

A. SYSTEM ORGANIZATION AND MANAGEMENT – S-SV EMS Agency

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			X
1.02	LEMSA Mission		X			X
1.03	Public Input		X			X
1.04	Medical Director		X	YES		X
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X	YES		
1.08	ALS Planning*		X			X
1.09	Inventory of Resources		X			
1.10	Special Populations		X	YES		
1.11	System Participants		X	YES		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X	YES		
1.19	Policies, Procedures, Protocols		X	YES		
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X	YES		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X	YES		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan					

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X	YES		X
First Responders (non-transporting):						
2.05	First Responder Training		X	YES		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	YES		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X	YES		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	YES		
3.02	Radios		X	YES		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			X
3.05	Hospitals		X	YES		X
3.06	MCI/Disasters		X			X
Public Access:						
3.07	9-1-1 Planning/Coordination		X	YES		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			X
3.10	Integrated Dispatch		X	YES		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	YES		
4.02	Monitoring		X	YES		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time Standards*		X	YES		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	YES		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	YES		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	YES		
4.17	ALS Equipment		X			

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan					
4.20 "Grandfathering"					
4.21 Compliance					
4.22 Evaluation					

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	YES		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			X
5.04	Specialty Care Facilities*		X			X
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	YES		
5.12	Public Input		X			
Enhanced Level: Other Speciality Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	YES		
6.02	Prehospital Records		X		X	
6.03	Prehospital Care Audits		X	YES		
6.04	Medical Dispatch		X			X
6.05	Data Management System*		X	YES		X
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	YES		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	YES		

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	YES		
8.03	HazMat Training		X			
8.04	Incident Command System		X	YES		
8.05	Distribution of Casualties*		X	YES		
8.06	Needs Assessment		X	YES		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			X
8.09	DMAT Teams	X				
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			X
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	YES		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity					

YOLO COUNTY EMS PLAN 2003 UPDATE

YR	Recommendation	Action	Status	Outcome	Assigned
1 st	<u>Managed Health Care & the EMS System</u> Monitor the impact of managed care on the 9-1-1 system. A "safety net" must be in place to protect the public health, safety, and the integrity of the 9-1-1 emergency response system. As needed, EMS system advocacy should occur.	Continue to monitor. Look at national ambulance rates. 7-digit access monitoring with Kaiser. Letters to all nursing homes/SNFs stating not to use 7-digit access number. Advertise how to use EMS 9-1-1 system.	Contract with AMR addresses this issue.		S-SV
1 st	The local EMS Agency should be involved in managed care discussions between health care insurers and ambulance services. This should include a review of interfacility plans and contracts for 9-1-1 EMS system impact.	Kaiser membership added to the Medical Control Committee. Continue to monitor. S-SV has developed an action plan with AMR for special events.	Complete	AMR Operations Plan	S-SV/AMR
1 st	<u>Communications/Dispatch</u> YCCESA should complete a county-wide EMS Communications Plan that addresses communications between fire, law, ambulances, helicopters, the Med Net system, and plans for equipment replacement.	EMS Aircraft Task Force provided input to the Medical Control Committee on the revision of Reference No. 450 EMS PREHOSPITAL AIRCRAFT OPERATIONS POLICY. Current language provides for the coordination of EMS aircraft through the CDF Grass Valley Emergency Command Center. S-SV has secured an MOU with Grass Valley CDF for this service. Implementation planned for Spring 1999.	Complete	Grass Valley ECC Dispatch for EMS Aircraft	Dan McCanta-YCCESA
1 st	Develop a cost allocation plan for maintaining the Med Net radio system as the "back bone" of the EMS communications system.	The Yolo County EMCC Communications Subcommittee will reconvene.	AMR has replaced all med-net radios and Woodland Memorial Hospital has replaced their med-net.	County takes care of med-nets	S-SV takes care of licenses.
1 st	Hospitals and ambulance services should provide documented training regarding the use of the Med Net Radio system for their personnel.	Ongoing training.			S-SV
1 st	Improve the disaster planning and coordination efforts between the City of Davis and the UCD campus.	Davis Police Department improving the system and CAD link between YCCESA and Davis with target date of early 2000.			

YOLO COUNTY EMS PLAN 2003 UPDATE

YR	Recommendation	Action	Status	Outcome	Assigned
1 st	The County should request the State to address the non-CHP related 9-1-1 cellular calls issue.	S-SV actively supported a bill introduced by Assembly member Helen Thomson (AB909) to improve the 9-1-1 wireless communications system. The legislation defeated. Issue remains (1) location I.D. (2) appropriate PSAP referral. To continue with further legislation.	Ongoing	Pending Federal Law in Sept. 2003	S-SV EMCC
1-3	Replace 3 mountain top repeaters for the Med Net system- \$40,500. Hospitals to replace their control units as needed - \$15,000 each hospital. Ambulance providers to replace their radios, as needed - \$5,000 each.	Ongoing.	AMR replaced all of their med-net radios. Woodland Memorial Hospital replaced their med-net.		S-SV
1-3	Review alternative programs for providing EMD. i.e.: Clawson etc.	YCCESA chose Medical Priority.	S-SV secured a grant. UCD declined to participate. City of Davis has staffing issues which may interfere with training. YCCESA will be trained by June.		S-SV EMCC City of Davis
1-3	Provide county-wide EMD by all PSAPs to include priority dispatch. Training costs to PSAPs may vary depending on contractual overtime obligations or ability to train on-duty. Program purchase and implementation costs are additional. Other possible personnel costs should be considered.	Continue to explore training options.	S-SV & EMCC submitted a letter to the Board of Supervisors and City of Davis in support	UC Davis is the only PSAP not participating.	S-SV EMCC
1-3	Implement AMR CAD system response time interfaces with S-SV EMS EMScan data collection system.	Continue to explore data options.			S-SV
1-3	Complete computer link between PSAPs and AMR. Costs are estimated to be \$1,000 for installed data line and \$100 monthly charge.	Data lines are installed. May need to re-visit after AVL system is installed.			YCCESA

YOLO COUNTY EMS PLAN 2003 UPDATE

YR	Recommendation	Action	Status	Outcome	Assigned
1-3	Implement new CAD system with master clock wherein all times can be calculated from the pickup of the 9-1-1 calls at the PSAP. Costs per PSAP are estimated to be \$5,000 + software. To retrofit an existing CAD is estimated to be \$7,000.	YCCESA is upgrading for p/u of call.		Davis and Woodland Fire are complete.	
1 st	<u>Service Enhancement/Training</u> Explore the feasibility of ALS engine companies to enhance ALS response times, and to provide a paramedic backup to the existing system in the cities of Woodland, Davis, and West Sacramento. Equipment costs are estimated to be \$25,000 for each ALS engine. Training and personnel costs are not included.	Ongoing. No additional ALS engine companies added to system. WFD has financial consultant to determine feasibility. Davis Fire does not have resources.			
1 st	The Emergency Medical Care Committee (EMCC) should encourage and develop strategies for the expansion of Defibrillation Programs throughout the county. Cost estimated is \$7,000 per defibrillator.	Expansion of AED programs currently in process. Revision of related policies by the Medical Control Committee. Cost has decreased considerably. Access to grant funding being explored.	Completed	All 1 st responders have AED.	S-SV
1 st	Pursue a short-term contract for the continued provision of emergency ambulance services by AMR (the current provider), if such contract results in an appropriate level of enhancement to EMS services.	Ambulance contract for Yolo County currently in effect.	Ambulance Advisory Committee meets every other month.		S-SV
1-3	Develop and implement proposals for Enhanced EMT-I skills' programs involving interested fire departments. Enhanced skills could include intubation, defibrillation, and limited medications. Program costs to be determined.	Combitube programs being considered by S-SV EMS when submitted by interested provider agencies. Related policies will be developed.	Fire departments may apply for program approval for combitube use.		S-SV
1-3	The EMCC should encourage rural volunteer fire personnel to be trained to the EMT-I level. Strategies should be developed to provide training during the next 5 years.	Ongoing	Look at grant funding		
1 st	Encourage joint SEMS, MCI and ICS training between fire departments, AMR, law enforcement, helicopter services and hospitals.	Initial training complete.	Initial training complete.		

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.01 LEMSA Structure

STANDARD:

1.01

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

CURRENT STATUS:

The S-SV EMS Agency is a regional five (5) county Joint Powers Agency (JPA) serving the counties of Placer, Yolo, Yuba, Sutter and Nevada. The Agency has a five (5) member JPA Governing Board of Directors consisting of a member of the Board of Supervisors from each participating county. There is a 7.5 FTE staff that includes:

- (1) Regional Executive Director
- (1) Associate Regional Executive Director
- (1) Special Projects Administrator
- (1) Quality Assurance/Education Coordinator
- (1) Disaster Specialist/PIO
- (1) Records Analyst
- (1) Administrative Secretary
- (.5) Medical Director

The organizational chart is attached.

The Agency has the following committees that provide technical, clinical and community input and recommendations regarding the development of plans, policies and procedures.

- Medical Control Committee
- Trauma Quality Improvement Committee
- Regional EMS Aircraft Advisory Committee

The committees include physicians, medical directors, nurses, base hospital coordinators, paramedics, ambulance service representatives, fire and law enforcement officials, hospital representatives, PSAP representatives, helicopter services, city managers, county officials, elected officials and others.

NEEDS:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

1.02

Each local EMS Agency shall plan, implement, and evaluate the EMS system. The Agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

CURRENT STATUS:

The S-SV EMS Agency utilizes a continuing quality improvement program, in addition to other mechanisms, to plan, implement, and evaluate its system. Input and evaluation has been obtained from a variety of participating agencies during the revision of the EMS Plan.

The Regional Quality Improvement Committee meets monthly to provide feedback to the Agency on prehospital medical care. The committee is charged with the duties to:

- Promote region-wide standardization of prehospital quality improvement including medical audit review, corrective action and follow-up.
- Monitor, evaluate and report on quality of prehospital care and transportation including compliance with law, regulations, policy and procedure, and recommend revisions and/or corrective action as necessary.
- Recommend standards, policies, protocols, and procedures as necessary to improve prehospital care, training, and quality improvement.
- Make recommendations specific to hospital and S-SV data collection and dissemination.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration 1.03 LEMSA Public Input

STANDARD:

1.03

Each local EMS Agency shall have a mechanism (including the emergency medical care committees) and other sources to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

The S-SV EMS Agency is active in obtaining input in the development of plans, policies, and procedures. There are regularly scheduled meetings for each of the five counties Emergency Medical Care Committees. Two of the counties, Yuba and Sutter, have a single bi-county EMCC. S-SV EMS also obtains input from numerous other committees/task forces as identified under Standard 1.01.

S-SV EMS has under taken a lengthy planning process that involves providers, consumers, city and county officials from the five counties in the EMS planning process.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.06 LEMSA Annual Plan Update

STANDARD:

1.06

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

CURRENT STATUS:

The S-SV EMS Agency has provided annual updates to the EMS Plan as required.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To provide annual updates to the Regional EMS Plan.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration 1.04 LEMSA Medical Director

STANDARD:

1.04

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

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

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

CURRENT STATUS:

The S-SV EMS Agency is honored to have William J.Koenig, M.D. as its EMS Medical Director. Dr. Koenig has a vast amount of experience with Emergency Medical Services. He has served on the California EMS Commission, and as the EMS Medical Director for Los Angeles County. Dr. Koenig is a Fellow of the American College of Emergency Physicians, and is a Diplomate of The American Board of Emergency Medicine. S-SV EMS has an advisory committee for prehospital medical, trauma and pediatric care. Dr. Koenig also provides collaboration with other physicians throughout the nation.

NEEDS:

Meets minimum standards and the recommended guidelines.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT-SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES

1.05 LEMSA System Plan

STANDARD:

1.05

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

The plan shall:

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

CURRENT STATUS:

The S-SV EMS Agency has developed an EMS Plan in accordance with the State EMSA guidelines as evidenced by this document. S-SV EMS obtained input and collaboration from system participants within the five county region.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To develop a regional EMS Plan that includes unique issues in each county.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 LEMSA Inventory of Resources

STANDARD:

1.09

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

CURRENT STATUS:

S-SV EMS has done so. Refer to Tables eight, nine, and ten of this document.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To annually update the information on Tables eight , nine, and ten annually.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.07 LEMSA Trauma Planning*

STANDARD:

1.07

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

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

CURRENT STATUS:

The S-SV EMS Agency developed a Regional Trauma Plan under an EMSA Special Project Grant in FY 93/94. The plan was approved by the S-SV Governing Board of Directors on November 11, 1993 and the State EMS Authority on February 9, 1994. The S-SV EMS Trauma Plan is an "inclusive" plan that includes Level II and Level III Trauma Centers.

Roseville Hospital was designated as a Level II Trauma Center and became operational on January 13, 1995. The Agency has an agreement with UCD-Medical Center as a Level I Trauma Center for Yolo County and as a Level I Pediatric Trauma Center for the Region. We anticipate the designation of other regional hospitals as Level II Trauma Centers.

COORDINATION WITH OTHER EMS AGENCIES:

The S-SV EMS Region, NorCal EMS, Sacramento County and El Dorado County have agreed to develop a multi-county Regional Trauma Center Network.

The Agency has executed an Inter-Regional/County Paramedic and Mobile Intensive Care Nurse Accreditation Agreement with NorCal EMS, San Joaquin County, Sacramento County, El Dorado County, Napa County and Solano County. They include protocols for ALS providers in the event they need Base Hospital support while out of their jurisdiction.

NEED(S):

To continue to implement the approved S-SV Trauma System Plan. All hospitals in the S-SV EMS Region should have a trauma designation and function at the designated level. The Trauma System Plan was updated 2001.

OBJECTIVE:

To have an inclusive trauma system, involving all hospitals as Level II or Level III Trauma Centers.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long Range Plan (Recommended Guideline)

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities 1.08 LEMSA ALS Planning*

STANDARD:

1.08

Each local EMS Agency shall plan for eventual provision of Advanced Life Support Services throughout its jurisdiction.

CURRENT STATUS:

All areas of the S-SV EMS Agency region are covered with Advanced Life Support (ALS) response as part of the initial dispatch to all 9-1-1 medical emergency calls. These services are provided by fire service agencies, private ambulance services, helicopter services, and volunteer services. Throughout the EMS Planning process each county has reviewed the current provision of ALS.

NEED(S):

Meets minimum standard.

OBJECTIVE:

- To continue to review response times for ALS throughout the region. In rural areas with extended ALS response times, discussions will occur with local fire agencies to explore alternatives for improvement of service.
- To continue to assist member counties in planning for the provision of ALS services in view of the changing health care system.
- To continue to ensure the provision of ALS service coverage as a priority to all geographic areas within the Region.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES 1.10 LEMSA Special Populations

STANDARD:

1.10

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

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

CURRENT STATUS:

S-SV EMS Agency's data system can identify users of the EMS system by population groups and services provided. This information is used for planning, and policy and services development. This information may also be utilized for public education purposes.

Most dispatch centers access interpreter services through enhanced 9-1-1 services or through the telephone company to assist with non-English speaking consumers. Receiving hospitals are able to access interpreter services or utilize employees when needed.

Throughout initial and continuing education programs for EMT-I's, EMT-P's and MICN's special areas of needs for elderly, pediatric and handicapped are emphasized. The Agency has developed pediatric protocols and services for pediatric medical and trauma care.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

Continue to review data systems information.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

PLANNING ACTIVITIES 1.11 LEMSA System Participants

STANDARD:

1.11

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

CURRENT STATUS:

S-SV EMS has identified the optimal roles and responsibilities of system participants. The agency utilizes Base Hospital Agreements, facility trauma designation and contracts, and written agreements with providers. The counties of Sutter and Yuba have retained their rights of ambulance permitting. S-SV EMS Agency has contracted with the County of Placer, Nevada and Yolo to provide ambulance contracting and permitting.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

S-SV has submitted a plan designating exclusive operating areas in this EMS Plan update.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 LEMSA Review and Monitoring

STANDARD:

1.12

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

CURRENT STATUS:

The S-SV EMS Agency provides review and monitoring of the EMS systems operations through various processes that include the EMS data collection system, the various committees and task forces, County EMCCs, coordination with provider agencies and hospitals. System status is reported to the JPA Board, and Quarterly Reports to the SEMSA.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities 1.13 LEMSA Coordination

STANDARD:

1.13

Each local EMS Agency shall coordinate EMS system operations.

CURRENT STATUS:

The S-SV EMS Agency is active in EMS system coordination as demonstrated by committee involvement, policy and procedure development, and coordination with the provider agencies and hospitals.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 LEMSA Policy & Procedures Manual

STANDARD:

1.14

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

CURRENT STATUS:

The S-SV EMS Agency maintains a Prehospital Care Policy and Procedure Manual. The information is divided into the following areas: State Law and Regulation, Local EMS Agency, Base Hospitals, Provider Agencies, Receiving Hospital/Patient Destination/Transport, Record Keeping/Audit/QA, Equipment/Supplies/Vehicles, Field Protocols/Procedures, Certification/Recertification, Training Programs, and Appendices.

Newly approved provider agencies, hospitals, or vehicles are provided with copies of the manual. Manuals are available to the public for a basic cost.

Policy and procedures are reviewed and revised as needed at least every two years.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 LEMSA Compliance with Policies

STANDARD:

1.15

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

CURRENT STATUS:

S-SV EMS utilizes review through the data system and quality improvement process to monitor compliance with system policies. Compliance of EMS personnel with system policies is primarily monitored by daily supervision of personnel by the provider agencies, base hospitals, and input from the receiving hospitals.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

System Finances

1.16 LEMSA Funding Mechanism

STANDARD:

1.16

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

CURRENT STATUS:

S-SV EMS utilizes funds from the county members as well as the State General Fund. Additionally, funds are obtained from fees implemented for certification and accreditation functions, and trauma hospital designation. The Agency competes for Grant monies also. The budget is reviewed by experts and the JPA Governing Board.

NEEDS:

Meets minimum requirements.

OBJECTIVES:

To continue to explore means of maximizing funding, seek grant sources, fees for services, and ensure cost effectiveness of programs.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 LEMSA Medical Director

STANDARD:

1.17

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

CURRENT STATUS:

S-SV EMS currently provides medical direction for the regional EMS system as defined in the S-SV EMS Prehospital Care Policy Manual, Section III, VI, VIII. All medical policies and procedures are reviewed and evaluated by the Medical Director. The roles, and responsibilities of base hospitals have been defined in the Base Hospital Agreement. Base Hospital Agreements have been obtained with all bases. Modified Base Hospital Programs have been instituted at Tahoe Forest Hospital and Sierra Nevada Hospital. Other hospitals in the region have expressed interest in becoming a Modified Base and are in the process of being evaluated to become a Modified Base.

COORDINATION WITH OTHER EMS AGENCIES:

The S-SV EMS Agency Medical Director communicates formally and informally with other local agencies through committees and participation with the Emergency Medical Directors' Association of California (EMDAC) to assist interfacing with other EMS agencies.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to evaluate the number of base hospitals, their roles and responsibilities.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.18 LEMSA QA/QI

STANDARD:

1.18

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

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

CURRENT STATUS:

S-SV EMS has an active QA committee. The Agency is in the process of re-establishing a regional Quality Improvement Committee. Each base hospital and provider has a QI program. All provider agencies submit scan forms for every ALS contact to the regional data system. Two private providers (AMR and Bi-County Ambulance utilize the data system for quality improvement in cooperation with the base hospitals.

NEEDS:

Meets minimum standards and recommended guidelines.

OBJECTIVES:

To re-establish a regional QI committee with QI representatives from the base hospitals and providers.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 LEMSA Policies, Procedures, Protocols

STANDARD:

1.19

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

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

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

CURRENT STATUS:

S-SV EMS meets the minimum standard. The agency has a Prehospital Care Policy Manual which address the above areas and additional concerns. The member counties maintain the oversight of the Primary Safety Answer Points (PSAP's).

NEEDS:

- A. Meets minimum standards and recommended guidelines.
- B. PSAP's have implemented Emergency Medical Dispatching utilizing pre-arrival/post dispatch instructions.

OBJECTIVES:

- A. To continue to review and update policies, procedures and protocols every two years or as needed.
- B. To continue to encourage member county PSAP's to upgrade to Emergency Medical Dispatch and to assist the counties to explore means to accomplish the upgrades.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan
 Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.20 LEMSA DNR Policy

STANDARD:

1.20

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

CURRENT STATUS:

S-SV EMS does have a policy complying with the EMS Authority's DNR guidelines, Policy No. 823.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current practice.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 LEMSA Determination of Death

STANDARD:

1.21

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

CURRENT STATUS:

S-SV EMS does address determination death (including deaths at the scene of apparent crimes) in the Prehospital Care Policy Manual. See Policies 820, 821, and 825.

NEEDS:

Meets minimum standards.

OBJECTIVES:

To continue to review policies every two years, or sooner as needed.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 LEMSA Reporting of Abuse

STANDARD:

1.22

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

CURRENT STATUS:

S-SV EMS Agency adheres to the California Code of Regulations, Title 22 and the California Penal Code, Article 2.5 in regards to reporting abuse. Providers and training programs provide information concerning elder and child abuse, and suspected SIDS deaths.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction 1.23 LEMSA Interfacility Transfer

STANDARD:

1.23

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

CURRENT STATUS:

S-SV EMS Agency has established policies regarding interfacility transfers. See Policies 515 and 840.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support 1.24 LEMSA

STANDARD:

1.24

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

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

CURRENT STATUS:

S-SV EMS Agency has approved all the advanced life support providers. The Agency has contracted with the County of Placer for ambulance permitting. S-SV has submitted a plan designating exclusive operating areas in this EMS Plan update.

NEEDS:

Meets minimum standards.

OBJECTIVES:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support 1.25 On-Line Medical Direction

STANDARD:

1.25

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

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

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

CURRENT STATUS:

The base hospitals in the region utilize agency certified mobile intensive care nurses and base hospital Emergency Department physicians. Currently all the hospital in the region are bases or modified bases. A modified base plan was piloted and evaluated. Five of the hospitals, Tahoe Forest Hospital, Sierra Nevada Hospital, Woodland Memorial, Sutter Auburn Faith Hospitals and Sutter Davis Hospitals are functioning as modified bases. The ALS providers are active participants in the modified base plan. Other hospitals in the region have expressed interest in becoming modified bases and the feasibility is under evaluation.

NEED:

Meets minimum standards and recommended guidelines.

OBJECTIVE:

Continue evaluation and impact of Modified bases to the region.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care

1.26 Trauma System Plan

STANDARD:

1.26

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

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

CURRENT STATUS:

S-SV EMS Agency has developed a Regional Trauma Plan. The State EMS Authority approved the plan in 1994. The optimal system design has been defined. The process for trauma designation has been outlined. The agency continues to assist the hospital to explore and define their role in the system.

NEED:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

1.27

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

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

CURRENT STATUS:

Pediatric policies have been established. Pediatric Care Centers have been designated. S-SV along with grant consultant created a guide for the Development & Implementation of EMSC Systems.

NEED:

Meets minimum standards.

OBJECTIVE:

Continue current actions.

TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Area 1.28 EOA Plan

STANDARD:

1.28

The local EMS agency shall develop and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

S-SV EMS Agency has a need to establish exclusive operating areas by grandfathering the providers that are eligible under Health & Safety 1797.224. The Agency has submitted the request for exclusivity in this update.

NEED:

For exclusivity in this update.

OBJECTIVE:

Contract with eligible providers.

TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Sierra-Sacramento Valley EMS Agency
 Reporting Year: 2002/2003

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: Yolo, Placer, Nevada

- | | |
|---|--------------|
| a. Basic Life Support (BLS) | _____ % |
| b. Limited Advanced Life Support (LALS) | _____ % |
| c. Advanced Life Support (ALS) | <u>100</u> % |

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

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

4. Indicate the non-required functions which are performed by the agency
- | | |
|---|---------|
| Implementation of exclusive operating areas (ambulance franchising) | x _____ |
| Designation of trauma centers/trauma care system planning | x _____ |
| Designation/approval of pediatric facilities | x _____ |
| Designation of other critical care centers | x _____ |
| Development of transfer agreements | x _____ |
| Enforcement of local ambulance ordinance | x _____ |
| Enforcement of ambulance service contracts | x _____ |
| Operation of ambulance service | _____ |

Table 2 - System Organization & Management (cont.)

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing (CISD) team	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>N/A</u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 02/03_____

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$491,795</u>
Contract Services (e.g. medical director)	<u>84,760</u>
Operations (e.g. copying, postage, facilities)	<u>158,002</u>
Travel	<u>20,250</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>75,860</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: Special Projects Grants _____	<u>436,469</u>
Other: _____	_____
Other: _____	_____

TOTAL EXPENSES \$1,267,136

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>\$436,469</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>40,000</u>
Other local tax funds (e.g., EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>240,232</u>
Certification fees	<u>36,000</u>
Training program approval fees	<u>0</u>
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital application fees	<u>0</u>
Base hospital designation fees	<u>0</u>
Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>74,124</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>

Table 2 - System Organization & Management (cont.)

Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	_____
EMS Fund (SB 12/612)	0
Other grants: _____	_____
Other fees: _____	430,311
Other (specify): <u>air ambulance</u> _____	10,000
TOTAL REVENUE	<u>\$1,267,136</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 02/03

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>28.00</u>
EMT-I recertification	<u>28.00</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>60.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>35.00</u>
MICN/ARN recertification	<u>35.00</u>
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	<u>1,500.00</u>
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license \$ _____

Ambulance vehicle permits _____

Other: _____

Other: _____

Other: _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 02/03.

Table 2 System Organization & Management (cont.)

EMS System: _____

Reporting Year: _____

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.	Regional Executive Director	1.0	45.99	32%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Director	1.0	33.81	32%	
ALS Coord./Field Coord./Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Dir.	.25	70.00	0	contract
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	Disaster Services Specialist	1.0	28.03	32%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	Special Projects Administrator	1.0	28.16	32%	
QA/QI Coordinator	QI/Education Coordinator	1.0	28.16	32%	
Public Info. & Ed. Coord.					
Ex. Secretary	Admin. Secretary	1.0	18.19	32%	
Other Clerical					
Data Entry Clerk	Records Analyst	1.0	16.30	32%	
Other					

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

TAB 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: S-SV EMS Agency

Reporting Year: 2002

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	2027	0		3	0
Number newly certified this year	unknown	0		unknown	0
Number recertified this year	unknown	0		unknown	0
Total number of accredited personnel on July 1 of the reporting year			68		
Number of certification reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials	1				
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: Unknown

2. Early defibrillation:

- a) Number of EMT-I (defib) certified All
- b) Number of public safety (defib) certified (non-EMT-I) 0

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- CommunicationsEMS System: Sierra-Sacramento Valley EMSCounty: PlacerReporting Year: 2002**Note:** Table 4 is to be answered for each county.

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- CommunicationsEMS System: Sierra-Sacramento Valley EMSCounty: YoloReporting Year: 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 0 _____
3. Number of dispatch centers directly dispatching ambulances 3 _____
4. Number of designated dispatch centers for EMS Aircraft 0 _____
5. Do you have an operational area disaster communication system? yes x _____ no _____
 - a. Radio primary frequency green fire
 - b. Other methods cell, satellite
 - c. Can all medical response units communicate on the same disaster communications system?
yes x no _____
 - d. Do you participate in OASIS? yes x no _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes x no _____
 - 1) Within the operational area? yes x no _____
 - 2) Between the operational area and the region and/or state? yes x no _____

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Sierra-Sacramento Valley EMS

County: Sutter

Reporting Year: 2002

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

1. Number of primary Public Service Answering Points (PSAP) 2 _____
2. Number of secondary PSAPs 1 _____
3. Number of dispatch centers directly dispatching ambulances 2 _____
4. Number of designated dispatch centers for EMS Aircraft 0 _____
5. Do you have an operational area disaster communication system? yes ___ no ___
 - a. Radio primary frequency 158.880
 - b. Other methods cell, internet
 - c. Can all medical response units communicate on the same disaster communications system?
 yes ___ no ___
 - d. Do you participate in OASIS? yes ___ no ___
 - e. Do you have a plan to utilize RACES as a back-up communication system?
 yes ___ no ___
 - 1) Within the operational area? yes ___ no ___
 - 2) Between the operational area and the region and/or state? yes ___ no ___

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- CommunicationsEMS System: Sierra-Sacramento Valley EMSCounty: NevadaReporting Year: 2002**Note:** Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 4 _____
2. Number of secondary PSAPs 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 _____
 - b. Other methods cell, internet, satellite _____
 - c. Can all medical response units communicate on the same disaster communications system?
yes no
 - d. Do you participate in OASIS? yes no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes no
 - 1) Within the operational area? yes no
 - 2) Between the operational area and the region and/or state? yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- CommunicationsEMS System: Sierra-Sacramento Valley EMSCounty: YubaReporting Year: 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 3 _____
4. Number of designated dispatch centers for EMS Aircraft 0 _____
5. Do you have an operational area disaster communication system? yes ___ no ___
 - a. Radio primary frequency _____
 - b. Other methods ___ cell, internet _____
 - c. Can all medical response units communicate on the same disaster communications system?
yes ___ no ___
 - d. Do you participate in OASIS? yes ___ no ___
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes ___ no ___
 - 1) Within the operational area? yes ___ no ___
 - 2) Between the operational area and the region and/or state? yes ___ no ___

TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont'd.)

Revision #1 [2/16/95]

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.	Undetermined		None	
2. Early defibrillation responder.	undetermined		None	
3. Advanced life support responder.	8 min. 90%	20 min 90%	none	
4. Transport Ambulance.	8 min. 90%	20 min 90%	none	

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

Facilities/Critical Care

EMS System: S-SV EMS Agency

Reporting Year: 2002

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>11394</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>5634</u>
c) Number of major trauma patients transferred to a trauma center	<u>601</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments	<u>8</u>
a) Number of referral emergency services	<u>N/A</u>
b) Number of standby emergency services	<u>8</u>
c) Number of basic emergency services	<u>N/A</u>
d) Number of comprehensive emergency services	<u>8</u>

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: S-SV EMS Agency
 County: Nevada
 Reporting Year: 2002

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? None
 - b. How are they staffed? _____
 - 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 ___ no x

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes x ___ no ___
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? yes ___ 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? 5 _____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: S-SV EMS Agency
County: Yolo
Reporting Year: 2002

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? None
 - b. How are they staffed? _____
 - 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 ___ no x___
- 3. Medical Response Team
 - a. Do you have any team medical response capability? yes x___ no x___
 - b. For each team, are they incorporated into your local response plan? yes ___ no x___
 - c. Are they available for statewide response? yes ___ no x___
 - d. Are they part of a formal out-of-state response system? yes ___ no x___
- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes x___ no ___
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? yes ___ 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? 5_____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: S-SV EMS Agency

County: Sutter/Yuba

Reporting Year: 2002

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? None
- b. How are they staffed? _____
- c. Do you have a supply system for supporting them for 72 hours? yes ___ no ___

2. CISD

Do you have a CISD provider with 24 hour capability? yes ___ no x

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes ___ no x
- b. At what HazMat level are they trained? _____
- 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 ___ no x

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? 5

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2002

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? _____
 - b. How are they staffed? _____
 - c. Do you have a supply system for supporting them for 72 hours? yes no

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes no

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

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

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? 5

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 02/03

Name, address & telephone: CALSTAR 13750 Lincoln Wy Auburn 95603 (530) 887-8259			Primary Contact: Linda Kirkbride		
Written Contract: <input type="checkbox"/> yes <input 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: [7] PS [7] PS-Defib [7] BLS [7] EMT-D [7] LALS [7] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	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: _

Name, address & telephone: REACH 5010 Flight Line Dr. Santa Rose 95403 (707) 447-6886			Primary Contact: Dan McDonald		
Written Contract: <input type="checkbox"/> yes <input 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: [5] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [23] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	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: _

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 02/03

Name, address & telephone: Wheatland Fire Dept. PO Box 395 Wheatland 95692 (530) 633-2930			Primary Contact: Karl Nichols		
Written Contract: <input 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: <input type="checkbox"/> PS [10] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [5] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> </u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 02/03

Name, address & telephone: Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (530) 675-2383			Primary Contact: John Murphy		
Written Contract: <input 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: [20] PS <input type="checkbox"/> PS-Defib [20] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Linda Fire Dept. 1286 Scales Marysville (530) 743-1553			Primary Contact: James Brannon		
Written Contract: <input 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: [10] PS <input type="checkbox"/> PS-Defib [12] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 02/03

Name, address & telephone: Dobbins Oregon House FPD				Primary Contact: Jack Easter	
PO Box 164 Oregon House 95962 (530) 692-1175					
Written Contract: <input 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: [1] PS <input type="checkbox"/> PS-Defib [10] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Foothill Volunteer Fire Dept.				Primary Contact: John Murphy	
PO Box 332 Brownsville 95919 (530) 675-2383					
Written Contract: <input 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: [10] PS <input type="checkbox"/> PS-Defib [12] BLS [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Reporting Year: 02/03

Name, address & telephone: Bi-County Ambulance Service PO Box 3130 Yuba City 95992-3130 (530) 674-2780			Primary Contact: Don Morton		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [51] 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 explain:	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>10</u>

Name, address & telephone: Beale AFB FD 6451 B Street 9th CES/CEF Beale AFB 95903-1708 (530) 634-8672			Primary Contact: Michael Kunsman		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [68] 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 explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 02/03

Name, address & telephone: Loma Rica/Browns Valley CDF PO Box 8153 Marysville (530) 692-1616			Primary Contact: Tony Clarabut		
Written Contract: <input 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: [2] PS <input type="checkbox"/> PS-Defib [5] BLS [3] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Marysville Fire Dept. 107 Ninth St. Marysville (530) 741-6622			Primary Contact: John Ellis		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [14] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 02/03

Name, address & telephone: Winters FD 10 Abbey St. Winters 95694 (530) 795-4131			Primary Contact: Scott Dozier		
Written Contract: <input 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: <input type="checkbox"/> PS [18] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [15] EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Woodland FD 532 Court St. Woodland 95695 (530) 661-5844			Primary Contact: Karl Diekman		
Written Contract: <input 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: [20] PS [46] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 02/03

Name, address & telephone: West Sacramento FD 1751 Cebrian St. W. Sac. 95691 (916) 373-5840			Primary Contact: Fred Postel		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [42] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" 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>

Name, address & telephone: Willow Oak FPD 17335 County Road 97 Woodland 95695 (530) 662-0781 volunteer			Primary Contact: Jim Froman		
Written Contract: <input 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: [27] PS <input type="checkbox"/> PS-Defib [6] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 02/03

Name, address & telephone: Knights Landing FD 6th & Grove St. Knights Landing 95645 (530) 735-6590 (volunteer)			Primary Contact: Jeff Gilbert		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> [11] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Madison FPD PO Box 12 Madison 95653 (530) 662-5745			Primary Contact: Tom Anguay		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [7] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 02/03

Name, address & telephone: Elkhorn Volunteer Fire 18350 Old River Road West Sacramento 95691 (530) 371-4541			Primary Contact: Richard Young		
Written Contract: <input 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: <input type="checkbox"/> PS [5] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Esparto FPD PO Box 366 Esparto 95627 (530) 787-3300			Primary Contact: Barry Burns		
Written Contract: <input 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: [21] PS [6] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 02/03

Name, address & telephone: Davis Fire Dept. 530 5th Street Davis, CA 95616 (530) 756-3743			Primary Contact: Rose Conroy		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [36] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Dunnigan FPD PO Box 69 Dunnigan 95937 (530) 724-3314 (volunteer)			Primary Contact: Tim Doherty		
Written Contract: <input 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: [24] PS <input type="checkbox"/> PS-Defib [1] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yolo

Reporting Year: 02/03

Name, address & telephone: American Medical Response 1515 Silica Ave. Sacramento 95815 (916) 924-0606			Primary Contact: Doug Petrick		
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 [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [21] 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 type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

Name, address & telephone: Capay Valley Fire PO Box 6 Brooks 95606 (530) 796-3300 16881 CR 59 (916)796-3300 (volunteer)			Primary Contact: Danny Garrison		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [9] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input 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> </u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 02/03

Name, address & telephone: Sutter Co. Fire. 1160 Civic Center Blvd., Yuba City 530-822-7400			Primary Contact: Chuck Vanevenhoven		
Written Contract: <input 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: Pleasant Grove Fire 3100 Howsley, Pleasant Grove, 916-655-3937			Primary Contact: Thomas Reese		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 02/03

Name, address & telephone: Yuba City Fire Dept. 824 Clark Avenue Yuba City 95991 (530) 741-4691			Primary Contact: Mark Boomgaarden		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [28] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: East Nicolaus Fire 1988 Nicolaus Ave, Nicolaus			Primary Contact: Rich Herrington		
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 checked="" 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 explain: _____	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>_</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: U.S. Forest Service 22830 Auburn Foresthill Road Foresthill 95631 (530) 367-2224			Primary Contact: Paula Nelson		
Written Contract: <input 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: [4] PS <input type="checkbox"/> PS-Defib [2] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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: 0

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Dutch Flat Fire Dept. PO Box 83 Dutch Flat 95714 (530) 389-2287			Primary Contact: C.L. Bridges		
Written Contract: <input 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: [2] PS <input type="checkbox"/> PS-Defib [4] BLS <input type="checkbox"/> EMT-D [2] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

Name, address & telephone: Lincoln Fire Dept. 472 E Street Lincoln 95648 (530) 645-4040			Primary Contact: Sam Silvas		
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: [9] PS <input type="checkbox"/> PS-Defib [12] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Auburn Fire Dept. 1225 Lincoln Way Auburn 95603 (530) 823-4211			Primary Contact: Mark D'Ambrogi		
Written Contract: <input 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: [20] PS <input type="checkbox"/> PS-Defib [15] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [1] 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 explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

Name, address & telephone: CDF - Nevada/Yuba/Placer 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact: Tony Clarebut		
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: permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [2/5] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Rocklin Fire Dept PO Box 1380 Rocklin 95677 (916) 632-4150			Primary Contact: Tim Mrozinski		
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 [30] 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 explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Squaw Valley Fire Dept. PO Box 2522 Olympic Valley 96146 (530) 583-6111			Primary Contact: Peter Bansen		
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: [4] PS <input type="checkbox"/> PS-Defib [2] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Placer Consolidated FPD 11645 Atwood Road Auburn 95603 (530) 889-7991			Primary Contact: Randy Smith		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [30] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

Name, address & telephone: Placer Hills Fire PO Box 308 Meadow Vista 95722 (530) 878-0405			Primary Contact: Ian Gow		
Written Contract: <input 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: [10] PS <input type="checkbox"/> PS-Defib [48] BLS [13] EMT-D <input type="checkbox"/> LALS [5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: South Placer Fire 6900 Eureka Road Granite Bay 95661 (916) 791-7059			Primary Contact: Tony Corrado		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [36] 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 explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

Name, address & telephone: Foresthill Safety Club PO Box 557 Foresthill 95631 (530) 367-2509			Primary Contact: Keith Drone		
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 [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [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 explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: North Tahoe FPD PO Box 5879 Tahoe City 96145 (530) 583-6913			Primary Contact: Duane Whitelaw		
Written Contract: <input 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: <input type="checkbox"/> PS [48] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [22] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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

Name, address & telephone: Northstar Fire Dept. PO Box 210 Truckee 96160 (530) 562-1212			Primary Contact: Bill Zahn		
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 [15] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: U.S. Forest Service 22830 Auburn Foresthill Road Foresthill 95631 (530) 367-2224			Primary Contact: jon Payne		
Written Contract: <input 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: [4] PS <input type="checkbox"/> PS-Defib [2] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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: 0

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Colfax Fire Dept. PO Box 1233 Colfax 95713 (530) 346-2323			Primary Contact: Scott Brady		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Alpine Meadows PO Box 1879 96145 (530)583-2342			Primary Contact: Duane Whitelaw		
Written Contract: <input 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: <input type="checkbox"/> PS [7] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

Name, address & telephone: Alta Volunteer Fire Dept. PO Box 847 Alta 95701 (530) 389-2676			Primary Contact: Monte Kent		
Written Contract: <input 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: <input type="checkbox"/> PS [8] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input 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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 02/03

Name, address & telephone: Penryn FPD PO Box 219 Penryn 95663 (916) 663-3389			Primary Contact: Mike Davis		
Written Contract: <input 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: [12] PS <input type="checkbox"/> PS-Defib [10] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input 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: 0

Name, address & telephone: Placer County Fire 13760 Lincoln Way Auburn 95603 (530) 823-4904			Primary Contact: Tony Clarebut		
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: [39] PS <input type="checkbox"/> PS-Defib [40] BLS [12] EMT-D <input type="checkbox"/> LALS [1] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input 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: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 02/03

Name, address & telephone: Sierra Nevada Memorial Hospital Ambulance
155 Glasson Way, Grass Valley, CA 95945
530-274-6233

Primary Contact: Rob Riley

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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input 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 explain:	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:

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TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 02/03

Name, address & telephone: Donner Summit Fire PO Box 610 Soda Springs 95728 (530) 426-3000			Primary Contact:		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [13] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [5] 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 explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

Name, address & telephone: North Tahoe Fire PO Box 5879 Tahoe City 96145 (530) 546-8514			Primary Contact: Duane Whitlaw		
Written Contract: <input 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: [21] PS <input type="checkbox"/> PS-Defib [50] 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>7</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 02/03

Name, address & telephone: Higgins FPD 10106 Combie Road Auburn 95602 (530) 269-2488			Primary Contact: Hank Weston		
Written Contract: <input 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: [7] PS <input type="checkbox"/> PS-Defib [9] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Nevada City FD 317 Broad St. Nevada City 95959 (530) 265-2351			Primary Contact: Greg Wasley		
Written Contract: <input 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: [1] PS <input type="checkbox"/> PS-Defib [22] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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> </u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 02/03

Name, address & telephone: Forty-Niner FPD PO Box 354 Nevada City 95959 (530) 265-4431			Primary Contact: Daniel Kopp		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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>

Name, address & telephone: Grass Valley FD 125 E. Main St. Grass Valley 95945 (530) 274-4370			Primary Contact: Jeff Brady		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [28] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 02/03

Name, address & telephone: U.S. Forest Service Tahoe National Forest PO Box 6003 Nevada City 95959 (530) 478/6221			Primary Contact: Howard Carlson		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input 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> </u>

Name, address & telephone: Watt Park FPD 11329 McCourtney Rd. Grass Valley 95949 (530) 273-8088			Primary Contact: Tim Fike		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [2] 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 type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input 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>

Training Institution Name Sierra College
5000 Sierra College Blvd Rocklin CA

Contact Person telephone no. Neal Albee 916-781-6250

Address

Student Eligibility: *	Cost of Program Basic __18.00 per unit_____ Refresher 18.00 per unit_____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: <u>6/06</u> Number of courses: Initial training: Refresher: Cont. Education:
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* Open to general public or restricted to certain personnel only.

Training Institution Name Sierra College Ext. Truckee
5000 Sierra College Blvd Rocklin CA

Contact Person telephone no. Neal Albee 916-781-6250

Address

Student Eligibility: *	Cost of Program Basic ___18.00 per unit_____ Refresher 18.00 per unit_____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: <u>6/06</u> Number of courses: Initial training: Refresher: Cont. Education:
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* Open to general public or restricted to certain personnel only.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 02/03

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Truckee Fire

Contact Person telephone no.

Chuck Thomas 530-582-7850

Address

PO Box 686 Truckee Ca

<p>Student Eligibility: *</p>	<p>Cost of Program</p> <p>Basic <u> Unk </u></p> <p>Refresher <u> unk </u></p>	<p>**Program Level: <u>EMT-1</u></p> <p>Number of students completing training per year:</p> <p>Initial training:</p> <p>Refresher:</p> <p>Cont. Education</p> <p>Expiration Date: <u>1/05</u></p> <p>Number of courses:</p> <p>Initial training:</p> <p>Refresher:</p> <p>Cont. Education:</p>
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Training Institution Name Sierra College Ext. Truckee
5000 Sierra College Blvd Rocklin CA

Contact Person telephone no. Neal Albee 916-781-6250

Address

Student Eligibility: *	Cost of Program Basic __18.00 per unit____ Refresher 18.00 per unit____	**Program Level: <u>EMT- 1</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: <u>6/06</u> Number of courses: Initial training: Refresher: Cont. Education:
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* Open to general public or restricted to certain personnel only.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 02/03

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name UC Davis

Contact Person telephone no. Dennis Johnson 530-752-4362

Address

One Shields Dr Davis CA 95616

<p>Student Eligibility: *</p>	<p>Cost of Program</p> <p>Basic <u> Unk </u></p> <p>Refresher <u> unk </u></p>	<p>**Program Level: <u>EMT-1</u></p> <p>Number of students completing training per year:</p> <p>Initial training:</p> <p>Refresher:</p> <p>Cont. Education</p> <p>Expiration Date: <u>5/06</u></p> <p>Number of courses:</p> <p>Initial training:</p> <p>Refresher:</p> <p>Cont. Education:</p>
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Training Institution Name Yuba Community College Woodland
California St Woodland CA

Contact Person telephone no. Marian Shivers 530-661-5710

Address

Student Eligibility: *	Cost of Program Basic __18.00 per unit_____ Refresher 18.00 per unit_____	**Program Level: <u>EMT- 1</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: <u>5/06</u> Number of courses: Initial training: Refresher: Cont. Education:
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* Open to general public or restricted to certain personnel only.

Training Institution Name Yuba Community College

Contact Person telephone no. Mike Moyers 530-7416984

Address

2088 N. Beale Road Marysville CA

Student Eligibility: *	Cost of Program Basic __18.00 per unit_____ Refresher 18.00 per unit_____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: <u>5/06</u> Number of courses: Initial training: Refresher: Cont. Education:
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* Open to general public or restricted to certain personnel only.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 02/03

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Yuba City Fire

Contact Person telephone no. David Brockman 530-822-4695

Address 824 Clark Ave Yuba City Ca

<p>Student Eligibility: *Employees only</p>	<p>Cost of Program</p> <p>Basic __Unk_____</p> <p>Refresher _unk_____</p>	<p>**Program Level: <u>EMT-1</u></p> <p>Number of students completing training per year:</p> <p style="padding-left: 100px;">Initial training:</p> <p style="padding-left: 100px;">Refresher:</p> <p style="padding-left: 100px;">Cont. Education</p> <p style="padding-left: 100px;">Expiration Date: <u>7/05</u></p> <p>Number of courses:</p> <p style="padding-left: 100px;">Initial training:</p> <p style="padding-left: 100px;">Refresher:</p> <p style="padding-left: 100px;">Cont. Education:</p>
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TABLE 0: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/02]

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2002

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

Name, address & telephone: Sutter Roseville Medical Center 1 Medical Plaza, Roseville				Primary Contact: Patrick Brady	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*
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:	If Trauma Center what Level:****II
				<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Name, address & telephone: Kaiser Permanente, Roseville 1600 Eureka Road, Roseville				Primary Contact: Barbara Crawford	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*
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:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

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

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

**** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/02]

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2002

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

Name, address & telephone: Sutter Auburn Faith Hospital Primary Contact: Mitchell Hanna 11815 Education St., Auburn CA 95603				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: ****

Name, address & telephone:		Primary Contact:		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	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: ****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2002

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

Name, address & telephone: Sutter Davis Hospital				Primary Contact: Janet Wagner	
2000 Sutter Place, Davis CA					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>		Base Hospital:	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: yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: ****

Name, address & telephone: Woodland Memorial Hospital				Primary Contact: Meg Cleary	
1325 Cottonwood St., Woodland CA 95695					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>		Base Hospital:	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

Revision #1 [2/16/02]

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2002

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

Name, address & telephone: Tahoe Forest Hospital				Primary Contact: Larry Long	
10121 Pine Ave, Truckee					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>	x yes	<input type="checkbox"/> yes
		Comprehensive emergency service	<input checked="" type="checkbox"/>	<input type="checkbox"/> no	<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:	If Trauma Center what Level:****
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

Name, address & telephone: Sierra Nevada Hospital				Primary Contact: Tom Collier	
PO Box 1029, Grass Valley					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>	x yes	<input type="checkbox"/> yes
		Comprehensive emergency service	<input checked="" type="checkbox"/>	no	<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:	If Trauma Center what Level:****
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2002

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

Name, address & telephone: Rideout Memorial Hospital				Primary Contact: Tom Hayes	
726 Fourth St, Marysville					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" 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:	If Trauma Center what Level:****III
				<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	

Name, address & telephone:				Primary Contact:	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2002

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

Name, address & telephone: UC Davis Medical Center				Primary Contact:	
2315 Stockton Blvd., Sacramento					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****I
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

Name, address & telephone:				Primary Contact:	
Written Contract	<input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>	yes no	<input type="checkbox"/> yes no
		Comprehensive emergency service			
EDAP:**	<input type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input type="checkbox"/> no	

TABLE 1: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2002

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

<p align="center">Name, address & telephone: YCCESA 35 N. Cottonwood, Woodland</p>			<p align="right">Primary Contact: Jana Snowball</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: ___28___ EMD Training ___ ___ EMT-D ___ ___ ALS ___ ___ BLS ___ ___ LALS ___ ___ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: JPA ___</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

<p align="center">Name, address & telephone: City of Davis 226 F St., Davis</p>			<p align="right">Primary Contact: Shelby Munn</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: ___ ___ EMD Training ___4___ EMT-D ___4___ ALS ___4___ BLS ___ ___ LALS ___ ___ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

TABLE 1: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/99]

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 2002

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

Name, address & telephone: U.C. Davis Police Dept 1 Shields Ave., Davis			Primary Contact: Rita Miller
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __0__ EMD Training __unk__ EMT-D __0__ ALS __unk__ BLS __0__ LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:			Primary Contact:
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D __4__ ALS _____ BLS _____ LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 1: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/9...]

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2002

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

<p align="center">Name, address & telephone: Grass Valley Police Dept 125 E. Main St., Grass Valley</p>			<p align="right">Primary Contact: Debbie Cogan</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: ___0___ EMD Training ___unk___ EMT-D ___0___ ALS ___unk___ BLS ___0___ LALS ___ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

<p align="center">Name, address & telephone: Nevada County Sheriff's Dept 950 Maidu, Nevada City CA</p>			<p align="right">Primary Contact: Ruth Marrs</p>
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: ___0___ EMD Training ___unk___ EMT-D ___0___ ALS ___unk___ BLS ___ LALS ___ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 2002

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

Name, address & telephone: CDF Grass Valley 13699 Loma Rica, Grass Valley			Primary Contact: Garrett McGinnis
Written Contract: x yes no	Medical Director: <input type="checkbox"/> yes x no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS __0__ LALS Other
Ownership: x Public <input type="checkbox"/> Private		If public: Fire x Law <input type="checkbox"/> Other explain: _____	If public: city; <input type="checkbox"/> county; X state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:			Primary Contact:
Written Contract: <input type="checkbox"/> yes X no	Medical Director: <input type="checkbox"/> yes x no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __0__ EMD Training __unk__ EMT-D __0__ ALS __unk__ BLS LALS Other
Ownership: x Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire x Law <input type="checkbox"/> Other explain: _____	If public: city; X county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/99]

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2002

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

Name, address & telephone: Auburn Police Dept 1215 Lincoln Way, Auburn			Primary Contact: James Weldon		
Written Contract: yes X no	Medical Director: <input type="checkbox"/> yes x no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___ 0 ___ EMD Training ___ unk ___ EMT-D ___ unk ___ ALS ___ unk ___ BLS ___ 0 ___ LALS ___ Other		
Ownership: x Public <input type="checkbox"/> Private		If public: Fire x Law <input type="checkbox"/> Other explain: ___	If public: x city; <input type="checkbox"/> county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: Lincoln Police Dept 472 E Str., Lincoln			Primary Contact: Laurel Clark		
Written Contract: <input type="checkbox"/> yes X no	Medical Director: <input type="checkbox"/> yes x no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___ 3 ___ EMD Training ___ 3 ___ EMT-D ___ 3 ___ ALS ___ 3 ___ BLS ___ LALS ___ Other		
Ownership: x Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire x Law <input type="checkbox"/> Other explain: _____	If public: x city; county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2002

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

Name, address & telephone: Placer County Sheriff 2966 Richardson Dr., Auburn			Primary Contact: Virginia Ferral
Written Contract: yes X no	Medical Director: <input type="checkbox"/> yes x no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS 0 LALS Other
Ownership: x Public <input type="checkbox"/> Private		If public: Fire x Law <input type="checkbox"/> Other explain: _____	If public: city; X county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Roseville Police Dept 1051 Junction Blvd., Roseville			Primary Contact: Carol Ransford
Written Contract: <input type="checkbox"/> yes X no	Medical Director: <input type="checkbox"/> yes x no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS LALS Other
Ownership: x Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire x Law <input type="checkbox"/> Other explain: _____	If public: x city; county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 2002

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

Name, address & telephone: Rocklin Police Dept. 4060 Rocklin Rd., Rocklin			Primary Contact: Matt Diridoni
Written Contract: yes X no	Medical Director: <input type="checkbox"/> yes x no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS 0 LALS Other
Ownership: x Public <input type="checkbox"/> Private		If public: Fire x Law <input type="checkbox"/> Other explain: _____	If public: x city; county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: AMR Dispatch 1779 Tribute Rd., Suite H, Sacramento			Primary Contact: Kevin Grant
Written Contract: <input type="checkbox"/> yes X no	Medical Director: x yes no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS LALS Other
Ownership: Public x Private		If public: <input type="checkbox"/> Fire Law <input type="checkbox"/> Other explain: _____	If public: city; county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 1: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/9...]

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2002

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

<p align="center">Name, address & telephone: Sutter Co. Sheriff's Dept. 1077 Civic Center Blvd, Yuba City</p>			<p align="right">Primary Contact: Malkit Johl</p>
<p>Written Contract: yes X no</p>	<p>Medical Director: <input type="checkbox"/> yes x no</p>	<p>x Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS 0 LALS Other</p>
<p>Ownership: x Public <input type="checkbox"/> Private</p>		<p>If public: Fire x Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: x city; county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

<p align="center">Name, address & telephone: Yuba City Police Dept 1201 Civic Center Blvd. Yuba City</p>			<p align="right">Primary Contact: Bill Ollar</p>
<p>Written Contract: <input type="checkbox"/> yes X no</p>	<p>Medical Director: yes x no</p>	<p>x Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS LALS Other</p>
<p>Ownership: Public x Private</p>		<p>If public: <input type="checkbox"/> Fire Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: city; county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

TABLE 1: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/93]

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 2002

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

Name, address & telephone: Bi-County Ambulance Primary Contact: Kevin Kennedy PO Box 3130, Yuba City			
Written Contract: yes X no	Medical Director: x yes no	x Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __unk__ EMD Training __unk__ EMT-D __unk__ ALS __unk__ BLS 0 LALS Other
Ownership: Public x Private		If public: Fire Law <input type="checkbox"/> Other explain: _____	If public: city; county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes no	Medical Director: yes no	Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: Public Private		If public: <input type="checkbox"/> Fire Law <input type="checkbox"/> Other explain: _____	If public: city; county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 1: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 2002

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

Name, address & telephone: Marysville Police 316 6 th St., Marysville		Primary Contact:	
Written Contract: yes <input checked="" type="checkbox"/> no	Medical Director: yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _0_ EMD Training _unk_ EMT-D _unk_ ALS _unk_ BLS _0_ LALS Other
Ownership: <input checked="" type="checkbox"/> Public Private		If public: Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; county; state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Yuba County Sheriff 215 5 th St., Marysville		Primary Contact: Glenda Hubbart	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _0_ EMD Training _unk_ EMT-D _0_ ALS _unk_ BLS _0_ LALS Other
Ownership: <input checked="" type="checkbox"/> Public Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

EMERGENCY MEDICAL SERVICES AUTHORITY1930 9th STREET

SACRAMENTO, CA 95814-7043

(916) 322-4336 FAX (916) 324-2875



April 2, 2004

Mr. Leonard Inch
Executive Director
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677

Dear Mr. Inch:

This letter is provided to you at your request regarding clarification of the status of your exclusive operating areas. Based upon the information provided at this time, the EMS Authority has extended approval for the following EOAs included with your EMS plan update:

The zones listed below appear to be exclusive, and meet the “grandfathering” provision outlined in the Health and Safety Code Section 1797.224.

- Nevada County- Penn Valley
- Placer County-Granite Bay
- Placer County-Tahoe North Shore Area
- Placer County-Foresthill
- Nevada County-Grass Valley, Nevada City & surrounding rural areas
- Sutter and Yuba Counties
- Yolo County
- Nevada County- Donner Summit:
- Placer County- I80 corridor Colfax & West:

The zone encompassing the Nevada County-Truckee area does not appear to qualify for grandfathering for two reasons:

- Medic I provided service prior to 1981; however, their “affiliation” with Tahoe Forest Hospital began on 3/81.
- Medic I then closed due to bankruptcy 11/30/81, and Tahoe Forest Hospital began providing service on 12/1/81.

Mr. Leonard Inch
April 2, 2004
Page 2

If Tahoe Forest Hospital had taken over service on or prior to January 1, 1981, exclusive operating rights under the grandfathering provisions in section 1797.224 may have been considered. However, pursuant to the information provided to us at this time, it does not appear that their "affiliation" with Medic I qualifies Tahoe Forest Hospital for grandfathering, as services have not been provided in the same manner and scope without interruption since January 1, 1981.

I hope this letter provides clarification for you regarding our evaluation of your agency's exclusive operating areas. Please update your ambulance zone forms indicating this change.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McNeil". The signature is written in dark ink and is positioned above the printed name.

Maureen McNeil, Chief
EMS Division

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Nevada County</p>
<p>Name of Current Provider(s):</p> <p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Truckee Fire Protection District since 1988</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Truckee area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</p> <p>Include intent of local EMS agency and Board action.</p> <p>10/31/03 Board action to grant exclusivity pursuant to 1979.201 or 1797.224</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Nevada County contracted with Medic I for ambulance transport. in 3/81 Medic I affiliated with Tahoe Forest Hospital. (a public entity). On 11/30/81 Medic I terminated the contract due to bankruptcy proceedings. On 12/1/81 Tahoe Forest Hospital implemented ambulance transport service. On 5/25/88 Tahoe Forest Hospital contracted with Truckee Fire Protection District to provide ambulance transport</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Nevada County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Penn Valley Fire Department since 1977</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Penn Valley</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>10/31/03 Board action to grant exclusivity pursuant to 1797.201</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>911 emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>uninterrupted ambulance transport service in 1977 documented by patient care reports and statements of EMT-Is employed at the time.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Nevada County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Donner Summit Public Utility District since 1979
Area or subarea (Zone) Geographic Description: Donner Summit
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/03 Board action to grant exclusivity pursuant to 1797.201
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). emergency ambulance
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. uninterrupted ambulance transport service in 1979 documented by patient care reports and statements of EMT-Is employed at the time.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Placer County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>South Placer Fire District since 1962</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Granite Bay</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>10/31/03 Board action to grant exclusivity pursuant to 1797.201</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>uninterrupted ambulance transport service since 1962 documented by board minutes and newspaper articles.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Placer County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>North Tahoe Fire Protection District</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Tahoe North Shore area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>10/31/03 Board action to grant exclusivity pursuant to 1797.201</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>uninterrupted ambulance transport service since 1976 documented by news articles, letters and documented EMT-II training.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Placer County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Foresthill Safety Club
Area or subarea (Zone) Geographic Description: Foresthill
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/03 Board action to grant exclusivity pursuant to 1797.224
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). emergency ambulance
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. uninterrupted ambulance transport service since 1955 documented by news articles, patient care records and board minutes.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Nevada County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Sierra-Nevada Hospital</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Grass Valley, Nevada City and surrounding rural areas</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>10/31/03 Board action to grant exclusivity pursuant to 1797.224</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Sierra-Nevada Hospital bought Lincoln's ambulance transport service in 1988. Documented renewal of Lincoln's Ambulance permit in board minutes dated 1980. Sierra-Nevada Hospital has been providing ambulance transport since 1988.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Sutter and Yuba Counties
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance
Area or subarea (Zone) Geographic Description: Sutter and Yuba Counties
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/03 Board action to grant exclusivity pursuant to 1797.224
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). emergency ambulance
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board minutes and vehicle leases.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p>Sierra-Sacramento Valley EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Yolo County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Yolo County</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>10/31/03 Board action to grant exclusivity pursuant to 1797.224</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>emergency ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>see attached affidavit</p>

CALIFORNIA HEALTH & SAFETY CODE SECTION 1797.224 S - SV EMS

AFFIDAVIT

The undersigned, R. Michael Scarano, Jr. and Lou Meyer, declare that the following information is true and correct, to the best of their knowledge, regarding the status of American Medical Response West ("AMR West") under California Health & Safety Code Section 1797.224. The EMS Act gives power to grant exclusive operating areas only to counties and local emergency medical services agencies.

1. One of the undersigned, R. Michael Scarano, Jr., serves as outside legal counsel to AMR West and its parent, American Medical Response ("AMR"). The other undersigned, Lou Meyer, is the CEO of AMR's Northern Pacific Region, which includes AMR West. In preparing this Affidavit, the undersigned have relied on certified corporate documents obtained from the State of California Office of the Secretary of State and information provided by prior ambulance company owners to AMR personnel.

2. Section 1797.224 of the Health & Safety Code has been interpreted by the California EMS Authority as permitting an ambulance company to receive an exclusive operating area if that company, or predecessor companies in a direct chain of successive ownership, were providing services in the area in question continually (without interruption) since January 1, 1981. Further, a merger of one company into another results in the transfer of the rights of the disappearing company under Section 1797.224 into the surviving company.

3. AMR West, or predecessor companies in a direct chain of successive ownership, provided services in Yolo County since January 1, 1981. The following traces the direct chain of successive ownership:

a. Sacramento Ambulance Service, Inc. ("Sacramento") was incorporated and began providing services in West Sacramento on or about July 3, 1967.

b. Davis Ambulance Service, Inc. ("Davis") was incorporated and began providing services in Davis on or about August 14, 1974.

c. Woodland Ambulance ("Woodland") began providing services in Woodland prior to January 1, 1981. Woodland changed its name to Yolo Ambulance Service ("Yolo") and was incorporated on or about June 21, 1985.

d. Sacramento, Davis and Yolo merged into Foothill Ambulance Service, Inc. ("Foothill"), which had not previously provided services in Yolo County, on or about July 25, 1992.

e. Foothill merged into 911 Emergency Services, Inc., which had not previously provided services in Yolo County, on or about March 30, 1993.

f. 911 Emergency Services, Inc. merged into AMR West, which had not previously provided services in Yolo County, on or about August 31, 2002. As foregoing indicates, AMR West, and its predecessors in a direct line of successive ownership, have provided services continually and without interruption throughout Yolo County since January 1, 1981.

4. AMR West, or predecessor companies in a direct chain of successive ownership, provided services in Placer County continually and without interruption since January 1, 1981. The following traces the direct chain of successive ownership:

a. A-1 Community Ambulance ("A-1") began providing service in Placer County in the early 1970s and was incorporated on or about February 4, 1980.

b. Professional Ambulance Service ("Professional") began providing services in Placer County in late 1977 or early 1978. From the time Professional began providing services, A-1 and Professional both provided services concurrently throughout Placer County, on a month-to-month rotation, until the companies were acquired and merged into Foothill as indicated below.

c. In 1980, Foothill Ambulance Service, Inc. or its shareholders acquired Professional and merged its operations into Foothill. Foothill had not previously operated in Placer County.

d. In March of 1983, Foothill or its shareholders acquired A-1 and merged its operations into Foothill.

e. On or about March 30, 1993, Foothill merged into 911 Emergency Services, Inc., which had not previously operated in Placer County.

f. On or about August 31, 2002, 911 Emergency Services, Inc. merged into AMR West. As the foregoing indicates, AMR West, and companies it acquired through a direct chain of successive ownership, have provided 911 ambulance service continually and without interruption throughout Placer County since January 1, 1981.

5. As of January 1, 1981, and continuing forward to the present, AMR West or the predecessor companies identified above were engaged in 911 emergency-ambulance service in the areas indicated. In 1981, the service provided in both Placer and Yolo counties was at the EMT-1 level. In 1983, the service provided in both Placer and Yolo counties was upgraded to the EMT-2 level. In 1987, the service provided in both Placer and Yolo counties was upgraded to the paramedic level. All 911-ambulance services have continued to be provided at the paramedic level in both counties since 1987.

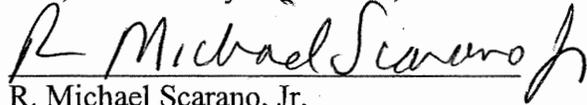
6. Copies of relevant documents pertinent to the foregoing are attached to this Affidavit. This document was executed on the dates and at the places indicated below. The undersigned attest that the facts specified above are true and correct, to the best of their knowledge.

Executed at LIVERMORE, County of ALAMEDA, California, this 23rd day of OCTOBER, 2003.



Lou Meyer
Chief Executive Officer
American Medical Response
Northern Pacific Region

Executed at San Diego, County of San Diego, California, this 22nd day of October, 2003.



R. Michael Scarano, Jr.
Legal Counsel
Foley & Lardner

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Area or subarea (Zone) Name or Title: Placer County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response
Area or subarea (Zone) Geographic Description: I80 corridor Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. 10/31/03 Board action to grant exclusivity pursuant to 1797.224
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). emergency ambulance
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. see attached affidavit

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
 SACRAMENTO, CA 95814-7043
 (916) 322-4336 FAX: (916) 324-2875



March 25, 2004

Leonard Inch
 Regional Executive Director
 Sierra-Sacramento Valley EMS Agency
 5995 Pacific Street
 Rocklin, CA 95677

Dear Mr. Inch:

We have completed our review of *Sierra-Sacramento Valley's 02/03 Emergency Medical Services Plan Update*, and have found it 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**

8.09 DMAT Teams

Need to establish and maintain relationships with DMAT teams in the region.

Ambulance Zones:

Placer County I-80 corridor
 Colfax & West and
 Nevada County-Donner Summit

These zones appear to be exclusive and meet the "grandfathering" provision outlined in the Health and Safety Code Section 1797.224.

Nevada County-Truckee Area

The Nevada County-Truckee Area does not appear to qualify for grandfathering and is considered non-exclusive. According to the information, Medic 1 provided service prior to 1981, however, their affiliation with Tahoe Forest Hospital began on March 1981. Medic 1 then closed due to bankruptcy on November 30, 1981, and Tahoe Forest Hospital began providing service on December 1, 1981. If Tahoe Forest Hospital had taken over service on or prior to January 1, 1981, exclusive operating rights under the "grandfathering" provision in section 1797.224 may have been considered. However, pursuant to the information provided to us at this time, it does not appear that their affiliation with Medic 1 qualifies Tahoe Forest Hospital for "grandfathering", as services have not been provided in the same manner and scope without interruption since January 1, 1981. Please send us a copy of the ambulance zone form (copy attached) indicating this change.

Leonard Inch
March 25, 2004
Page 2

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in cursive script that reads "Richard E. Watson". The signature is written in black ink and is positioned above the printed name and title.

Richard E. Watson
Interim Director

REW:ss

Enclosure