develop centralized data management system for certification/accreditation tracking within the regional counties. Develop standardized and uniform processes, policies and procedures. Apply for grant funding as necessary to facilitate development. Standardize fee structure.

COMMUNICATIONS

1. Standard 3.01 COMMUNICATIONS PLAN: For Mendocino County, upgrade hospital base station radio units. Upgrade mountain top Med-Net repeater infrastructure. Replace radio units in rural/volunteer ambulances. Ensure compliance

with State EMS communications guidelines. Develop and implement EMD/dispatch performance standards.

RESPONSE & TRANSPORT

1. Standard 4.08 MEDICAL AND RESCUE AIRCRAFT: Standardize regional EMS aircraft policy reflecting trauma triage criteria and patient destination. Implement software for EMS aircraft status and dispatching. Develop CQI components and standards. Complete off-site landing policies. Coordinate function of "neighborhood helicopter committee" with overall helicopter utilization management
2. Standard 4.10 AIRCRAFT AVAILABILITY: Establish agreements with all EMS aircraft that respond into member counties.
3. Standard 4.12 DISASTER RESPONSE: Review/revise/develop regional mutual aid plan and procedures.
4. Standard 4.15 MCI PLANS: Assess disaster/MCI capabilities in all regional counties.
5. Standard 4.19 TRANSPORTATION PLAN: Update Transportation Plan.

FACILITIES & CRITICAL CARE

1. Standard 5.01 ASSESSMENT OF CAPABILITIES: Determine facility capabilities in cooperation with local hospitals.
2. Standard 5.04 SPECIALTY CARE FACILITIES: (see 5.01)
3. Standard 5.08 TRAUMA SYSTEM DESIGN: (see 5.01)
4. Standard 5.10 PEDIATRIC SYSTEM DESIGN (see 5.10)
5. Standard 5.11 EMERGENCY DEPARTMENTS (see 5.11)
6. Standard 5.12 PUBLIC INPUT (see 5.12)

DATA & SYSTEM EVALUATION

1. Standard 6.01 QA/QI PROGRAM (98-99 Grant Project): Participate in the development of
2. Standard 6.05 DATA MANAGEMENT SYSTEM: Completely implement new EPCIS software system throughout the region. Provide 24/7 provider software support. Develop and demonstrate hand held device adjunct. Provide program training. Organize software user group forum. Map QuickNet data to SQL server. Provide EMS system performance reports as required. Facilitate full participation from all providers in region.

PUBLIC INFORMATION & EDUCATION

1. 7.01 PUBLIC INFORMATION MATERIALS: Develop an understanding of the development process and requirements. Mock-up content of new Website. Submit for review and approval. Implement and maintain site.

DISASTER MEDICAL RESPONSE

1. 8.10 MUTUAL AID AGREEMENTS: Review/revise/develop regional mutual aid plan and procedures.
2. 8.13 DISASTER MEDICAL TRAINING: Assure adequate exercises/drills to verify capabilities and readiness.

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.

EOA ANALYSIS SHEET

County: Coastal Valleys 2001/02

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
South Coast Life Support District Ambulance - Southwest corner of Mendocino County.	Non-exclusive	N/A	N/A	OK
Willits EMS Ambulance Service Area - Central portion of Mendocino County. Area surrounding the City of Willits.	Non-exclusive	N/A	N/A	OK
Ukiah Ambulance Service - Southeast corner of Mendocino County. Including: Yokayo Valley, Redwood Valley, Potter Valley & Hopland/Sanel Valley.	Non-exclusive	N/A	N/A	OK
City of Ukiah Ambulance Area - City limits of Ukiah.	Non-exclusive	N/A	N/A	OK
Elk Ambulance Zone - Elk fire protection district. South coast of Mendocino County.	Non-exclusive	N/A	N/A	OK
Anderson Valley Ambulance Zone - Southern portion of Mendocino Co.	Non-exclusive	N/A	N/A	OK
Mendocino Coast - Mendocino County coast from MP 40 north to county line.	Non-exclusive	N/A	N/A	OK
Round Valley Ambulance Service Area - Northeast corner of Mendocino Co. Based in Covelo.	Non-exclusive	N/A	N/A	OK
Long Valley Ambulance District - North central portion of Mendocino Co.	Non-exclusive	N/A	N/A	OK

EOA ANALYSIS SHEET

County: Coastal Valleys 2001/02

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
Entire Mendocino County - CalStar	Non-exclusive	N/A	N/A	OK
Angwin Voluneer Community Ambulance Service Zone - North - Eastern portion of Napa County.	Non-exclusive	N/A	N/A	OK
Russian River Fire Protection District - Western portion of Sonoma County.	Non-exclusive	N/A	N/A	OK
Petaluma Fire Department Ambulance Service Zone - Central - Southern portion of Sonoma County.	Non-exclusive	N/A	N/A	OK
Coast Life Support District Zone - Northwest portion of Sonoma County.	Non-exclusive	N/A	N/A	OK
Cloverdale Ambulance Service District Zone - Northern portion of Sonoma County.	Non-exclusive	N/A	N/A	OK
Sonoma Fire Department Ambulance Service Zone - East - Southern portion of Sonoma County.	Non-exclusive	N/A	N/A	OK
Bodega Bay Fire Protection District Zone - Southwestern portion of Sonoma County.	Non-exclusive	N/A	N/A	OK
Bell's Ambulance Service Zone - Central - Northern portion of Sonoma County.	Non-exclusive	N/A	N/A	OK

EOA ANALYSIS SHEET

County: Coastal Valleys 2001/02

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
EOA 1 St Helena/ Calistoga & Lake Berryessa resort (NAPA)	Exclusive – Competitive Bid	Emergency ALS Ambulance	Competitive Bid.	OK
EOA 2 City of Yountville, City of American Canyon, & South Lake Berryessa (NAPA)	Exclusive – Competitive Bid	Emergency Ambulance	Competitive Bid	OK
Sonoma County Franchise Zone (SONOMA)	Exclusive – Competitive Bid	Emergency Ambulance	Competitive Bid	OK

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: South Coast Ambulance Service Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Coast Life Support District Ambulance
Area or subarea (Zone) Geographic Description: Southwest corner of the county
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Willits EMS Ambulance Service Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Ukiah Ambulance Service (12/00)
Area or subarea (Zone) Geographic Description: Central portion of the county. Area surrounding the City of Willits.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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AMBULANCE ZONE SUMMARY FORM**

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Ukiah Valley Ambulance Service Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Ukiah Ambulance Service (est. 1948, new ownership 1994)
Area or subarea (Zone) Geographic Description: Southeast corner of Mendocino County. This includesthe Yokayo Valley, Redwood Valley, Potter Valley, and Hopland/Sanel Valley.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: City of Ukiah Ambulance Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Ukiah Fire Department (unknown)
Area or subarea (Zone) Geographic Description: City limits, Ukiah, CA (5 sq. mi.)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Elk Ambulance Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Elk Fire Department Ambulance
Area or subarea (Zone) Geographic Description: Elk fire protection district. South cost of county, coummunity of Elk.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Anderson Valley Ambulance Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Anderson Valley Ambulance Service
Area or subarea (Zone) Geographic Description: Southern portion of the county, from the junction of Highway 1 to the west, to the county line to the east.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Mendocino Coast
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mendocino Coast District Hospital Ambulance
Area or subarea (Zone) Geographic Description: Mendocino County coast from MP 40 north to the county line.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Round Valley Ambulance Service Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Covelo Ambulance
Area or subarea (Zone) Geographic Description: Northeast corner of the county. Based in the Round Valley town of Covelo.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Long Valley Ambulance District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Laytonville Ambulance (unknown)
Area or subarea (Zone) Geographic Description: North central portion of the county.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino County
Area or subarea (Zone) Name or Title: Entire county, 100 percent coverage
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. CalStar (4/99 – present)
Area or subarea (Zone) Geographic Description: Entire county (3905 sq. mi.)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency –Napa County
Area or subarea (Zone) Name or Title: Angwin Volunteer Community Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Angwin’s Volunteer Community Ambulance has provided service since 1975.
Area or subarea (Zone) Geographic Description: North - Eastern portion of Napa County, bordering Lake Berryessa and the Lake county line and running north-southward approximately 15 miles. Zone is approximately 15 X 20 (300) square miles.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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Local EMS Agency or County Name:

Coastal Valleys EMS Agency – Sonoma County

Area or subarea (Zone) Name or Title:

Russian River Fire Protection District (RRFPD) Zone

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Russian River Fire Protection District has provided service since 1983.

Area or subarea (Zone) Geographic Description:

Western portion of Sonoma County, bordering the Russian River and running to the Coast approximately 15 miles. Zone is approximately 25 X 20 (500) square miles.

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

Include intent of local EMS agency and Board action.
Area in question is non-exclusive.

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

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Not applicable.

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

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

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

Not applicable.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma County
Area or subarea (Zone) Name or Title: Petaluma Fire Department Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Petaluma Fire Department’s Ambulance has provided service since 1980.
Area or subarea (Zone) Geographic Description: Central -Southern portion of Sonoma County, bordering the Marin county line and running north-southward approximately 10 miles. Zone is approximately 10 X 15 (150) square miles.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma County
Area or subarea (Zone) Name or Title: Coast Life Support District Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Coast Life Support District has provided service since 1986.
Area or subarea (Zone) Geographic Description: Northwest portion of Sonoma County, bordering the coast line and running inland approximately 15 miles. Zone is approximately 20 X 15 square miles.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable.

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma County
Area or subarea (Zone) Name or Title: Cloverdale Ambulance Service District (CASD) Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cloverdale Ambulance Service District has provided service since 1988.
Area or subarea (Zone) Geographic Description: Northern portion of Sonoma County, bordering the Mendocino & Napa county lines and running southward approximately 15 miles. Zone is approximately 30 X 15 (450) square miles.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable.

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma County
Area or subarea (Zone) Name or Title: Sonoma Fire Department Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Sonoma Fire Department's Ambulance has provided service since 1989.
Area or subarea (Zone) Geographic Description: East -Southern portion of Sonoma County, bordering the Marin & Napa county lines and running north-southward approximately 15 miles. Zone is approximately 15 X 15 (150) square miles.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable.
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AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Coastal Valleys EMS Agency – Sonoma County

Area or subarea (Zone) Name or Title:

Bodega Bay Fire Protection District (BBFPD) Zone

Name of Current Provider(s):

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

Bodega Bay Fire Protection District has provided service since 1994.

Area or subarea (Zone) Geographic Description:

Southwestern portion of Sonoma County, bordering the coast line and running inland approximately 10 miles. Zone is approximately 20 X 10 (200) square miles.

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

Include intent of local EMS agency and Board action.

Area in question is non-exclusive.

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

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

Not applicable.

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

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

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

Not applicable.

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AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma County
Area or subarea (Zone) Name or Title: Bell’s Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bell’s Ambulance Service has provided service since 1958.
Area or subarea (Zone) Geographic Description: Central - Northern portion of Sonoma County, bordering the Napa county line and running north-southward approximately 15 miles. Zone is approximately 15 X 15 (225) square miles.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Area in question is non-exclusive.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable.
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EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
 SACRAMENTO, 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*.

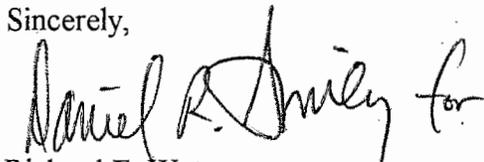
Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

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