

**Mountain-Valley
Emergency Medical Services Agency**

EMERGENCY MEDICAL SERVICES SYSTEM PLAN



2005-2006

Table of Contents

EXECUTIVE SUMMARY	1
ASSESSMENT OF SYSTEM	3
Summary of System Status	3
System Organization and Management	3
Staffing and Training	5
Communications	6
Response and Transportation	6
Facilities and Critical Care	9
Data Collection and System Evaluation.....	10
Public Information and Education.....	10
Disaster Medical Response	11
System Needs and Plan Objectives	12
System Organization and Management	13
Staffing and Training.....	42
Communications	55
Response and Transportation	65
Facilities and Critical Care	87
Data Collection and System Evaluation.....	102
Public Information and Education.....	113
Disaster Medical Response	117
SYSTEM RESOURCES AND OPERATIONS.....	137
Table 2 System Organization and Management	
Table 3 Personnel/Training	
Table 4 Communications	
Table 5 Response and Transportation	
Table 6 Facilities and Critical Care	
Table 7 Disaster Medical	
RESOURCE DIRECTORIES.....	145
Table 8 Providers	
Table 9 Approved Training Programs	
Table 10 Facilities	
Table 11 Dispatch Agencies	
DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS.....	153
APPENDICES.....	155
Appendix 1 Summary of Changes	
Appendix 2 Project Objectives for 2005-2006	

This Page Intentionally Left Blank.

EXECUTIVE SUMMARY

The Mountain-Valley Emergency Medical Services Agency (MVEMSA) was formed through a joint powers agreement in 1981 and currently serves the counties of Alpine, Amador, Calaveras, Mariposa, and Stanislaus. The MVEMSA's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system which meets the minimum standards developed by the California EMS Authority.

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components: manpower and training, communications, transportation, assessment of hospitals and critical care centers, system organization and management, data collection and evaluation, public information and education and disaster response.

Major changes have taken place in the EMS system since the MVEMSA last adopted an EMS plan in 1985. Among these changes are: the availability of advanced life support (paramedic) and 9-1-1 services in all parts of the EMS system, the development of specialized policies and services for critically ill and injured children, the creation of an EMS database management system, the formation of exclusive operating areas (EOAs) for ambulance service in Amador and Stanislaus Counties, the adoption of a regional Policy and Procedure Manual and the withdrawal of San Joaquin and Merced Counties from the JPA.

The process of assessing system needs and developing plan objectives revealed that although major improvements have been made in the EMS system since 1985, several components of the EMS system remain unchanged or undeveloped. As an example, despite tremendous improvements in communications technology the communications system, the series of mountain top repeaters and radio frequencies used to dispatch ambulances to emergencies and for paramedics to contact base hospital physicians and nurses for medical advice, has not been updated or significantly modified since 1985. However, the component most noticeably absent from the A-ML-SJ EMS system is that of a formal trauma care system designed to triage and transport major trauma victims to designated trauma care hospitals. This omission exists in spite of three major trauma planning efforts conducted by the MVEMSA in 1981-83, 1988-90 and 1992-93.

The Mountain-Valley EMS system currently meets or exceeds 84 of the State's 121 minimum standards and recommended guidelines. However, the EMS System Plan does more than just focus on the current deficiencies in the EMS system; it attempts to identify objectives for creating an **optimal** EMS system.

In order to accomplish the task of creating an "optimal" system, an EMS Plan Task Force, comprised of representatives from hospitals, ambulance providers, first response agencies, and the insurance industry, was formed. The task force met over the course of several months and created the "Local EMS System Model." The concepts included in this document, such as a single 9-1-1 dispatch center in each county, were used as guides in developing the objectives of the EMS System Plan.

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

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

- Studying the feasibility of ALS first response services and other ALS alternatives as described in the EMS system model;
- Determining the feasibility of establishing county-wide exclusive operating areas for ambulance providers and non-transporting paramedic providers;
- Developing agreements with cities and fire districts regarding ambulance response zones in their areas;
- Developing standardized first response agreements;
- Creating a single EMS dispatch center and an integrated dispatch system for each county;
- Developing a better method to triage medical emergencies and dispatch appropriate resources;
- Updating and repairing the communications system;
- Identifying the optimal roles and responsibilities of EMS system participants;
- Establishing a single system-wide on-line medical control point;
- Developing protocols to allow paramedics to treat and release patients from scene;
- Developing a process to identify preventable morbidity and mortality;
- Developing a mechanism to use non-hospital medical facilities to receive some EMS patients;
- Developing a trauma care system;
- Developing prehospital triage and transfer protocols;
- Developing a pediatric plan.

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

ASSESSMENT OF SYSTEM

Summary of System Status

This section provides a summary of how the Mountain-Valley Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines.

An "x" placed in the first column indicates that the current system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time-frame the agency has established for either meeting the standard or revising the current status.

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

System Organization and Management

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		X
1.02 LEMSA Mission		X	NA	X	
1.03 Public Input		X	NA	X	X
1.04 Medical Director		X	X	X	X
1.05 System Plan		X	NA	X	X
1.06 Annual Plan Update		X	NA	X	
1.07 Trauma Planning		X	X	X	
1.08 ALS Planning		X	NA		X
1.09 Inventory of Resources		X	NA	X	

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.10 Special Populations		X	X	X	X
1.11 System Participants		X	X	X	X
1.12 Review & Monitoring		X	NA	X	X
1.13 Coordination		X	NA	X	X
1.14 Policy & Procedures Manual		X	NA	X	X
1.15 Compliance w/ Policies		X	NA	X	X
1.16 Funding Mechanism		X	NA	X	X
1.17 Medical Direction		X	NA		X
1.18 QA / QI		X	X	X	X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X	NA		X
1.21 Determination of Death		X	NA		X
1.22 Reporting of Abuse	X		NA		X
1.23 Inter-facility Transfer		X	NA	X	

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.24 ALS Systems		X			X
1.25 On-Line Medical Direction		X			
1.26 Trauma System Plan		X		X	X
1.27 Pediatric System Plan		X	NA	X	X
1.28 EOA Plan		X			X

Staffing and Training

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA	X	X
2.02 Approval of Training		X	NA	X	X
2.03 Personnel		X	NA	X	X
2.04 Dispatch Training		X	X	X	X
2.05 First Responder Training	X				X
2.06 Response	X		NA		X

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.07 Medical Control	X		NA		X
2.08 EMT-I Training		X	X		X
2.09 CPR Training		X	NA		X
2.10 Advanced Life Support		X		X	X
2.11 Accreditation Process		X	NA		X
2.12 Early Defibrillation		X	NA		X
2.13 Base Hospital Personnel		X	NA	X	X

Communications

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

Response and Transportation

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries		X	X	X	X
4.02 Monitoring		X	X	X	X

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.03 Classifying Medical Requests		X	NA		X
4.04 Pre-scheduled Responses		X	NA	X	
4.05 Response Time Standards	X			X	X
4.06 Staffing		X	NA		X
4.07 First Responder Agencies		X	NA		X
4.08 Medical & Rescue Aircraft		X	NA		X
4.09 Air Dispatch Center		X	NA	X	X
4.10 Aircraft Availability		X	NA	X	X
4.11 Specialty Vehicles	X				X
4.12 Disaster Response		X	NA	X	X
4.13 Intercounty Response		X			X
4.14 Incident Command System		X	NA		X
4.15 MCI Plans		X	NA		X
4.16 ALS Staffing		X			X

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.17 ALS Equipment		X	NA	X	
4.18 Compliance		X	NA	X	X
4.19 Transportation Plan		X	NA		X
4.20 "Grandfathering"		X	NA		X
4.21 Compliance		X	NA		X
4.22 Evaluation		X	NA		X

Facilities and Critical Care

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.14 Public Input		X			X

Data Collection and System Evaluation

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

Public Information and Education

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

Disaster Medical Response

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X	NA	X	X
8.02 Response Plans		X	X		X
8.03 HazMat Training		X	NA	X	X
8.04 Incident Command System		X	X	X	X
8.05 Distribution of Casualties		X		X	X
8.06 Needs Assessment		X	X	X	X
8.07 Disaster	X		NA	X	X

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Communications					
8.08 Inventory of Resources		X		X	X
8.09 DMAT Teams	X				X
8.10 Mutual Aid Agreements	X		NA	X	X
8.11 CCP Designation	X		NA		X
8.12 Establish CCPs	X		NA		X
8.13 Disaster Medical Training		X	X	X	X
8.14 Hospital Plans		X	X	X	X
8.15 Inter-hospital Communications		X	NA	X	X
8.16 Prehospital Plans		X	X		X
8.17 ALS Policies		X	NA		X
8.18 Specialty Cntr Roles		X		X	X
8.19 Waiving Exclusivity		X	NA		X

System Needs and Plan Objectives

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

- § current status of the MVEMSA system as it relates to the individual standard;
- § efforts to coordinate resources and services with other local EMS agencies

(LEMSAs) as required by the California EMS Authority;

- § need of the MVEMSA system as it relates to the individual standard;
- § objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system.
- § assignment of each objective to the annual work plan, long range plan, or both.

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

System Organization and Management

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency is overseen by a five-person Board of Directors, whose members are elected supervisors from each of the member counties. Agency staff is comprised of a Medical Director, who is Board Certified in Emergency Medicine, an Executive Director, a Deputy Director and an additional 8 FTE employees. Other non-agency resources include: base hospital medical directors, base hospital nurse liaisons, Trauma medical directors, trauma nurse coordinators, provider QI coordinators and provider training coordinators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Work with the state EMSA and other multi-county EMS agencies to explore mechanisms for augmenting current funding of multi-county LEMSAs.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.02 LEMSA MISSION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

"The mission of the Mountain-Valley EMS Agency is to appropriately provide quality prehospital care services to the public in a cost effective manner as an integrated part of the overall health care system." A comprehensive emergency medical services system has been established and continuously evaluated by the MVEMSA since 1981. The agency's QA/QI program was revised in 1994, to involve all system participants with the primary purpose of evaluating the EMS system and determining system needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure continued evaluation of system performance against established benchmarks. Corporate citizenship and involvement in community-based programs.

OBJECTIVE:

Use the agency's QA/QI process and public evaluations by the Regional Advisory Committee, county Emergency Medical Care Committees and other review bodies to identify needed system changes. Build a strong leadership team, which spends time with employees, customers, and other key stakeholders to facilitate high performance and explore future opportunities for improvement. Support employee involvement in professional and community organizations.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Each member county has a functioning Emergency Medical Care Committee (or equivalent) which reviews local operations, policies and practices. A Regional Advisory Committee (RAC) comprised of three persons from each member county meets bi-monthly and reviews all MVEMSA plans, policies, and procedures before they are submitted to the Board of Directors (BOD) for consideration. All meetings of the BOD, RAC and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before RAC and the BOD.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

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

OBJECTIVE:

Conduct routine meetings with each provider group to ensure input into EMS system issues. Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

The agency Medical Director possesses Board Certification in Emergency Medicine and previous experience as an assistant base hospital medical director.

The regional Quality Liaison Committee comprised of base hospital and ambulance providers provides medical oversight of the agency's QA/QI processes. Ad hoc committees for trauma care and pediatrics have been formed and disbanded as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure medical direction of the EMS system.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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

The plan shall:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

OBJECTIVE

Monitor and amend the EMS system plan as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The Trauma Plan is implemented with two Level II centers designated.

COORDINATION WITH OTHER EMS AGENCIES:

Continue working with Tuolumne, Merced, and San Joaquin EMS agencies.

NEED(S):

Need to implement trauma registry at non-trauma center facilities.

OBJECTIVE:

Complete the implementation of the trauma registry at non-trauma facilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in each county in the EMS system. There are currently two first response agencies in Calaveras County and one in Stanislaus County providing ALS level services.

COORDINATION WITH OTHER EMS AGENCIES:

Alpine County's ALS ambulance service is delivered by providers stationed in Amador, Calaveras and El Dorado counties as well as the State of Nevada. Continuation-of-call agreements have been developed with some neighboring EMS systems. Separate agreements have been executed with Merced County EMS and San Joaquin County EMS concerning the utilization of base hospital medical control and disaster control by each other's providers. Additionally, formal arrangements have been made with Merced County EMS creating ambulance response zones which serve populations in both EMS jurisdictions.

NEED(S):

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

OBJECTIVE:

Study the feasibility of ALS first response services and other ALS alternatives. Make changes as necessary to ensure the optimal provision of ALS services.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Periodically update the resource directories included in this plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

An Emergency Medical Services for Children sub-system was developed in 1993.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Formalized roles and responsibilities have long been established with base hospitals, ALS transport services, and dispatch centers. However, the EMS Agency has made a commitment to reevaluate those roles in an effort to develop a partnership role with system participants in the monitoring, and evolution of the system. The goal is to provide a greater community (decentralized) participation in system design and oversight, and a more cooperative effort between the EMS Agency and system providers in the delivery and monitoring of system services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

An evaluation of EMS system roles and responsibilities to identify activities that are best to remain centralized at a regional level, and those that should be reassigned to the local level (decentralized).

OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, facility designations and exclusive operating areas to ensure compliance. Evaluate the relationship between ALS first response in Modesto and ALS transport provider.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency has adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which includes a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, trauma coordinators, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport, and to identify system problems and seek solutions. The Trauma Audit Committee reviews, evaluates, and makes recommendations regarding trauma services throughout the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

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

OBJECTIVE:

Continue to develop and implement indicators and compliance mechanisms for Base Hospitals, Trauma Centers, First Responders, Transport Providers, EMD Centers, and Training Providers. Modify the process of review and monitoring of the EMS system as needed. Continue to work with statewide planning groups to develop standardized processes and indicators.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS system operations are coordinated through written agreements with providers, facilities and counties; policies and procedures; training standards; quality improvement programs and other mechanisms. This plan identifies those components of the MVEMSA system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure coordinated system operations.

OBJECTIVE:

Evaluate EMS system operations and make changes as needed to ensure optimal system performance. Meet routinely with provider agencies to ensure system coordination.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A policy and procedure manual has been developed and distributed to system providers. Policies and procedures are also made available through the Agency Web site.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of a policy and procedure manual for system providers. Ensure an inclusive process for policy development.

OBJECTIVE:

Monitor the process of policy and procedure manual availability and make changes as necessary. Review the process of policy development to ensure input from system participants.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies.

OBJECTIVE:

Evaluate Base Hospitals, Trauma Centers, ALS providers, AED providers, EMD Centers, and Training Providers using indicators and compliance mechanisms. Investigate utilization of performance incentives to improve compliance with policies and contracts.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMSA relies on local/county contributions, State general fund grants, PHHS project grants, service contracts with other LEMSAs and user fees as a fund base for agency operations. A decrease in funding for FY95-96 required the agency to leave 2.5 FTE employee position unfilled. State general fund augmentation was obtained in FY98-99, which was followed by a 4% reduction in those funds in FY01-02.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify stable funding sources.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Currently all seven hospitals in the EMS system have been designated as base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Arrangements have been made with Merced County and Tuolumne County EMS to allow Mariposa ambulance providers to access Merced and Tuolumne County base hospitals for medical control and disaster control functions. Arrangements have been made to allow San Joaquin County EMS personnel to contact MVEMSA base hospitals for medical direction.

NEED(S):

With the inclusion of provider QA/QI and an increase in standing orders, there may not be the need for the number base hospitals in their current roles. The establishment of a single medical control point has been identified as a potential alternative to the multiple base hospital system. The optimal medical control configuration needs to be further explored.

OBJECTIVE:

Identify the optimal medical control configuration.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.18 QA/QI

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agency has adopted an EMS System Quality Assurance/Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, trauma nurse coordinators, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Most aspects of the previous clinical review (medical auditing) program were lost with the transition to the new QA/QI program. The Trauma Audit Committee reviews, evaluates, and makes recommendations regarding trauma services throughout the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

The Agency has taken the lead on developing System Evaluation and Quality Improvement standards at the state, local, and provider levels.

NEED(S):

Ensure the continued review and monitoring of EMS system operations. Implement new state QI guidelines.

OBJECTIVE:

Continue to develop and implement indicators and compliance mechanisms for Base Hospitals, First Responders, Transport Providers, EMD Centers, and Training Providers. Modify the process of review and monitoring of the EMS system as needed. Identify funding to implement new state QI guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

X Short-Range Plan (one year or less)

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop and revise policies to meet state minimum standards and the EMS system model.

OBJECTIVE:

1) Review and revise policies, as needed, to meet minimum standards and the EMS System Model. 2) Develop policies for transport of patients to facilities appropriate for their injuries or illness. 3) Evaluate and modify the ALS/BLS scope of practice as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A comprehensive DNR policy was created and implemented in 1992, with the assistance of the Stanislaus County Medical Society, the Medic-Alert Foundation and the San Diego County EMSA. This DNR program, with minor revisions, was adopted by the State EMSA and the California Medical Association as a State Standard in 1993.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A determination of death policy was created and implemented with the concurrence of the county coroners.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the determination of death policy continues to meet system needs.

OBJECTIVE:

Revise policy as needed, to ensure that the determination of death policy continues to meet system needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

No EMS policies have been developed regarding the reporting of abuse or suspected SIDS deaths. Agency staff has served on a county Domestic Violence Task Force for the purpose of establishing a standardized multi-disciplinary approach for addressing domestic violence.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that a mechanism exists for the reporting of abuse or suspected SIDS deaths.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Revising current Transfer policies, outlining various types of transfers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and revise transfer policies as needed.

OBJECTIVE:

Evaluate and update transfer policies.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All ALS services currently provided in the EMS system are done so with Agency approval and written agreements. Exclusive operating areas (EOAs) have been established in 3 counties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS services are provided only as an approved part of the EMS system. Determine the feasibility of establishing or revising county-wide EOAs as needed.

OBJECTIVE:

Maintain written agreements with all ALS providers and monitor compliance. Determine the feasibility of establishing county-wide EOAs. When a countywide EOA is not feasible, then multiple EOAs should be established.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

Currently all seven hospitals in the EMS system have been designated as base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

With the inclusion of provider QA/QI and an increase in standing orders, there may not be the need for the number of base hospitals in their current roles. The optimal medical control configuration needs to be further explored.

OBJECTIVE:

Identify the optimal medical control configuration.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Trauma System Plan has been developed and implemented.

COORDINATION WITH OTHER EMS AGENCIES:

Continue working with Tuolumne, Merced, and San Joaquin EMS agencies.

NEED(S):

Ensure the availability of trauma services for critically injured patients. Continued evaluation and improvement of the trauma system.

OBJECTIVE:

To continue to monitor and update the plan as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Pediatric Emergency Medical and Critical Care System was developed and implemented in 1993-1995 as part of two special project grants awarded to the MV EMSA by the California EMS Authority. The pediatric system addresses the major Emergency Medical Services for Children (EMSC) components identified by the California EMS Authority as required of an EMSC system. The MVEMSA Trauma Plan, which was implemented in FY03/04 includes trauma triage and destination criteria for pediatric trauma.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements have been established with EMS Agencies with Pediatric Trauma Centers to receive pediatric patients from the field.

NEED(S):

Ensure that the Pediatric Emergency Medical and Critical Care System and the pediatric trauma services provided by the EMS system meets the needs of critically ill and injured children within the MV EMS system.

OBJECTIVE:

Continue to evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.28 EOA Plan

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Existing exclusive operating areas were designed to solidify the provision of ALS transport and emergency response with those historic providers who met the eligibility requirements for "grandfathering" under Health and Safety Code. The optimal system design for ALS ambulance and the process for assigning roles to system participants is described in the Transportation Plan included with this document.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that system design continues to meet community needs.

OBJECTIVE:

Monitor system design and make changes as required.

TIME FRAME FOR MEETING OBJECTIVE:

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

Staffing and Training

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Current training institutions appear to meet system needs considering the shortage of certified EMT-Is, accredited paramedics, and MICNs within the EMS system. First response agencies in Amador, Calaveras, and Mariposa counties are assessed yearly regarding certification and recertification training needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure a sufficient amount of personnel are trained to meet EMS system demands.

OBJECTIVE:

Monitor and ensure system personnel and training needs, including continuing education, are met. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that EMS education programs comply with State regulations and local policies for continued program approval.

OBJECTIVE:

Conduct random compliance evaluations of local programs. Monitor EMS education programs and take steps to ensure compliance to standards and other course requirements. Complete revisions to policies.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Monitor all EMS personnel policies and make changes as needed.

OBJECTIVE:

Monitor all EMS personnel policies and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Level II emergency medical dispatching, with pre-arrival instructions, has been adopted as the minimum standard for all PSAPs and dispatch centers providing or responsible for medical dispatching.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure all medical dispatchers maintain Level II EMD training standards.

OBJECTIVE:

Encourage the passage of dispatcher immunity legislation. Investigate and develop, as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening. Conduct regular meetings with provider training coordinators to establish systemwide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

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

EMT-I training is widely available within the EMS system and the staffing of first response units with at least one certified EMT-I is encouraged. 100% of the population of the MVEMSA system is served by an early defibrillation first response provider.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines.

OBJECTIVE:

Identify the optimal roles and responsibilities of all system participants based on the EMS system model and public input. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.06 RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants based upon the EMS system model.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Three first response agencies are providing ALS services, and operate under our medical direction policies. Various BLS first response agencies voluntarily participate in the QA/QI program. We are unable to determine the compliance to medical control policies for most of the BLS non-transporting EMS first responders in the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that first responders operate under the medical direction of the EMS system.

OBJECTIVE:

Continue to work with first response agencies to encourage participation in the agency QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

By policy, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of trained transport personnel to meet the needs of the EMS system.

OBJECTIVE:

Ensure the availability of trained transport personnel to meet the needs of the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Hospital employees working in the emergency department are routinely required to be certified in CPR. However, no mechanism exists to ensure compliance with this standard for personnel not under the jurisdiction of the MVEMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Encourage the training of allied health personnel in CPR.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate training needs for emergency department physicians and nurses who provide emergency patient care.

OBJECTIVE:

Monitor, evaluate, and update base hospital agreements as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies and procedures exist to accredit and orient ALS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

OBJECTIVE:

Monitor and amend the ALS accreditation process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Current state regulations no longer require separate accreditation of public safety and other BLS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies and agreements specify that only mobile intensive care nurses, who have been authorized by the MVEMSA Medical Director, or base hospital physicians, shall provide medical direction to EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that only adequately trained nurses and physicians provide medical direction to EMS personnel.

OBJECTIVE:

Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

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

Communications

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and has recently been evaluated. Most components of the system have been upgraded and repaired. Communications Directory was updated in 1998/99. Currently soliciting bids to develop a Communications Plan for Amador, Calaveras, Mariposa, and Stanislaus counties.

COORDINATION WITH OTHER EMS AGENCIES:

The Assignment of communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

NEED(S):

Several of the repeaters need to be replaced and new repeater sites identified. Comprehensive statewide communications plan. Improved and alternative communications systems (e.g. satellite) should be explored. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal, and medical control, back-up, disaster, and mutual-aid.

OBJECTIVE:

Prioritize system repairs and upgrades. Schedule routine planning meetings with communications centers. Develop Communications Plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. However, communications "dead-spots" exist through out the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard

NEED(S):

Before 2013, all radios and repeaters must be narrow-band compliant.

OBJECTIVE:

Prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and has recently been evaluated. Most components of the system have been upgraded and repaired.

COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of medical communications with hospitals.

OBJECTIVE:

Prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

There is a single point of Ambulance Dispatch in all five member counties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard

NEED(S):

Prioritize system repairs and upgrades and make necessary changes.

OBJECTIVE:

Prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All local hospitals have the VHF (HEAR) radio system. Additionally, all hospitals have Amateur Radio antennae and internet communications via EMSsystem.

COORDINATION WITH OTHER EMS AGENCIES:

Ongoing coordination with neighboring counties.

NEED(S):

Maintain the availability of medical communications, including back-up systems.

OBJECTIVE:

Prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Communication linkages among providers include: Regular telephone, facsimile lines, EMSsystem, cell-phones, satellite phones and EMS radios. California Interoperability Executive Committee is currently meeting to develop strategies for interoperability among law, fire, and EMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Prioritize system repairs and upgrades and make necessary changes consistent with system needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Education concerning 9-1-1 access is provided to the general public at health fairs and other promotional events.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Determine public education needs, based upon any changes made to the EMS system.

OBJECTIVE:

In coordination with other public safety agencies and primary health care organizations provide for public education concerning appropriate utilization and system access.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Emergency medical dispatch priority reference systems, including systemized caller interrogation, and pre-arrival instructions are being utilized. Currently, an ALS ambulance is dispatched to all 9-1-1 medical requests.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and update policies as needed.

OBJECTIVE:

Evaluate and update policies as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and update as needed.

OBJECTIVE:

Evaluate and update as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

Response and Transportation

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Emergency medical transportation service areas have been determined for all five counties in the EMS system. An ordinance or similar mechanism has been established in Stanislaus, Mariposa, Calaveras, Alpine and Amador Counties that provides for the establishment of ambulance response zones. New boundaries were established in Calaveras County, as part of the RFP process for EOAs. New services in Calaveras County to begin 07/01/05.

COORDINATION WITH OTHER EMS AGENCIES:

Coordinating with Merced County EOA due to a hospital district shared between Stanislaus and Merced Counties. El Dorado County EMS and Douglas County, Nevada provide ALS auto-aid into Alpine County.

NEED(S):

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

OBJECTIVE:

Continue to work with Stanislaus and Calaveras counties to assess county-wide system status plans. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

The recommended guideline is met within all counties except Alpine. Alpine County depends upon ambulance response from providers based in the surrounding counties of El Dorado, Amador, Calaveras and Douglas, NV. Ambulance response zones are based upon the closest available mutual aid response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers comply with statutes, regulations, policies and procedures. Ensure that ambulance providers have a mechanism to provide input on EMS system issues.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

An emergency medical dispatch priority reference system has been developed. Currently, EMD classification criteria is used by all ambulance dispatch centers with an ALS ambulance being sent to all 9-1-1 medical requests as a minimum response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the medical dispatch system continues to meet the needs of the EMS patient population.

OBJECTIVE:

Evaluate the effectiveness of the medical resources assigned to each EMD category.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Ambulance provider agreements specify parameters for utilization of emergency medical transport vehicles for prescheduled calls. These parameters require that the last ALS ambulance not be utilized for prescheduled calls.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands.

OBJECTIVE:

Monitor ambulance availability and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

Standards currently meet or exceed recommended standards.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Ensure the ability to measure response times from the primary PSAP to arrival on scene for ambulance and first response vehicles. Develop a mechanism to measure or collect response times for first response agencies and establish response time goals or standards for first response agencies.

OBJECTIVE:

Create a mechanism in Mariposa and Stanislaus to measure response times from receipt of call at primary PSAP to arrival on scene. Collect and evaluate EMS call data from the Calaveras EMS Dispatch Center.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.06 STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Ground ambulance minimum staffing requirements are as follows:

1. BLS Ambulance - Two EMT-1s currently certified in the State of California.
2. ALS Ambulance - One EMT-P accredited by the Agency and one EMT-1 currently certified in the state of California.
3. CCT Ambulance - One EMT-1 currently certified in the state of California, and one attendant who must be either a physician or a Registered Nurse (R.N.) with a minimum of two (2) years of critical care experience, and current certificate of completion from an Advanced Cardiac Life Support course. One attendant must be authorized to provide nasotracheal and orotracheal intubation. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with standard.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The roles and responsibilities of most system participants are based primarily on historical involvement and willingness to cooperate with the agency. There are currently first response agencies providing ALS services per agreement with the EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Formal integration of first responder agencies into the EMS system.

OBJECTIVE:

Identify the optimal roles and responsibilities of first response agencies as described in the EMS system model.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A process has been established for categorizing medical and rescue aircraft as required in a-f above.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Ensure that medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

One dispatch center per county has been identified as an EMS aircraft resource center and EMS system is now used by air dispatch centers throughout OES Region IV to track air resources. The two air ambulance providers based within the MVEMSA system each provide their own flight-following dispatch services and currently provide for the coordination of EMS aircraft on a rotating basis. Coordination problems continue to exist and are being assessed for possible solutions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and improve the current system including the possibility of integration of dispatch services.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The MVEMSA has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS area. Written agreements between MVEMSA and all such aeromedical services are in place.

COORDINATION WITH OTHER EMS AGENCIES:

EMSystem is now used by air dispatch centers throughout OES Region IV to track air resources. We coordinate with EMS Agencies for all surrounding EMS aircraft classification, however, Reno's Care Flight program is under the direct control of the EMS agency in Reno, NV.

NEED(S):

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Standard response protocols for CHP air resources need to be developed.

OBJECTIVE:

Monitor providers to ensure that system demands are being met and take corrective action as necessary. Work at a state level to establish guidelines for use of CHP helicopters.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Work with adjacent EMS agencies to ensure the availability of specialty vehicles.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the Mountain-Valley EMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. The Mountain-Valley EMSA has been designated as the Operational Area Disaster Medical/Health Coordinator for the counties of Alpine (west slope), Amador, Calaveras, and Stanislaus. Standard procedures for mobilizing response and transport vehicles were developed among the counties of OES Region IV.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Ambulance provider agreements require providers to arrange for day-to-day mutual-aid from neighboring providers stationed both inside and outside the MVEMSA system. Agreements are in place with Merced, San Joaquin, El Dorado, and Douglas County NV.

COORDINATION WITH OTHER EMS AGENCIES:

Continuation of call agreements have been executed with adjacent LEMSAs.

NEED(S):

Statewide medical mutual-aid agreement.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the MVEMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. The OES Region IV MCI Plan is based on the Incident Command System. Completion of ICS 100 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the MVEMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. The OES Region IV MCI Plan is based on the Incident Command System. Completion of ICS 100 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.16 ALS STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-I's may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ambulance staffing meets minimum standards and system needs.

OBJECTIVE:

Continue to monitor staffing needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Work with providers to ensure the availability of drugs and equipment on ambulances to meet patient and system needs.

OBJECTIVE:

Monitor drug and equipment requirements and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.18 COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies.

OBJECTIVE:

Evaluate and improve compliance with system policies. Develop incentives for providers to comply with policies and standards.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The enclosed Transportation Plan documents those providers which meet the requirement for "grandfathering" under Section 1797.224, H&S into exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

Monitor the requirements of the Transportation Plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.21 COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies.

OBJECTIVE:

Evaluate and improve compliance with system policies. [See 4.18]

TIME FRAME FOR MEETING OBJECTIVE:

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

4.22 EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A formal process evaluating the design of exclusive operating areas has been established. The performance standards required of providers operating within EOAs is routinely monitored and corrective action is taken to address deficiencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that EOA design meets the needs of the EMS system.

OBJECTIVE:

Continue to monitor performance standards and take corrective action as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

Facilities and Critical Care

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agency has executed base hospital agreements with all seven hospitals in the MVEMSA system, and Trauma agreements with the two trauma centers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To evaluate and update agreements as necessary.

OBJECTIVE:

Continue to evaluate capabilities of acute care facilities as related to EMS and Trauma system.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Prehospital Trauma triage protocols have been implemented. Transfer agreements have been developed and implemented with Pediatric and Burn Centers.

COORDINATION WITH OTHER EMS AGENCIES:

We are currently working with Tuolumne, Merced, and San Joaquin counties for trauma system coordination.

NEED(S):

Update transfer policies. Establish agreements with Alameda and Washoe counties for accepting trauma patients directly from the field. Assist hospitals with the establishment of transfer protocols and agreements with Trauma Centers.

OBJECTIVE:

Review and revise prehospital triage and transfer protocols as needed, based on medical need and preferred transport which ensure the delivery of patients to appropriate facilities. Update transfer policies. Establish agreements with Alameda and Washoe counties for accepting trauma patients directly from the field. Assist hospitals with the establishment of transfer protocols and agreements with Trauma Centers.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Pediatric Trauma and Critical Care Transfer Guidelines have been developed and forwarded to each acute care hospital for adoption. Transfer guidelines have been developed for trauma and burns.

COORDINATION WITH OTHER EMS AGENCIES:

The pediatric guidelines are consistent with guidelines adopted by other LEMSA that have implemented EMS-C subsystems. Any future transfer policies or agreements will be coordinated with affected LEMSAs.

NEED(S):

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

OBJECTIVE:

Evaluate and revise transfer policies, protocols and guidelines for trauma and other specialty patient groups as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Agency currently has agreements with all receiving hospitals. Agreements have been developed with those facilities providing Pediatric Critical Care, Pediatric Trauma, and Burn Center services to the EMS system. Two local hospitals have been designated as Level II Trauma Centers.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements have been signed with local EMS agencies outside of the MVEMSA region, who have designated specialty care facilities.

NEED(S):

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of EMS patients.

OBJECTIVE:

Update transfer policies, protocols, and guidelines as needed. Continue to designate and monitor facilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

A Disaster Control Facility has been designated in each county. All hospitals within the EMS system participate in mass casualty incidents in accordance with the OES Region IV MCI Plan. The MVEMSA has developed a self-study CD-ROM for MCI and HEICS training. See 8.05

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure adherence to MCI plan requirements. Provide additional information regarding terrorism and WMD invents, as available.

OBJECTIVE:

Work with hospitals to provide the necessary training and coordination. Monitor capability of system hospitals to respond to mass casualty incidents and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Hospitals have internal evacuation plans and the OES Region IV MCI plan addresses local and regional patient distribution.

COORDINATION WITH OTHER EMS AGENCIES:

The member counties of OES Region IV have and continue to work together for the development and adoption of standardized multi-casualty incident plans and other medical disaster plans.

NEED(S):

Develop, adopt, and implement a standardized hospital evacuation plan.

OBJECTIVE:

Work with hospitals to standardize hospital evacuation plans.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Currently, all seven hospitals in the EMS system have been designated as base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

The optimal medical control configuration needs to be identified.

OBJECTIVE:

Identify the optimal medical control configuration.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Regional trauma system has been established using AB430 funding including a through e above. Evaluation and modification of trauma policies is ongoing.

COORDINATION WITH OTHER EMS AGENCIES:

Continuing to work with all neighboring counties regarding patient flow and system evaluation.

NEED(S):

Ensure the availability of trauma services for critically injured patients. Implement trauma data collection process at all receiving facilities throughout the system.

OBJECTIVE:

Monitor and evaluate the trauma care system through the CQI process. Implement trauma data collection process at all receiving facilities throughout the system.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A multi-disciplinary Trauma Steering Committee was used to develop the plan.

COORDINATION WITH OTHER EMS AGENCIES:

All adjacent EMS agencies participated in the planning and continue to participate in ongoing evaluation of the trauma system.

NEED(S):

None

OBJECTIVE:

Completed.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Pediatric Emergency Medical and Critical Care System was developed and implemented in 1993-1995 as part of two special project grants awarded to the MV EMSA by the California EMS Authority. The pediatric system addresses the major Emergency Medical Services for Children (EMSC) components identified by the California EMS Authority as required of an EMSC system. The MVEMSA Trauma Plan, which was implemented in FY03/04 includes trauma triage and destination criteria for pediatric trauma.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements have been established with EMS Agencies with Pediatric Trauma Centers to receive pediatric patients from the field.

NEED(S):

Ensure that the Pediatric Emergency Medical and Critical Care System and the pediatric trauma services provided by the EMS system meets the needs of critically ill and injured children within the MV EMS system.

OBJECTIVE:

Evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Prehospital, hospital, and consumers were involved in the development of the plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continued public input regarding the pediatric emergency medical and critical care system.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Regional trauma system has been established using AB430 funding including a through e above. Evaluation and modification of trauma policies and utilization of specialty care facilities is ongoing.

COORDINATION WITH OTHER EMS AGENCIES:

Continuing to work with all neighboring counties regarding patient flow and system evaluation.

NEED(S):

Ensure the availability of trauma services for critically injured patients.

OBJECTIVE:

Continue to monitor and evaluate the trauma system and specialty care facilities through the CQI process.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Trauma and specialty care planning was conducted in cooperation with the Regional Advisory Committee and other groups.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements are in place with other local EMS agencies, whose specialty care facilities provide care for patients from within the MVEMSA region.

NEED(S):

Continue to ensure an open process for specialty care system development.

OBJECTIVE:

Maintain the process used for developing a specialty care system, including public input.

TIME FRAME FOR MEETING OBJECTIVE:

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

Data Collection and System Evaluation

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agency has adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which includes a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators, and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care, and transport. The Trauma Audit Committee (TAC) has been established to evaluate trauma care and make recommendations regarding trauma system issues.

COORDINATION WITH OTHER EMS AGENCIES:

Continue to coordinate with other LEMSAs as needed.

NEED(S):

Development of a process to provide feedback to prehospital personnel on patient outcomes, as described in the EMS system model. Ensure that the QA/QI process meets system needs and State standards. Secure funding to implement state QI guidelines.

OBJECTIVE:

Develop a process to: provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards. Establish a link between QI outcomes and the local and regional Training objectives. Secure funding to implement state QI guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policy requires patient care records (PCRs) to be completed for all patients, with copies of the report being submitted to the receiving hospital, provider and agency. All ambulance providers are currently providing data in an electronic format to the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Currently awaiting the revised data set from the state EMS Authority before revising the local data set.

NEED(S):

Ensure accuracy, completeness, and timely submission of patient care records. Update the central patient care database at the EMS Agency to receive electronic data from a variety of sources.

OBJECTIVE:

Continue to evaluate completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary. Update the central patient care database at the EMS Agency to receive electronic data from a variety of sources.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agency and individual local Q.I. groups have been formed to conduct prehospital care audits regarding system operations. A regional Quality Liaison Committee evaluates both system response and clinical aspects on an ongoing basis.

The agency has a database capable of linking prehospital, dispatch, emergency department, and discharge records. The agency receives the following data:

Data Category	Sources Currently Providing Data
Prehospital	All ground and air ambulance service providers in jurisdiction.
Dispatch	Four EMS dispatch centers.
Emergency Department	Information on all ALS scene patients and some BLS scene patients.
Discharge Records	Received electronically from two largest Stanislaus County Hospitals

COORDINATION WITH OTHER EMS AGENCIES:

Continue to work with neighboring LEMSAs as needed.

NEEDS:

Work with dispatch agencies, ambulance providers, emergency departments, and hospitals to improve accuracy and timeliness of data submission.

OBJECTIVE:

Work with dispatch agencies, ambulance providers, emergency departments, and hospitals to improve accuracy and timeliness of data submission. Work with hospitals to improve emergency department and hospital outcome data submission.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Approved level II EMD centers are required by policy to establish an in-house QI program which includes the auditing of pre-arrival instructions. EMD QI Coordinators are members of local QI groups and the regional Quality Liaison Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to ensure that an appropriate level of medical response is sent to each emergency.
Continue to ensure the appropriateness of prearrival/post dispatch directions.

OBJECTIVE:

Continue to work with EMD centers to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.
Continue to monitor and evaluate effectiveness of in-house QA/QI programs.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

The MVEMSA created and implemented an integrated data management system which meets and exceeds state standards, and includes system response and clinical (both prehospital and hospital) data.

COORDINATION WITH OTHER EMS AGENCIES:

Currently using EPCIS, a system developed by Marin, and adopted/adapted by Imperial, North Coast, and Nor-Cal EMS agencies.

NEEDS:

Work with EMSA to work toward statewide data management system. Greater flexibility in data reporting and evaluation.

OBJECTIVE:

Work with EMSA to work toward statewide data management system. Continue to develop the central EMS database which integrates the existing dispatch, prehospital, hospital, and trauma registry data. Develop standardized reports and feedback systems.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency has adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which includes a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport.

Additionally, each member county has a functioning Emergency Medical Care Committee which reviews local operations, policies and practices. A Regional Advisory Committee (RAC) comprised of three persons from each member county meets bi-monthly and reviews all MVEMSA plans, policies, and procedures before they are submitted to the Board of Directors (BOD) for consideration. All meetings of the BOD, RAC and county EMCCs are open to the public with time allocated on each agenda for open public comments. Impacted groups are routinely notified in advance of issues before RAC and the BOD. The Trauma Audit Committee continues to review and make recommendations regarding the trauma system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identification and creation of indicators which can be used for evaluating the efficiencies and customer satisfaction of the EMS system, considering community needs, system demands, and current constraints. To implement new statewide QI guidelines.

OBJECTIVE:

Identify and create indicators which can be used for evaluating the efficiencies and customer satisfaction of the EMS system, considering community needs, system demands, and current constraints. Secure funding to implement new statewide QI guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

ALS providers are required by policy and agreement to participate in the agency system-wide evaluation program. BLS providers are not required to (but may voluntarily) participate in the agency system-wide evaluation program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Development of a process to provide feedback to prehospital personnel on patient outcomes. Ensure that the QA/QI process meets system needs and State standards.

OBJECTIVE:

Develop a process to: provide aggregate feedback to prehospital providers on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.08 REPORTING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency currently produces ad hoc reports for the entities listed above. Developing indicators and feedback mechanisms for evaluation of system design and operations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEEDS:

Annual system evaluation and update of the EMS Plan. Produce periodic aggregate data reports that can be provided to the above entities.

OBJECTIVE:

At least annually report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

TIME FRAME FOR MEETING OBJECTIVE:

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

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agency has adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which includes a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Development of a process to provide aggregate feedback to providers on patient outcomes. Ensure that the QA/QI process meets system needs and State standards.

OBJECTIVE:

Continue to monitor and amend the QI program to develop focused audits to direct training objectives and system needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency has a trauma system evaluation and data collection program which is reviewed by the acute care providers in the EMS region. The program has been implemented with a formal trauma system plan and two designated Level II Trauma Centers. The Trauma Audit Committee reviews system issues and develops processes for implementing improvements to the system design and operation.

COORDINATION WITH OTHER EMS AGENCIES:

Ongoing coordination with all neighboring LEMSAs.

NEED(S):

Develop an annual trauma summary to identify system needs and trends to improve care.
Implement trauma registry at non-trauma centers.

OBJECTIVE:

Develop an annual trauma summary to identify system needs and trends to improve care.
Implement trauma registry at non-trauma centers.

TIME FRAME FOR MEETING THE OBJECTIVE:

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

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Trauma registry implemented at both Level II Trauma Centers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Implement trauma registry at non-trauma centers. Continue data validation.

OBJECTIVE:

Implement trauma registry at non-trauma centers. Continue data validation.

TIME FRAME FOR MEETING OBJECTIVE:

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

Public Information and Education

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

MVEMSA has developed and disseminated information on basic first aid, CPR, system design and access, disaster planning, and bicycle and skate board safety. The agency has created the following children's education programs: Student Activities for Emergencies (S.A.F.E.) and the EMS Youth Program, which are designed to teach emergency awareness, system access and basic first aid skills.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Creation of education materials and programs regarding system access and utilization as described in the EMS system model.

OBJECTIVE:

In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model. In partnership with other agencies, address the educational needs of culturally diverse communities.

TIME FRAME FOR MEETING OBJECTIVE:

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

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agency routinely participates in public safety (health) fairs at various locations throughout the EMS region promoting injury control and prevention, including specialized programs for targeted audiences.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continued development and promotion of injury control education programs and programs targeted at high risk groups.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

The MVEMSA developed Project S.A.F.E. (Student Activities for Emergencies) designed to teach middle school children emergency awareness, system access, basic first aid skills, injury prevention, and disaster preparedness. Agency staff work with allied health agencies, and public safety to present public information materials at health and safety fairs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to promote citizen disaster preparedness activities.

OBJECTIVE:

In conjunction with county OES coordinators, Red Cross, and other public safety agencies, continue to develop and promote citizen disaster preparedness activities.

TIME FRAME FOR MEETING OBJECTIVE:

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

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

The agency provides CPR manikins and other first aid training equipment to community CPR and first aid instructors. CPR and first aid classes have been offered through collaborative efforts with other organizations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to collaborate with other organizations to provide citizen CPR and first aid training.

OBJECTIVE:

Continue to collaborate with other organizations to provide citizen CPR and first aid training.

TIME FRAME FOR MEETING OBJECTIVE:

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

Disaster Medical Response

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted by the Board of Directors of the EMS Agency and each of the member counties, as the plan to be used for medical disaster management. Agency staff continue to participate in weapons of mass destruction preparedness training and coordination with the OES Coordinators in each member county.

COORDINATION WITH OTHER EMS AGENCIES:

The OES Region IV MCI Plan was developed as a joint project with representation from all 11 counties in OES Region IV.

NEED(S):

Ensure that the OES Region IV MCI Plan continues to meet the disaster medical response needs of the EMS system and incorporate NIMS standards.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plan and make changes as needed. Determine the need for developing a medical response plan for hazardous material incidents, WMD, and other incident specific annexes. Modify existing disaster documents to include NIMS standards.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted by the Board of Directors of the EMS Agency is an all-hazard response plan and is based upon ICS and SEMS standards.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

See 8.01

OBJECTIVE:

See 8.01

TIME FRAME FOR MEETING OBJECTIVE:

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

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Agency staff have begun working with local OES staff to provide WMD training, which includes a refresher portion of hazmat awareness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to work with local OES coordinators and ambulance providers to ensure that EMS responders are properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

OBJECTIVE:

Continue to work with local OES coordinators and ambulance providers to ensure that EMS responders are properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities. Ensure that adequate PPE for medical responders are available for response to potential hazardous materials events within each county.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

The OES Region IV MCI Plan adopted by the MVEMSA is based on the Incident Command System. Completion of ICS 100 and a 4-hour hospital (for MICNs) or 8-hour field MCI course (for field personnel) is the minimum standard for EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all EMS personnel are trained in ICS, MCI, SEMS, and NIMS.

OBJECTIVE:

Monitor compliance to training standards and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS:

Distribution of patients is addressed in Module II of the OES Region IV MCI Plan used in each of our counties. County Disaster Control Facilities (DCFs) determine hospital capabilities and distribute patients accordingly. EMSsystem is currently being used by all member counties, in conjunction with all counties within OES Region IV and several neighboring counties.

COORDINATION WITH OTHER EMS AGENCIES:

The OES Region IV MCI Plan was developed as a joint project with representation from all 11 counties in OES Region IV. The Regional DCF is activated when two or more counties cannot accommodate the number of patients to be distributed. EMSsystem is currently being used by all member counties, in conjunction with all counties within OES Region IV and several neighboring counties.

NEED(S):

Ensure that the procedures for distributing disaster casualties functions effectively. Update the Facilities Assessment Profiles and OES Region IV map, which identifies facilities and facility specialties.

OBJECTIVE:

Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Update the Facilities Assessment Profiles and OES Region IV map, which identifies facilities and facility specialties. Continue to work with the OES Region IV committee to develop standard operating procedures for the regional EMSsystem.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

General procedures to be used by Medical/Health Operational Area Coordinators were adopted by the counties in OES Region IV. These procedures included a process for assessing and communicating needs to OES Region IV and State OES. Local disaster exercises are conducted yearly.

SOPs for the activation of the Medical/Health OAC and the Emergency Operations Center (EOC) are in place.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the procedures for assessing medical needs in a disaster function effectively.

OBJECTIVE:

Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed. Conduct annual needs assessment exercises, involving each of the member counties.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Most transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities. However, other than the day-to-day medical frequencies, no frequency has been officially designated for disaster medical communications.

COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

NEED(S):

The current system of dispatch, field, and hospital medical communication was developed more than ten years ago and is in need of evaluation, upgrade, and repair. Ensure the availability of common medical communications during disasters.

OBJECTIVE:

Continue to work with region and state agencies to standardize the medical communications plan. Develop local Communications Plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

Resource Directory updated each year with the Annual EMS Plan update.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annually update the Disaster Medical Resource Directory. Ensure the development of agreements with resource suppliers.

OBJECTIVE:

Update the Disaster Medical Resource Directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

Individuals interested in volunteering for DMAT training are encouraged to join the Sacramento-based DMAT team.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a relationship with the Sacramento-based DMAT Team.

OBJECTIVE:

Develop a relationship with the Sacramento-based DMAT Team.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual-aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Providers are required by their agreements to execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region IV are currently working on a "regional" master medical mutual aid agreement to be executed between counties and/or LEMSAs.

COORDINATION WITH OTHER EMS AGENCIES:

As stated above.

NEED(S):

Adoption of a statewide master medical mutual aid agreement for medical resources. Establish or clarify the medical/health mutual-aid process between California and Nevada.

OBJECTIVE:

Continue the process of developing and adopting a master medical mutual aid agreement. Continue to work with OES Region IV in developing a California/Nevada medical/health mutual-aid process.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Several sites for CCPs or Field Treatment Sites have been identified, by individual counties. However, no formal plans have been developed for their activation, staffing, or outfitting.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Formally identify CCPs and establish plans regarding activation, staffing and outfitting.

OBJECTIVE:

In conjunction with county OES offices, identify CCPs and establish plans regarding activation, staffing and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.12 ESTABLISHMENT OF CCPs

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Several sites for CCPs have been identified throughout the EMS region. However, no formal plans have been developed for their activation, staffing or outfitting.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify CCPs and establish plans regarding activation, staffing and outfitting.

OBJECTIVE:

In conjunction with county OES offices, identify CCPs and establish plans regarding activation, staffing and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

Completion of ICS 100 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel. The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. The EMS Agency has developed self-study CD-ROMs for the MCI and HEICS curriculums.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

OBJECTIVE:

Ensure an adequate number of Field, Hospital, and Dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

EMSA staff are available to all hospitals for in-service and training in ICS and MCI plan standards. Hospitals are also incorporated into county-wide disaster exercises on an annual basis. The EMS Agency has developed self-study CD-ROMs for the MCI and HEICS curriculums.

COORDINATION WITH OTHER EMS AGENCIES:

Many of the county-wide disaster exercises involve activation of the Regional Disaster Control Facility and/or the Regional Disaster Medical/Health Coordinator.

NEED(S):

All hospitals should adopt some form of ICS as the basis for their facility's disaster plan.

OBJECTIVE:

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one inter-agency disaster drill is conducted in each member county. Monitor compliance to the OES Region IV MCI Plan and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All hospitals within the Agency's member counties currently have EMSsystem (an internet-based hospital statusing and communications system), med-net radios, and amateur radio antennas. OES Region IV (San Joaquin EMS) purchased amateur radios for each Control Facility within the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of inter-hospital medical communications.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the EMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. Completion of ICS 100 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

All eleven counties within OES Region IV have cooperatively maintained a standardized field response plan and disaster patient distribution system.

NEED(S):

See 8.01 and 8.13.

OBJECTIVE:

See 8.01 and 8.13.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Procedures have been established with adjacent EMS systems through mutual aid agreements. For other counties, the OES Region IV MCI Plan directs ALS, LALS and BLS personnel to act under their own system's standing orders during an MCI or medical disaster.

COORDINATION WITH OTHER EMS AGENCIES:

All eleven counties within OES Region IV have cooperatively maintained a standardized field response plan and disaster patient distribution system.

NEED(S):

See 8.01.

OBJECTIVE:

See 8.01.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A map depicting all of the acute care facilities within OES Region IV with their various specialties was produced and distributed to all of the Disaster Control Facilities within the region.

COORDINATION WITH OTHER EMS AGENCIES:

All eleven counties within OES Region IV have cooperatively maintained a standardized field response plan and disaster patient distribution system.

NEED(S):

Determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures. Update the facilities map distributed through the OES Region IV MCI grant project.

OBJECTIVE:

When specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures. Modify the MCI Plan and Trauma plans as needed to ensure clear triage protocols during a disaster.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All exclusive operating area agreements contain language allowing the MVEMSA to waive the exclusivity of an area in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that a process exists for the waiving of exclusivity in EOAs in the event a significant medical incident.

OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

This page intentionally left blank.

SYSTEM RESOURCES AND OPERATIONS

This page intentionally left blank.

Table 2 System Organization and Management

Table 2: System Organization and Management

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

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: Alpine, Amador, Calaveras, Mariposa, and Stanislaus

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

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

Table 2 - System Organization & Management (cont.)

Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	n/a
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	n/a
Non-medical disaster planning	n/a
Administration of critical incident stress debriefing (CISD) team	n/a
Administration of disaster medical assistance team (DMAT)	n/a
Administration of EMS Fund [Senate Bill (SB) 12/612]	n/a
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY: 2004-2005

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$680,610
Contract Services (e.g. medical director)	\$677,814
Operations (e.g. copying, postage, facilities)	\$334,104
Travel	\$27,140
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	<u>48,550</u>
Other: Staff Training/Conferences	6,403
TOTAL EXPENSES	<u>\$1,774,621</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant	\$ 54,686
HRSA Grant Project	621,673
State general fund	\$347,007
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	\$248,772
Certification fees	\$35,000
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA), Job Training Partnership ACT (JTPA) funds or other payments	\$26,000
Base hospital application fees	
Base hospital designation fees	
_____ Trauma center application fees	
Trauma center designation fees	\$147,512
Pediatric facility approval fees	
Pediatric facility designation fees	_____
Other critical care center application or designation fees	
Type: _____	
Ambulance service/vehicle fees	\$46,750
Contributions	_____
EMS Fund (SB 12/612)	
Other (specify):	
Miscellaneous	\$247,221
TOTAL REVENUE	<u>\$1,774,621</u>

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 2005

We do not charge any fees

X Our fee structure is:

First responder certification	\$30.00
EMS dispatcher certification	\$15.00
EMT-I certification	\$30.00
EMT-I recertification	\$30.00
EMT-defibrillation certification	n/a
EMT-defibrillation recertification	n/a
EMT-P accreditation (new or expired)	\$50.00
Mobile Intensive Care Nurse(MICN) authorization	\$25.00
MICN re-authorization	\$20.00
MICN Radio Skills Exam	\$15.00
EMT-P/MICN Field Experience Evaluation	\$1.00/hr
EMT-I training program approval	no charge
EMT-II training program approval	no charge
EMT-P training program approval	no charge
MICN training program approval	no charge
Base hospital application	no charge
Base hospital designation	no charge
Trauma center application	Level I Application:\$25,000 Level II Application:\$25,000 Level III Application:\$5000 Level IV Application:\$5000
Trauma center designation	Level I Annual Fee:\$75,000 Level II Annual Fee:\$75,000 Level III Annual Fee:\$3000 Level IV Annual Fee:\$1500
Pediatric facility approval	n/a
Pediatric facility designation	n/a

Table 2 - System Organization & Management (cont.)

Other critical care center application or designation fees	none
Type: <u>n/a</u>	
Ambulance service license	established separately by each member county
Ambulance vehicle permits	established separately by each member county
BLS Ambulance Special Event Coverage	\$25.00
ALS Ambulance Special Event Coverage	\$25.00
Air Ambulance Authorization Fees (unit based in the region)	\$3500.00
Each additional ship	\$250.00
Air Ambulance Authorization Fees (unit based outside the region)	\$200.00
Each additional ship	\$50.00
Advanced Life Support Treatment Protocols (large book)	\$10.00
Advanced Life Support Treatment Protocols (small book)	\$5.00
Basic Life Support Treatment Guidelines	\$5.00
EMT-I Workbook	\$7.00
Administrative Fee	\$27.00/hr
Copying	\$1.00 for 1st page and .10¢ for each additional page
Other: _____	_____

This page intentionally left blank.

Table 2 - System Organization & Management (cont.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2004

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Executive Director	1 FTE	\$37.70	31%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Deputy Director	1 FTE	\$30.76	31%	
ALS Coord./ Field Coord./ Trng Coord.	Certificatioin and Training Coordinator	1 FTE	\$26.68	31%	
Program Coord./Field Liaison (Non-clinical)	Field Liaison, Transportation Coordinator, Communications Coordinator	2 FTE	\$26.68	31%	
Trauma Coord.	Trauma Coordinator	.6 FTE	\$39.52	31%	
Med. Director	Medical Director	.41 FTE	\$52.88	n/a	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Disaster Coordinator				Position unfilled this fiscal year

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	Information Systems Analyst	1.0 FTE	\$25.39	31%	
QA/QI Coordinator					
Public Info. & Ed. Coord.	Health Educator				Position unfilled this fiscal year.
Ex. Secretary	Executive Secretary	1 FTE	\$17.88	31%	
Other Clerical	Receptionist, Secretary I	1 FTE	\$14.64	31%	
Data Entry Clerk					
Other	Management Services Asst.	1 FTE	\$21.36	31%	

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 3 Personnel/Training

TABLE 3: Personnel/Training

EMS System: Mountain-Valley EMS Agency
 Reporting Year: 2005

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	1059	0		192	0
Number newly certified this year	379	0		16	0
Number recertified this year	729	0		79	0
Total number of accredited personnel on July 1 of the reporting year			288		
Number of certification reviews resulting in:					
a) formal investigations	2				
b) probation					
c) suspensions					
d) revocations	2				
e) denials	1				
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 46
2. Early defibrillation:

a) Number of EMT-I (defib) certified	1059
b) Number of public safety (defib) certified (non-EMT-I)	430
3. Do you have a first responder training program?	Yes

Table 4 Communications

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Alpine

Reporting Year: 2005

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

1.	Number of primary Public Service Answering Points (PSAP)	1
2.	Number of secondary PSAPs	0
3.	Number of dispatch centers directly dispatching ambulances	0
4.	Number of designated dispatch centers for EMS Aircraft	0
5.	Do you have an operational area disaster communication system?	yes
a.	Radio primary frequency	153.800
b.	Other methods:	RACES
c.	Can all medical response units communicate on the same disaster communications system?	yes
d.	Do you participate in OASIS?	yes
e.	Do you have a plan to utilize RACES as a back-up communication system?	yes
	1) Within the operational area?	yes
	2) Between the operational area and the region and/or state?	yes

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Amador

Reporting Year: 2005

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

1.	Number of primary Public Service Answering Points (PSAP)	1
2.	Number of secondary PSAPs	1
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of designated dispatch centers for EMS Aircraft	0
5.	Do you have an operational area disaster communication system?	yes
a.	Radio primary frequency	467.975
b.	Other methods:	RACES
c.	Can all medical response units communicate on the same disaster communications system?	yes
d.	Do you participate in OASIS?	yes
e.	Do you have a plan to utilize RACES as a back-up communication system?	yes
	1) Within the operational area?	yes
	2) Between the operational area and the region and/or state?	yes

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Reporting Year: 2005

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

- | | | |
|----|--|---------------------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. | Number of secondary PSAPs | 1 |
| 3. | Number of dispatch centers directly dispatching ambulances | 1 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 0 |
| 5. | Do you have an operational area disaster communication system? | yes |
| a. | Radio primary frequency | 468.950 and 462.950 |
| b. | Other methods: | RACES |
| c. | Can all medical response units communicate on the same disaster communications system? | yes |
| d. | Do you participate in OASIS? | yes |
| e. | Do you have a plan to utilize RACES as a back-up communication system? | yes |
| 1) | Within the operational area? | yes |
| 2) | Between the operational area and the region and/or state? | yes |

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Reporting Year: 2005

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

1.	Number of primary Public Service Answering Points (PSAP)		1
2.	Number of secondary PSAPs		1
3.	Number of dispatch centers directly dispatching ambulances		1
4.	Number of designated dispatch centers for EMS Aircraft		1
5.	Do you have an operational area disaster communication system?		yes
a.	Radio primary frequency	159.390 / 151.460	
b.	Other methods:		None
c.	Can all medical response units communicate on the same disaster communications system?		yes
d.	Do you participate in OASIS?		yes
e.	Do you have a plan to utilize RACES as a back-up communication system?		yes
	1) Within the operational area?		yes
	2) Between the operational area and the region and/or state?		yes

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Reporting Year: 2005

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 | 1 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 1 |
| 5. | Do you have an operational area disaster communication system? | No |
| a. | Radio primary frequency | 467.975 and 154.145 |
| b. | Other methods: | RACES |
| c. | Can all medical response units communicate on the same disaster communications system? | No |
| d. | Do you participate in OASIS? | yes |
| e. | Do you have a plan to utilize RACES as a back-up communication system? | yes |
| 1) | Within the operational area? | yes |
| 2) | Between the operational area and the region and/or state? | yes |

TABLE 5: Response/Transportation

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

Transporting Agencies

1.	Number of exclusive operating areas	9
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	97%
3.	Total number responses	unknown
a)	Number of emergency responses <small>(Code 2: expedient, Code 3: lights and siren)</small>	53,015
b)	Number non-emergency responses <small>(Code 1: normal)</small>	unknown
4.	Total number of transports	unknown
a)	Number of emergency transports <small>(Code 2: expedient, Code 3: lights and siren)</small>	38,171
b)	Number of non-emergency transports <small>(Code 1: normal)</small>	unknown

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	
a)	Automated	37
b)	Manual	0
6.	Number of EMT-Defibrillation providers	
a)	Automated	0
b)	Manual	0

Air Ambulance Services (Region-based)

7.	Total number of responses	1,748
a)	Number of emergency responses (scene calls)	1,327
b)	Number of non-emergency responses (interfacility calls)	421
8.	Total number of transports	835
a)	Number of emergency (scene) responses	835
b)	Number of non-emergency responses	0

TABLE 5: Response/Transportation (cont'd.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	n/a ¹	n/a	n/a	n/a
2. Early defibrillation responder.	n/a	n/a	n/a	n/a
3. Advanced life support responder.	8	20	Asap	n/a
4. Transport Ambulance.	8	20	Asap	n/a

¹No mechanism exists for the collection of response time data for first response agencies.

TABLE 5: Response/Transportation (cont'd.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	n/a ¹	n/a	n/a	n/a
2. Early defibrillation responder.	n/a	n/a	n/a	n/a
3. Advanced life support responder.	13/20 ²	13/20	13/20	13/20
4. Transport Ambulance.	13/20	13/20	13/20	13/20

¹No mechanism exists for the collection of response time data for first response agencies.

²County is divided into three different EOA's. Two EOA's have a overall 20 minute response, the third a 13 minute response.

TABLE 5: Response/Transportation (cont'd.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Mariposa

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	n/a ¹	n/a	n/a	n/a
2. Early defibrillation responder.	n/a	n/a	n/a	n/a
3. Advanced life support responder.	8	12	Asap	n/a
4. Transport Ambulance.	8	12	Asap	n/a

¹No mechanism exists for the collection of response time date for first response agencies.

TABLE 5: Response/Transportation (cont'd.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	n/a ¹	n/a	n/a	n/a
2. Early defibrillation responder.	n/a	n/a	n/a	n/a
3. Advanced life support responder.	7.5	11.5/19.5	Asap	n/a
4. Transport Ambulance.	7.5	11.5/19.5	Asap	n/a

¹No mechanism exists for the collection of response time date for first response agencies.

Table 6 Facilities and Critical Care

TABLE 6: Facilities and Critical Care

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2004

Trauma

Trauma patients:

- | | |
|--|------------------|
| a) Number of patients meeting trauma triage criteria | N/A ¹ |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | N/A |
| c) Number of major trauma patients transferred to a trauma center | N/A |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | N/A |

Emergency Departments

- | | |
|---|---|
| Total number of emergency departments | 7 |
| a) Number of referral emergency services | 0 |
| b) Number of standby emergency services | 1 |
| c) Number of basic emergency services | 6 |
| d) Number of comprehensive emergency services | 0 |

Receiving Hospitals

- | | |
|--|---|
| 1. Number of receiving hospitals with written agreements | 0 |
| 2. Number of base hospitals with written agreements | 7 |

¹A trauma system has not been implemented in the Mountain-Valley EMS System.

This page intentionally left blank.

Table 7 Disaster Medical

TABLE 7: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Alpine

Reporting Year: 2005

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Alpine County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a

2. CISD

Do you have a CISD provider with 24 hour capability? yes

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOC's you will need to interact within a disaster? 1

Table 7: Disaster Medical - Alpine County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. Amador;
El Dorado; Douglas County, Nevada
-
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? no
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

TABLE 7: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Amador

Reporting Year: 2005

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Amador County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a

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

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

Table 7: Disaster Medical - Amador County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. Alpine
-
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

TABLE 7: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Reporting Year: 2005

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Calaveras County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a

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

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

Table 7: Disaster Medical - Calaveras County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. none.
-
-

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

TABLE 7: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Reporting Year: 2005

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Mariposa County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a

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

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

Table 7: Disaster Medical - Mariposa County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. Madera.
-
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

TABLE 7: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Reporting Year: 2005

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stanislaus County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a

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

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact within a disaster? 1

Table 7: Disaster Medical - Stanislaus County (cont.)

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes
 - b. exercise? yes

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

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

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

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

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

RESOURCE DIRECTORIES

This page intentionally left blank.

Table 8 Providers

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Alpine

Name, Address & telephone: Bear Valley Fire Department P.O. Box 5430 Bear Valley, CA 95223				Primary Contact: Rick Stephens	
(209) 753-2321					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___9___ PS-defib ___ BLS ___7___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: x yes no	If public: <input checked="" type="checkbox"/> Fire x Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Kirkwood Fire Protection District P.O. Box 247 Kirkwood, CA 95646				Primary Contact: Peter Tabacco (One BLS Transport through Alpine EMS)	
(209) 258-4444					
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: ___3___ PS ___ PS-defib ___ BLS ___10___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district	System available 24-hours? <input checked="" type="checkbox"/> yes	Number of ambulances: n/a

		<input type="checkbox"/> Other:	<input type="checkbox"/> federal	<input type="checkbox"/> no	
--	--	---------------------------------	----------------------------------	-----------------------------	--

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Alpine

Name, Address & telephone: Markleeville Volunteer Fire Department P.O. Box 158 Markleeville, CA 96720 (916) 694-2357				Primary Contact: Wayne Thompson	
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: __13__ PS __ __ PS-defib __ __ BLS __1__ EMT-D __ __ LALS __ __ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Alpine County EMS 75 Pine Avenue Markleeville, CA 96120 (530) 694-2159				Primary Contact: Lynn Doyal	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: __ __ PS __ __ PS-defib __23__ BLS __23__ EMT-D __ __ LALS __ __ ALS

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other: Health	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3
--	---	--	--	--	-------------------------

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

Name, Address & telephone: American Legion Ambulance P.O. Box 100 Sutter Creek, CA 95685 (209) 223-2963 - Main Office				Primary Contact: Al Lennox (209) 267-0268 Fax: (209) 267-5463 e-mail: allennox@alpost108.org	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib <u>21</u> BLS ____ EMT-D ____ LALS <u>27</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 12

Name, Address & telephone: Amador Fire Protection District 500 Argonaut Lane Jackson, CA 95642 (209) 223-6391				Primary Contact: Jim McCart	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____6 PS- defib

			<input type="checkbox"/> BLS rescue		<u>29</u> BLS <u> </u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

Name, Address & telephone: California Department of Forestry 11600 Highway 49 Sutter Creek, CA 95685 (209)267-5215				Primary Contact: Lee Winton	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> </u> PS <u> </u> PS-defib <u>20</u> BLS <u> </u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: City of Ione Fire Department P.O. Box 398 Ione, CA 95640 (209) 274-4548				Primary Contact: Ken Mackey	
Written Contract:	Service:	<input type="checkbox"/> Transport	Air Classification:	If Air:	Number of personnel providing

<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	services: _3_ PS ___ PS-defib _6_ BLS ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

Name, Address & telephone: Jackson Fire Department 33 Broadway Jackson, CA 95642 Phone: 209-223-2147 Fax: Same				Primary Contact: Mark Morton Pager # 209-231-8331	
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: _2_ PS _2_ PS-defib _14_ BLS _14_ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

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: ____ PS ____ PS-defib ____ BLS ____ EMT-D ____ LALS ____ 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: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

Name, Address & telephone: Lockwood Fire Protection District P.O. Box 221 Volcano, CA 95689			Primary Contact: Steven Cuneo (209) 295-8416		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>4</u> PS-defib ____ BLS <u>9</u> EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Pine Grove Conservation P.O. Box 405 Pine Grove, CA 95665 (209) 296-7591				Primary Contact: Mike Kirkley	
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: _2_ PS _____ PS-defib _12_ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

Name, Address & telephone:				Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-defib _BLS_ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

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

Name, Address & telephone: Sutter Creek Fire Protection District P.O. Box 365 Sutter Creek, CA 95685 (209) 267-0285 Fax: (209) 267-0587				Primary Contact: Butch Martin	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _10_ PS _10_ PS-defib _9_ BLS _9_ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

Name, Address & telephone: American Medical Response 888 E. Lindsay, Stockton, CA 95202 (209) 948-5136				Primary Contact: Barry Elzig (209) 995-6987	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib _5_ BLS ____ EMT-D ____ LALS _5_ ALS

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3
--	---	---	---	--	-------------------------

Name, Address & telephone: San Andreas Ambulance P.O. Box 1115 San Andreas, CA 95249 (209) 754-5701			Primary Contact: Dale Jones (Cell # 209-327-4848)		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib 10 BLS ____ EMT-D ____ LALS 9 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: X yes No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3 ALS, 1BLS, 1 QRV-ALS

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency Reporting Year: 2005

County: Calaveras

Name, Address & telephone: Valley Springs Ambulance P.O. Box 399 Valley Springs, CA 95252 (209) 772-2924			Primary Contact: Bill McFall		
Written Contract: <input checked="" type="checkbox"/> yes	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib

<input type="checkbox"/> no	<input type="checkbox"/> Water		<input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<u>15</u> BLS <u> </u> EMT-D <u> </u> LALS <u> 8 </u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

Name, Address & telephone: Altaville-Melones Fire Protection District P.O. Box 431 Altaville, CA 95221			(209) 603-5943 Cell (209) 736-4461 Fire house (209) 736-9116 Chief residence	Primary Contact: Tom Spence	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> 10 </u> PS <u> 8 </u> PS-defib <u> </u> BLS <u> </u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

Name, Address & telephone: West Point Fire and Rescue P.O. Box 417 West Point, CA 95255			(209) 293-7000	Primary Contact: Eldie Bartlett, B.C. Robert Kelsey, M.B.C.	
Written Contract:	Service:	<input type="checkbox"/> Transport	Air Classification:	If Air:	Number of personnel providing

<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	services: _6_ PS _7_ PS-defib _2_ BLS EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Calaveras County OES 891 Mountain Ranch Road San Andreas, CA 95249 (209) 736-5810				Primary Contact: Bill Wennhold	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: __ PS 1__ PS-defib __ BLS ____ EMT-D __ LALS 1__ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: X yes County No Health Officer	If public: Fire <input type="checkbox"/> Law X Other: Emergency Management	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a 2 Mass casualty decon trailers 2 Type I hazmat team trucks 3 Command support units.

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

Name, Address & telephone: Angels Camp Fire Department P.O. Box 457 Angels, CA 95222 (209) 736-4081				Primary Contact: Chief Scott Kenley	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _12_ PS _12_ PS-defib _5_ BLS _5_ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Copperopolis Fire Protection District P.O. Box 131 Copperopolis, CA 95228 (209) 785-2393				Primary Contact: Dennis Powers	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" 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 ____ PS-defib ____ BLS _10_ EMT-D ____ LALS _11_ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no EMS as MD for AED	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

Name, Address & telephone: Ebbetts Pass Fire Protection District P.O. Box 66 Arnold, CA 95223-0066 (209) 795-1646 Fax (209) 795-3460				Primary Contact: Warren Wilkes	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___20 PS- defib 20 BLS ___ EMT-D ___ LALS ___8ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3: 1 primary, 2 reserve

Name, Address & telephone: Central Calaveras Fire & Rescue Protection District P.O. Box 2 Mountain Ranch, CA 95246 (209) 754-4330 FAX: (209) 754-3906				Primary Contact: Robert Gill, Fire Chief Hank Gonzalez, Firefighter/Engineer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___7 PS-defib 8 BLS ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

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

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

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: ___ PS ___6_ PS-defib ___ BLS ___9_ EMT-D ___ LALS ___ 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: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

Name, Address & telephone: Murphys Fire Protection District P.O. Box 1013 Murphys, CA 95247 (209) 728-3864				Primary Contact: Bob Pereira	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___13_ PS-defib ___24_ BLS ___11_ EMT-D ___ LALS ___ ALS
Ownership:	Medical Director:	If public:	If public:	System available 24-	Number of ambulances: n/a

<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	<input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
--	--	--	--	--	--

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

Name, Address & telephone: San Andreas Fire Protection District P.O. Box 88 San Andreas, Ca 95221 (209) 754-4693				Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _6_ PS _6_ PS-defib _21_ BLS _21_ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Foothill Fire Protection District P.O. Box 193 Valley Springs, CA 95252 (209) 772-1268				Primary Contact: Barbie Utterback, Training Officer	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _8_ PS _13_ PS-defib _6_ BLS _6_ EMT-D

			<input type="checkbox"/> BLS rescue		____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Mariposa

Name, Address & telephone: Mercy Medical Transport, Inc. P.O. Box 5004 Mariposa, CA 95338-5004 (209) 966-5762 Ops (209) 966-7337				Primary Contact: Jesse Figueroa	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib <u>13</u> BLS ____ EMT-D ____ LALS <u>10</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

Name, Address & telephone: California Department of Forestry 5366 HWY 49 N, Mariposa, CA 95338 (209) 966-3622				Primary Contact: Gary Marshall - Unit Chief	
Written Contract:	Service:	<input type="checkbox"/> Transport	Air Classification:	If Air:	Number of personnel providing

<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	services: *Variable by season ____ PS ____ PS-defib * ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Mariposa

Name, Address & telephone: Mariposa County Fire Department P.O. Box 162 Mariposa, CA 95338 (209) 966-4330				Primary Contact: Blaine Schultz	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ 96 ____ PS-defib ____ BLS _50_ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone:	Primary Contact:
---------------------------------------	-------------------------

Mariposa County Sheriff's Office P.O. Box 276 Mariposa, CA 95338				(209) 966-3615		James Allen, Sheriff/Coroner	
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: First Aid only 37 ___ PS ___ PS-defib ___ BLS ___ EMT-D ___ LALS ___ ALS		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a		

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Mariposa

Name, Address & telephone: Mariposa Utility District P.O. Box 494 Mariposa, CA 95338				(209) 966-2515				Primary Contact: James D. Dulcich	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: __16__ PS __16__ PS-defib __4__ BLS ___ EMT-D ___ LALS ___ ALS				
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a				

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

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: ____ PS ____ PS-defib ____ BLS ____ EMT-D ____ LALS ____ 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: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: American Medical Response P.O. Box 4397 Modesto, Ca 95352 (209) 567-4000				Primary Contact: Cindy Woolston	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib <u>85</u> BLS ____ EMT-D ____ LALS <u>71</u> ALS

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 29
--	---	--	---	--	--------------------------

Name, Address & telephone: Hughson Paramedic Ambulance Company P.O. Box 1719 Hughson, CA 95326				Primary Contact: Thomas Crowder	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib <u>42</u> BLS ____ EMT-D ____ LALS <u>11</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 10

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Oak Valley District Ambulance 350 South Oak Avenue Oakdale, CA 95361 (209) 847-3011				Primary Contact: Ray Leverett	
Written	Service: <input checked="" type="checkbox"/> Transport	Air Classification:	If Air:	Number of personnel providing	

Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	services: ____ PS ____ PS-defib <u>13</u> BLS ____ EMT-D ____ LALS <u>14</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other: hospital. district	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

Name, Address & telephone: Patterson District Ambulance P.O. Box 187 Patterson, CA 95353 (209) 892-8781				Primary Contact: Margo Arnold	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib <u>15</u> BLS ____ EMT-D ____ LALS <u>14</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other: healthcare district	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Air Med Team	Primary Contact: Graham Pierce
---	--

1441 Florida Avenue Modesto, CA 95350 (209) 576-3939					
Written Contract: <input checked="" 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: ____ PS ____ PS-defib ____ BLS ____ EMT-D ____ LALS <u>15</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

Name, Address & telephone: Medi-Flight of Northern California 1700 Coffee Road, Modesto, CA 95355 (209) 572-7050				Primary Contact: Frank Erdman	
Written Contract: <input checked="" 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: ____ PS ____ PS-defib ____ BLS ____ EMT-D ____ LALS <u>30</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Denair Fire District P.O. Box 262 Denair, CA 95316				Primary Contact: Karl Curnow, Chief	
		(209) 632-5032 FAX: 632-1488			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: __18__ PS __18__ PS-defib __6__ BLS __6__ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Hughson Fire Protection District P.O. Box 37, Hughson, CA 95326				Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: __22__ PS 22 PS-defib __5__ BLS __2__ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> statex spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Keyes Fire Protection District P.O. Box 827 Keyes, CA 95328 (209) 634-7690				Primary Contact: Doyal Christopher	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _10_ PS ___ PS-defib _12_ BLS ___ EMT-D _0_ LALS _0_ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Modesto City Fire Department 600 Eleventh Street, Modesto, CA 95354 (209) 572-9590				Primary Contact: Jim Miguel	
Written Contract: <input checked="" type="checkbox"/> yes (ALS-Pilot) <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: _0_ PS _4_ PS-defib ___ BLS _146_ EMT-D ___ LALS _9_ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes (ALS-Pilot) <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district	System available 24-hours? <input checked="" type="checkbox"/> yes	Number of ambulances: n/a

		<input type="checkbox"/> Other: _____	<input type="checkbox"/> federal	<input type="checkbox"/> no	
--	--	---------------------------------------	----------------------------------	-----------------------------	--

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Mountain View Fire Protection District 9633 Crows Landing Road Crows Landing, CA 95313 (209) 634-4766				Primary Contact: Kevin Blount	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib ____ BLS <u>20</u> EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Newman Fire Department 1162 North Street Newman, CA 95360 (209) 862-1716				Primary Contact: Mel Souza Not a manned station	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>19</u> PS-defib ____ BLS <u>7</u> EMT-D ____ LALS <u>2</u> ALS

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a
--	---	---	--	--	---------------------------

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Oakdale City Fire Department 325 East "G" Street Oakdale, CA 95361 (209) 847-5904				Primary Contact: Mike Wilkinson	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>1</u> PS-defib ____ BLS <u>13</u> EMT-D ____ LALS <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Oakdale Rural Fire Protection District 1398 East F Street Oakdale, CA 95361 (209) 847-6898				Primary Contact: Robert Hoyer	
Written Contract: <input type="checkbox"/> yes	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>9</u> PS PS-defib

<input checked="" type="checkbox"/> no	<input type="checkbox"/> Water		<input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<u>29</u> BLS <u>20</u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Salida Fire Protection District P.O. Box 1335 Salida, CA 95369 (209) 545-0365				Primary Contact: Ed Bartley	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> </u> PS <u> 3 </u> PS-defib <u> </u> BLS <u> 29 </u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24- hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: Stanislaus Consolidated Fire District 3705 Oakdale Road Modesto, CA 95357 (209) 552-3700				Primary Contact: Lyn Rambo	
Written Contract:	Service:	<input type="checkbox"/> Transport	Air Classification:	If Air:	Number of personnel providing

<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	services: ___ PS 22 PS-defib ___ BLS 48 EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Turlock City Fire Department 156 South Broadway, Suite 250 Turlock, CA 95380-5454 (209) 668-5580				Primary Contact: Mark Langley	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS 25 PS-defib ___ BLS 35 EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone:	Primary Contact:
---------------------------------------	-------------------------

Turlock Rural Fire Protection District 690 West Canal Drive Turlock, CA 95380 (209) 632-3953				Rick Fortado	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS __22_ PS-defib ___ BLS ___ EMT-D ___ 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: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

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: ___ PS ___ PS-defib ___ BLS ___ EMT-D ___ LALS ___ 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: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, Address & telephone: West Stanislaus Fire Protection District P.O. Box 565 Patterson, CA 95363 (209) 892-5621				Primary Contact: Bill Kinnear	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 105 PS 25 PS-defib 20 BLS 20 EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8 Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Westport Fire Protection District 5160 South Carpenter Modesto, CA 95358				Primary Contact: Chief Gary Thompson	
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		Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS 4 PS-defib 25 BLS 9 EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district	System available 24-hours? <input checked="" type="checkbox"/> yes	Number of ambulances: n/a

			<input type="checkbox"/> federal	<input type="checkbox"/> no	
--	--	--	----------------------------------	-----------------------------	--

Name, Address & telephone: Woodland Avenue Fire Protection District 3300 Woodland Avenue Modesto, CA 95351			Primary Contact: Mike Passalaqua		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-defib ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

This page intentionally left blank.

Table 9 Approved Training Programs

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 2005

EMS System: Mountain-Valley EMS Agency

County: Alpine

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 602005	Health Dept.	Alpine County Health Department P.O. Box 545 Markleeville, CA 96120	Lynn Doyal (530) 541-5232	BLS	10-31-07

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 2005

EMS System: Mountain-Valley EMS Agency

County: Amador

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600011	Base Hospital	Sutter - Amador Hospital 200 Mission Boulevard Jackson, CA 95642	Claudia Coats, R.N. (209) 223-7500	BLS, ALS	4-30-06
CE 600231	Fire Dept.	City of Jackson Fire Dept. 33 Broadway Jackson, CA 95642	Mark Morton (209) 223-1646	BLS	2-28-2009
CE 600101	Ambulance Provider	American Legion Ambulance P.O. Box 480 Sutter Creek, CA 95685	Peter Hertzog (209) 223-2963	ALS, BLS	4-30-2006
CE 600301	Fire	CDF 11600 Hwy 49 Sutter Creek 98683	Michael Kaslin (209) 223-2963	BLS	12/31/07

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 2005

EMS System: Mountain-Valley EMS Agency

County: Calaveras

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600021	Base Hospital	Mark Twain-St. Joseph's Hospital 768 Mountain Ranch Road San Andreas, CA 95249	Kathy LaBuff, R.N. (209) 754-3521	BLS, ALS	2-28-2006
CE 601007	Private	EMS Taught and Tested 9584 Oak Glenn Drive Valley Springs, CA 95252	Mildred Zyski, EMT-P (209) 786-2425	BLS, ALS	7-31-07
CE 600205	Public Non-Profit	Blue Mountain Medical Volunteers P.O. Box 1271 West Point, CA 95255	Lorraine Larson (209) 293-7302	BLS	1-31-08
CE 600261	Fire Dept.	San Andreas Fire Department P.O. Box 88 San Andreas, CA 95249	Robert Rhoades (209) 754-4693	BLS	8-31-2005
CE 600221	Fire Dept.	Ebbetts Pass Fire PO Box 480 Arnold, CA 95223	Steve Kovacs (209) 795-1046	ALS, BLS	9/30/07
CE 600501	Private	Andy Murphy PO Box 716 Copperopolis, CA 95228	Andy Murphy (209) 785-2328	BLS	6/30/08
CE 601014	Gov't.	Calaveras Co. OES 891 Mountain Ranch Rd San Andreas, CA 95249	Bill Wennhold (209) 754-6303	BLS	6//30/07

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 2005

EMS System: Mountain-Valley EMS Agency

County: Mariposa

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600071	Base Hospital	John C. Fremont Hospital 5189 Hospital Road Mariposa, CA 95338	Nanette Wardle, R.N. (209) 966-3631	BLS, ALS	2-28-2006
CE 602001	Health Dept.	Mariposa County Health Department P.O. Box 5 Mariposa, CA 95338	Dana Tafoya (209) 966-3689	BLS	12-31-06
CE 600072	Hospital	Yosemite Medical Clinic P.O. Box 550 Yosemite National Park, CA 95389	Sean Pence (209) 372-4637	ALS, BLS	10-31-08
CE 600702	Amb. Prov.	Mercy Medical Transport P.O. Box 5004 Mariposa, CA 95338	Jesse Figueroa (209) 966-7337	ALS, BLS	6-30-07

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 2005

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600052	Base Hospital	Doctors Medical Center 1441 Florida Avenue Modesto, CA 95350	Candace Tidwell, R.N. (209) 576-3618	BLS, ALS	3-31-2006
CE 600503	Ambulance Provider	American Medical Response Stanislaus County Division P.O. Box 4397 Modesto, CA 95352	Irene Kennedy (800) 913-9142	BLS, ALS	10-31-06
CE 600243	Fire Dept.	Modesto City Fire Department 610 11th Street Modesto, CA 95354	B.Chief Tom Brennan (209) 578-9591	BLS	12-31-06
CE 601009	Private	Community Education 201 E Rumble Ste E Modesto, CA 95354	Daniel Lucky (209) 527-7777	BLS	2-29-08
CE 600512	Ambulance Provider	Medi-Flight of Northern California Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Bruce Blanker (209) 572-3292	BLS, ALS	1-31-07
CE 600054	Base Hospital	Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Vasti DeFrates R.N. (209) 526-4500	BLS, ALS	2-28-2009
CE 600264	Fire Dept.	Stanislaus Consolidated Fire Dept. 929 Oakdale Road Modesto, CA 95355	Jim Wiegand (209) 525-4651	BLS	11-30-07

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600057	Base Hospital	Oak Valley District Hospital 350 South Oak Street Oakdale, CA 95361	Ruth Brown, R.N. (209) 847-3011	BLS, ALS	2-28-2006
CE 600254	Fire Dept.	Oakdale City Fire Department 325 East "G" Street Oakdale, CA 95361	Dan Cummins, EMT-P (209) 847-5907	BLS	1-31-07
CE 600255	Fire Dept.	Oakdale Rural Fire Protection Dist. 1398 East "F" Street Oakdale, CA 95361	Don Armario, EMT-I (209) 847-6898	BLS	3-31-07
CE 600260	Fire Dept.	Salida Fire Protection District P.O. Box 1335 Salida, CA 95368	Greg Bragg (209) 545-3840	BLS	2-28-07
CE 600053	Base Hospital	Emanuel Medical Center 825 Delbon Avenue Turlock, CA 95380	Bonnie Holtzclaw (209) 667-5800	BLS, ALS	2-28-2006
CE 600271	Fire Dept.	Turlock Rural Fire District 690 West Canal Drive Turlock, CA 95380	Carlos Agueda (209) 667-0550	BLS	10-31-07
CE 600270	Fire Dept.	Turlock City Fire Department P.O. Box 1526 Turlock, CA 95381	Marc St. Pierre (209) 668-5580	BLS	1-28-07
CE600505	Amb. Prov.	Patterson District Ambulance P.O. Box 187 Patterson, CA 95363	Roann Verdie (209) 892-8781	ALS/BLS	2-28-2009
CE600206	Fire Dept.	Burbank-Paradise Fire Department 1313 Beverly Drive Modesto, CA 95351	Les Alderson (209) 523-1129	BLS	7-31-2005

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE600303	Amb. Prov.	Westside Ambulance 151 So. Highway 33 Newman, CA 95360	Barry Hurd (209) 862-2951	ALS, BLS	9-30-2005
CE601011	School	Ceres Unified School District P.O. Box 307 Ceres, CA 95307	Mike Gaston (209) 538-0150	BLS	7-31-2005
CE601012	Private	Stroup & Associates 1600 Montclair Street Modesto, CA 95350	Craig Stroup (209) 836-0146	ALS, BLS	8-31-2005
CE600273	Private	Medic Alert 2323 Colorado Ave Turlock, CA 95382	Brian Shockley (209) 669-2429	ALS, BLS	1-31-09
CE00501	Fire	Ceres Fire Dept. 2727 Third St Ceres, CA 95307	Eric Holly	BLS	12-31-08
CE601001	Private	Rescue 3 PO Box 819 Elk Grove, CA 95759	Gail Lane (916) 685-3006	BLS	2-28-06
CE601013	Private	Westside Training 4161 S. Whitworth Gustine, CA 95322	Peggy O'Rear (209) 854-1345	BLS	4-30-07
CE602005	Private	Kain Packwood 2042 Royalwood Lane Turlock CA 95382	Kain Packwood (209) 656-0619	BLS	6-30-05

This page intentionally left blank.

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

County: Alpine

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Ave Suite D1, Modesto CA 95350		Lynn Doyal (530) 694-2159
Student Eligibility: Open	Cost of Program: Basic: \$120 None Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 20 Refresher: n/a Continuing education: n/a Expiration Date: 6/2006 Number of Courses: Initial training: 1 Refresher: n/a Continuing education: n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher:

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

County: Amador

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$80 plus books. Refresher: \$20	Program Level: EMT-I Number of Students completing training per year: Initial Training: 30 Refresher: 25 Continuing education: n/a Expiration Date: 6-30-2005 Number of Courses: Initial training: 1 Refresher: 1 Continuing education n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher:

TABLE 9. Approved Training Programs

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$120 plus books. Refresher: \$20	Program Level: EMT-I Number of Students completing training per year: Initial Training: 50 Refresher: 50 Continuing education: n/a Expiration Date: 6-30-2005 Number of Courses: Initial training: 1 Refresher: 2 Continuing education n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility: Open	Cost of Program: Basic: none Refresher: none	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Training Institution Name and Address		Contact Person and Telephone #
Ceres Emergency Services		Danny Davis (209) 538-5709
Student Eligibility: Fire Personnel	Cost of Program: Basic: None. Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 0 Refresher: 15 Continuing education: n/a Expiration Date: 6-30-2005 Number of Courses: Initial training: n/a Refresher: 1 Continuing education: n/a

Training Institution Name and Address		Contact Person and Telephone #
Ceres High School - ROP Program Stanislaus County Dept. of Education, 801 County Center Three, Modesto, Ca. 95355		Carol Perry (209) 538-0130
Student Eligibility: Open	Cost of Program: Basic: \$65 plus books Refresher: \$20	Program Level: EMT-I Number of Students completing training per year: Initial Training: 75 Refresher: 0 Continuing education: n/a Expiration Date: 1-31-06 Number of Courses: Initial training: 2 Refresher: 0 Continuing education: n/a

TABLE 9 Approved Training Programs

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Training Institution Name and Address		Contact Person and Telephone #
Modesto Junior College 435 College Avenue, Modesto, Ca. 95350		Rod Brouhard (209) 575-6362
Student Eligibility: Open	Cost of Program: Basic: \$60 plus books Refresher: \$100	Program Level: EMT-I Number of Students completing training per year: Initial Training: 110 Refresher: 40 Continuing education: n/a Expiration Date: 12-31-05 Number of Courses: Initial training: 3 Refresher: 2 Continuing education n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Training Institution Name and Address		Contact Person and Telephone #
Abrams College 45 College Avenue, Modesto, CA 95350		Dan Lucky (209) 551-1516
Student Eligibility: Open	Cost of Program: Basic: \$650 Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 125 Refresher: n/a Continuing education: n/a Expiration Date: 6-30-08 Number of Courses: Initial training: 6 Refresher: n/a Continuing education: n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher:

Table 10 Facilities

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Amador

Name, Address & telephone: Sutter Amador Hospital 810 Court Street, Jackson, Ca. 95642 (209) 223-6600			Primary Contact: Bruce Tigner, CEO	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input 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 type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Calaveras

Name, Address & telephone: Mark Twain - St. Joseph's Hospital 768 Mountain Ranch Road, San Andreas, Ca. 95249 (209) 754-3521			Primary Contact: Michael Lawson, Administrator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input 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 type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Mariposa

Name, Address & telephone: John C. Fremont Healthcare District 5189 Hospital Road, Mariposa, Ca. 95338 (209) 966-3631			Primary Contact: Elnora George, CEO	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input checked="" type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input 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 type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Oak Valley District Hospital 350 South Oak Street, Oakdale, Ca. 95361 (209) 847-3011			Primary Contact: Dev Mahadevan, CEO	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Doctors Medical Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 578-1211			Primary Contact: Tim Joslin, Chief Executive Officer	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: Level II

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2005

County: Stanislaus

Name, Address & telephone: Emanuel Medical Center 825 Delbon Avenue, Turlock, Ca. 95380 (209) 667-4200			Primary Contact: Bob Moen, President & CEO	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Memorial Medical Center 1800 Coffee Road, Modesto, Ca. 95355 (209) 526-4500			Primary Contact: David Benn, Chief Executive Officer	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: Level II

Table 11 Dispatch Agencies

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

County: Alpine

Name, address & telephone: Alpine County Sheriff's Department Markleeville CA			Primary Contact:	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 11 EMD Training 11 EMT-D _____ ALS BLS _____ LALS _____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 5 ground ambulances 2 ALS squad

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"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

County: Amador

Name, address & telephone: Amador County Sheriff's Office, Communications Center 700 Court Street, Jackson, Ca. 95642 (209) 223-6513			Primary Contact: Jeff Mibourne	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 11 EMD Training <u>2</u> EMT-D _____ ALS BLS _____ LALS _____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other, <u>EMD</u>	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 5 ground ambulances 2 ALS squad

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"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Name, address & telephone: Calaveras County Sheriff's Office, Communications Center Government Center, San Andreas, Ca. 95249 (209) 754-6500			Primary Contact: Debby Parsons	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 12 EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other _____	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>8</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"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other _____	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

Table 11 Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Name, address & telephone: California Department of Forestry, Emergency Communications Center 5366 Highway 49 North, Mariposa, Ca. 95338 (209) 966-3622			Primary Contact: James Forga - BC	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 15 EMD Training EMT-D ALS BLS LALS Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 3 ground ambulances

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"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training EMT-D ALS BLS LALS Other	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Name, address & telephone: Air Med Team Communications Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 576 3939			Primary Contact: Graham Pierce	
Written Contract: <input checked="" 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"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS <input checked="" type="checkbox"/> Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 2 air ambulance

Name, address & telephone: Regional Rural Dispatch - Medi-Flight Communications Center 1700 Coffee Road, Modesto, Ca. 95355 (209) 572-7050			Primary Contact: Frank Erdman	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _12_ EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 2 air ambulances 0 ground ambulances

Table 11 Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Name, address & telephone: AMR Stanislaus County Emergency Medical Communications 801 10 th Street, Modesto, Ca. 95354 (209) 238-4801			Primary Contact: Cindy Murdaugh	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 24 EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>32</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"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ Other	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

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

The current status of the MVEMSA system was established using the tables included in the EMS System Planning Guidelines. Agency staff completed initial drafts of Tables 1 through 11 and disseminated these drafts to the Regional Advisory Committee (RAC), each county Emergency Medical Care Committee (EMCC), system participants and other interested parties. The EMCCs and the RAC publicly reviewed and commented on the draft documents at regularly scheduled meetings. Agency staff revised the tables based on the comments received and a final copy of each table was approved by the RAC on May 17, 1995.

The process of developing a model for the future of EMS in the MVEMSA system started with the formation of the EMS Design 2000 Planning Task Force. The membership of the task force was designed to ensure that: there was representation from all system providers, (hospitals, ambulance, first response, payers) and geographic areas; all selected members were well-respected professionals in their field; and each member had the unique ability to set aside their own personal and professional biases and analyze prehospital care and transport from a system perspective.

The mission of the task force was to:

- 1) identify the need the EMS system would meet in the future;
- 2) identify the future political, social and economic environment through the use of best guess assumptions;
- 3) design the optimal EMS system based on the need to be met and future environment; and
- 4) identify the constraints that would interfere or prohibit the adoption of the optimal EMS system.

The task force met regularly from February through May 1995. Once complete, the EMS Design 2000 Optimal System Model, along with the identified local system constraints were presented to all county EMCCs, the area Hospital Council, various local Fire Chief Associations, and the RAC. All comments and input received during and following these public presentations were presented to RAC for consideration. Based upon the optimal system model, the system constraints, and the recommendations received during the public review process, agency staff drafted the EMS Design 2000; The Local EMS System Model for the Mountain-Valley EMS Region, which was approved by the RAC on July 19, 1995.

The next step in the planning process was to develop the objectives necessary to move the current EMS system from where it is today to the EMS system model of tomorrow.

Agency staff developed a first draft of the EMS plan objectives based on the concepts contained in the EMS Design 2000: The Local EMS System Model for the Mountain-Valley EMS Agency and the California EMS Authority's EMS Systems Standards and Guidelines. Once complete the EMS plan objectives were submitted to the RAC for review to determine if the objectives: 1) addressed each of the minimum EMS standards and recommended guidelines and 2) moved the EMS system in the direction of the EMS system model. Based on this review process revisions were made to the EMS plan objectives.

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

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

Finally, agency staff brought the separate sections, summary, assessment, objectives, tables, etc., together to create a draft Mountain-Valley Emergency Medical Services Agency Emergency Medical Services System Plan. Since each section was developed separately, the compiled plan was reviewed by agency staff and minor edits were made for grammar, format and consistency. The complete EMS plan, including all modifications and appendices was submitted to the Regional Advisory Committee for approval at a public hearing held on November 15, 1995.

The EMS System Plan including all appendices was approved by the Board of Directors of the Mountain-Valley EMS Agency on December 13, 1995.

APPENDIX

Section 1: Summary of Changes

Major Changes to the EMS System during FY 2004-2005

- A Trauma Plan was developed and approved by the state EMSA.
- A new EMS System Model, including EMS dispatch and how ambulances services work together, was implemented in Stanislaus County.
- A study of the current EMS dispatch, ambulance transfer, and system oversight was undertaken.

Progress in Meeting 2004-2005 Objectives

System Organization and Management

1.01 LEMSA STRUCTURE Worked with the state EMSA and other multi-county EMS agencies to explore mechanisms for maintaining current funding of multi-county LEMSAs.

1.02 LEMSA MISSION Used the agency's QA/QI process and public evaluations by the Regional Advisory Committee, county Emergency Medical Care Committees and other review bodies to identify needed system changes. Continued to build a strong leadership team, which spends time with employees, customers, and other key stakeholders to facilitate high performance and explore future opportunities for improvement.

1.03 PUBLIC INPUT Conducted routine meetings with provider groups to ensure input into EMS system issues. Modified the structure of the agency's advisory committees to better meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

1.04 MEDICAL DIRECTOR Modified the structure of the agency's trauma and Q.I. advisory committees to better meet the needs of the EMS system.

1.05 SYSTEM PLAN Updated the EMS plan and transportation plan to reflect changes in the EMS system.

1.06 ANNUAL PLAN UPDATE Submitted the annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

1.07 TRAUMA PLANNING Completed implementation of the trauma care system plan.

1.08 ALS PLANNING Updated the ALS equipment policies and ALS protocols.

1.09 INVENTORY OF RESOURCES: Updated the resource directories included in this plan.

1.12 REVIEW AND MONITORING: Continued to develop and implement indicators and compliance mechanisms for Base Hospitals, First Responders, Transport Providers, EMD Centers, and Training Providers. Continued to work with statewide planning groups to develop standardized processes and indicators.

1.13 COORDINATION Evaluated various EMS system operations and made changes as needed to ensure optimal system performance. Met routinely with provider agencies to ensure system coordination.

1.14 POLICY & PROCEDURES MANUAL Revised the process of policy development to promote better input from system participants.

1.15 COMPLIANCE WITH POLICIES Developed in implemented use of Unusual Occurrence Report database to facilitate tracking of unusual occurrences throughout the EMS system.

1.16 FUNDING MECHANISM Maintained existing funding sources and continued to seek alternative or new funding sources. Continued to work with the Emergency Medical Services Administrators Association of California (EMSAAC), the Emergency Medical Services Medical Directors Association of California (EMDAC), and the State EMSA to maintain federal, state and local funding of EMS systems. Continued to investigate ways for the Mountain-Valley EMS agency and system to function more cost effectively.

1.18 QA/QI Continued to work with statewide planning groups to develop standardized processes and indicators. Continued to work with local QI groups to evaluate quality of patient care at the local level.

1.19 POLICIES, PROCEDURES, PROTOCOLS 1) Reviewed and revised various polices. 2) Revised policies for transport of patients to facilities appropriate for their injuries or illness. 3) Updated the ALS/BLS field operations guide.

1.24 ALS SYSTEMS Maintained written agreements with all ALS providers and monitored compliance. Established EOAs in Calaveras County.

1.26 TRAUMA SYSTEM PLAN Continued to monitor and update policies and protocols in

cooperation with the Trauma Advisory Committee.

Staffing and Training

2.01 ASSESSMENT OF NEEDS Staff worked with fire and ambulance providers in member counties to determine training needs for initial and recertification. Semi-regular meetings were held with training coordinators, most particularly in the areas of changes in state regulations regarding EMT training and continuing education requirements. The MICN course content was analyzed and revised in partnership with two MICN programs.

2.02 APPROVAL OF TRAINING Self-Surveys were distributed, collected, and analyzed from approved CE Providers. Ongoing student survey's were collected from each EMT and FR training program conducted during the year. Changes were made to FR, EMT, and Paramedic course approval policies.

2.03 PERSONNEL FR and EMT certification policies were revised in compliance with new State regulations.

2.08 EMT-I TRAINING Semi-regular meetings were held with training coordinators regarding changes in FR and EMT certification requirements. Several training programs on the new regulations were held throughout the region.

Communications

3.01 COMMUNICATIONS PLAN Various system repairs and upgrades made in Calaveras and Mariposa counties.

3.07 9-1-1 PLANNING/COORDINATION Participated in ongoing planning and coordination of the EMS dispatch centers with the 9-1-1 telephone services.

3.09 DISPATCH TRIAGE Evaluated and updated dispatch triage criteria.

Response and Transportation

4.01 SERVICE AREA BOUNDARIES Regular meetings were held with the System Status Committee in Stanislaus Co. On-going monitoring of provider compliance with response time standards continued. An EOA was established in Cal Co.

4.02 MONITORING Self-surveys were distributed, collected, and analyzed from ambulance provider agencies. Staff meets on an on-going basis, with system

participants to ensure that EMS concerns are addressed. On-going monitoring of provider compliance with response time standards continued.

4.03 CLASSIFYING MEDICAL REQUESTS Staff reviewed, at the request of some dispatch agencies, their criteria for the dispatch of resources.

4.10 AIRCRAFT AVAILABILITY Staff monitored the response of air ambulance operations. Specific incidents were reviewed with responding agencies and air medical providers.

4.12 DISASTER RESPONSE Continued to work with other OES Region IV counties in developing standard procedures for mobilizing response and transport vehicles for disasters. Worked with EMSA to develop Ambulance Strike Team and statewide mutual-aid standards.

4.17 ALS EQUIPMENT Monitored drug and equipment requirements and made changes to policy as needed.

4.18 COMPLIANCE Evaluated and improved compliance with system policies by conducting random audits of equipment.

4.19 TRANSPORTATION PLAN Revised transportation plan to reflect definition of EOA in Calaveras County.

4.22 EVALUATION Continued to monitor performance standards and take corrective action as needed. Developed an EOA in Calaveras County.

Facilities and Critical Care

5.01 ASSESSMENT of CAPABILITIES Continued to evaluate capabilities of acute care facilities as related to EMS and Trauma System.

5.05 MASS CASUALTY MANAGEMENT: Worked with hospitals to provide the necessary training and coordination of MCIs. Monitored capability of system hospitals to respond to mass casualty incidents and system saturation.

5.08 TRAUMA SYSTEM DESIGN Monitored and evaluated the trauma care system through the CQI process in cooperation with the Trauma Nurse Coordinators and Trauma Advisory Committee.

Data Collection and System Evaluation

6.01 QA/QI PROGRAM Continued to evaluate options for establishing a link between trauma registry data and EMS data.

6.02 PREHOSPITAL RECORDS Worked with ambulance providers to adopt electronic PCR collection and submission systems. Continued to evaluate completeness and timeliness of submission of patient care records. Monitored providers to ensure adherence to policy and took corrective action as necessary.

6.03 PREHOSPITAL CARE AUDITS Worked with dispatch agencies, ambulance providers, emergency departments, and hospitals to improve accuracy and timeliness of data submission. Worked with those hospitals and providers not currently giving electronic data, to move to an electronic data submission system. Worked with hospitals to improve emergency department and hospital outcome data submission.

6.05 DATA MANAGEMENT Continued to develop the central EMS database which integrates the existing dispatch, prehospital, hospital, and trauma registry data.

6.08 REPORTING Provided reports of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

6.09 ALS AUDIT Continued to monitor and amend the QI program to assist in developing training objectives for system participants.

Disaster Medical Response

8.01 DISASTER MEDICAL PLANNING Monitored the efficiency and utilization of the MCI plan and made changes, in cooperation with the OES Region IV Advisory Committee

8.03 HAZMAT TRAINING Continued to work with local OES coordinators to ensure that EMS responders are properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

8.05 DISTRIBUTION OF CASUALTIES Monitored the distribution of disaster casualties, to ensure that patients are distributed to appropriate facilities. Continued to work with the OES Region IV committee to develop standard operating procedures for the regional EMS system.

8.06 NEEDS ASSESSMENT Conducted annual needs assessment exercise, as part of the statewide Medical/Health exercise, involving each of the member counties.

8.08 INVENTORY OF RESOURCES Updated the Disaster Medical Resource Directory. Encouraged emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

8.09 DMAT TEAMS Continued to promote involvement with the Sacramento-based DMAT Team.

8.10 MUTUAL AID AGREEMENTS Continued to work with OES Region IV in developing a California/Nevada medical/health mutual-aid process.

8.13 DISASTER MEDICAL TRAINING Provided Field and Hospital MCI courses. Developed self-study interactive CD-ROM training modules for field and hospital personnel with HRSA funds.

8.14 HOSPITAL PLANS Continued to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensured at least one inter-agency disaster drill was conducted in each member county.

Plan Objectives for 2005-2006

System Organization and Management

1.02 LEMSA MISSION Use the agency's QA/QI process and public evaluations by the Regional Advisory Committee, county Emergency Medical Care Committees and other review bodies to identify needed system changes. Build a strong leadership team, which spends time with employees, customers, and other key stakeholders to facilitate high performance and explore future opportunities for improvement. Support employee involvement in professional and community organizations.

1.03 PUBLIC INPUT Conduct routine meetings with each provider group to ensure input into EMS system issues. Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

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

1.05 SYSTEM PLAN Monitor and amend the EMS system plan as needed.

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

1.07 TRAUMA PLANNING Complete the implementation of the trauma registry at non-trauma facilities.

1.09 INVENTORY OF RESOURCES Periodically update the resource directories included in this plan.

1.10 SPECIAL POPULATIONS Continue identifying population groups served by the EMS system which require specialized services. Continue to work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

1.11 SYSTEM PARTICIPANTS Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, facility designations and exclusive operating areas to ensure compliance. Evaluate the relationship between ALS first response in Modesto and ALS transport provider.

1.12 REVIEW AND MONITORING Continue to develop and implement indicators and compliance mechanisms for Base Hospitals, Trauma Centers, First Responders, Transport Providers, EMD Centers, and Training Providers. Modify the process of review and monitoring of the EMS system as needed. Continue to work with statewide planning groups to develop standardized processes and indicators.

1.13 COORDINATION Evaluate EMS system operations and make changes as needed to ensure optimal system performance. Meet routinely with provider agencies to ensure system coordination.

1.14 POLICY & PROCEDURES MANUAL Monitor the process of policy and procedure manual availability and make changes as necessary. Review the process of policy development to ensure input from system participants.

1.15 COMPLIANCE WITH POLICIES Evaluate Base Hospitals, Trauma Centers, ALS providers, AED providers, EMD Centers, and Training Providers using indicators and compliance mechanisms. Investigate utilization of performance incentives to improve compliance with policies and contracts.

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

1.18 QA/QI Continue to develop and implement indicators and compliance mechanisms for Base Hospitals, First Responders, Transport Providers, EMD Centers, and Training Providers. Modify the process of review and monitoring of the EMS system as needed. Identify funding to implement new state QI guidelines.

1.19 POLICIES, PROCEDURES, PROTOCOLS 1) Review and revise policies, as needed, to meet minimum standards and the EMS System Model. 2) Develop policies for transport of patients to facilities appropriate for their injuries or illness. 3) Evaluate and modify the ALS/BLS scope of practice as needed.

1.23 INTERFACILITY TRANSFER Evaluate and update transfer policies.

1.26 TRAUMA SYSTEM PLAN To continue to monitor and update the plan as needed.

1.27 PEDIATRIC SYSTEM PLAN Continue to evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children.

Staffing and Training

2.01 ASSESSMENT OF NEEDS Monitor and ensure system personnel and training needs, including continuing education, are met. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

2.02 APPROVAL OF TRAINING Conduct random compliance evaluations of local programs. Monitor EMS education programs and take steps to ensure compliance to standards and other course requirements. Complete revisions to policies.

2.03 PERSONNEL Monitor all EMS personnel policies and make changes as needed.

2.04 DISPATCH TRAINING Encourage the passage of dispatcher immunity legislation. Investigate and develop, as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening. Conduct regular meetings with provider training coordinators to establish systemwide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

2.10 ADVANCED LIFE SUPPORT Monitor, evaluate, and update base hospital agreements as needed.

2.13 BASE HOSPITAL PERSONNEL Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures.

3.01 COMMUNICATIONS PLAN Prioritize system repairs and upgrades. Schedule routine planning meetings with communications centers. Develop Communications Plan.

3.02 RADIOS Prioritize system repairs and upgrades and make necessary changes.

3.03 INTERFACILITY TRANSFER Prioritize system repairs and upgrades and make necessary changes.

3.04 DISPATCH CENTER Prioritize system repairs and upgrades and make necessary changes.

3.06 MCI/DISASTERS Prioritize system repairs and upgrades and make necessary changes consistent with system needs.

3.07 9-1-1 PLANNING/COORDINATION Participate in ongoing planning and coordination of 9-1-1 telephone service.

3.09 DISPATCH TRIAGE Evaluate and update policies as needed.

Response and Transportation

4.01 SERVICE AREA BOUNDARIES Continue to work with Stanislaus and Calaveras counties to assess county-wide system status plans. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

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

4.05 RESPONSE TIME STANDARDS Create a mechanism in Mariposa and Stanislaus to measure response times from receipt of call at primary PSAP to arrival on scene. Collect and evaluate EMS call data from the Calaveras EMS Dispatch Center.

4.09 AIR DISPATCH CENTER Evaluate and improve the current system for requesting and dispatching EMS aircraft.

4.10 AIRCRAFT AVAILABILITY Monitor providers to ensure that system demands are being met and take corrective action as necessary. Work at a state level to establish guidelines for use of CHP helicopters.

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

4.17 ALS EQUIPMENT Monitor drug and equipment requirements and make changes as needed.

4.18 COMPLIANCE Evaluate and improve compliance with system policies. Develop incentives for providers to comply with policies and standards.

Facilities and Critical Care

5.01 ASSESSMENT of CAPABILITIES Continue to evaluate capabilities of acute care facilities as related to EMS and Trauma system.

5.02 TRIAGE & TRANSFER PROTOCOLS Review and revise prehospital triage and transfer protocols as needed, based on medical need and preferred transport which ensure the delivery of patients to appropriate facilities. Update transfer policies. Establish agreements with Alameda and Washoe counties for accepting trauma patients directly from the field. Assist hospitals with the establishment of transfer protocols and agreements with Trauma Centers.

5.03 TRANSFER GUIDELINES Evaluate and revise transfer policies, protocols and guidelines for trauma and other specialty patient groups as needed.

5.04 SPECIALTY CARE FACILITIES Update transfer policies, protocols, and guidelines as needed. Continue to designate and monitor facilities.

5.05 MASS CASUALTY MANAGEMENT Work with hospitals to provide the necessary training and coordination. Monitor capability of system hospitals to respond to mass casualty incidents and make changes as needed.

5.08 TRAUMA SYSTEM DESIGN Monitor and evaluate the trauma care system through the CQI process. Implement trauma data collection process at all receiving facilities throughout the system.

5.13 SPECIALTY SYSTEM DESIGN Continue to monitor and evaluate the trauma system and specialty care facilities through the CQI process.

Data Collection and System Evaluation Develop a process to: provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards. Establish a link between QI outcomes and the local and regional Training objectives. Secure funding to implement state QI guidelines.

6.02 PREHOSPITAL RECORDS Continue to evaluate completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary. Update the central patient care database at the EMS Agency to receive electronic data from a variety of sources.

6.03 PREHOSPITAL CARE AUDITS Work with dispatch agencies, ambulance providers, emergency departments, and hospitals to improve accuracy and timeliness of data submission. Work with hospitals to improve emergency department and hospital outcome data submission.

6.04 MEDICAL DISPATCH Continue to work with EMD centers to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions. Continue to monitor and evaluate effectiveness of in-house QA/QI programs.

6.05 DATA MANAGEMENT SYSTEM Work with EMSA to work toward statewide data management system. Continue to develop the central EMS database which integrates the existing dispatch, prehospital, hospital, and trauma registry data. Develop standardized reports and feedback systems.

6.06 SYSTEM DESIGN EVALUATION Identify and create indicators which can be used for evaluating the efficiencies and customer satisfaction of the EMS system, considering community needs, system demands, and current constraints. Secure funding to implement new statewide QI guidelines.

6.07 PROVIDER PARTICIPATION Develop a process to: provide aggregate feedback to prehospital providers on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards.

6.08 REPORTING At least annually report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

6.09 ALS AUDIT Continue to monitor and amend the QI program to develop focused audits to direct training objectives and system needs.

6.10 TRAUMA SYSTEM EVALUATION Develop an annual trauma summary to identify system needs and trends to improve care. Implement trauma registry at non-trauma centers.

6.11 TRAUMA CENTER DATA Implement trauma registry at non-trauma centers. Continue data validation.

Disaster Medical Response

8.01 DISASTER MEDICAL PLANNING Monitor the efficiency and utilization of the MCI plan and make changes as needed. Determine the need for developing a medical response plan for hazardous material incidents, WMD, and other incident specific annexes. Modify existing disaster documents to include NIMS standards.

8.03 HAZMAT TRAINING Continue to work with local OES coordinators and ambulance providers to ensure that EMS responders are properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities. Ensure that adequate PPE for medical responders are available for response to potential hazardous materials events within each county.

8.04 INCIDENT COMMAND SYSTEM Monitor compliance to training standards and make changes as needed.

8.05 DISTRIBUTION OF CASUALTIES Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Update the Facilities Assessment Profiles and OES Region IV map, which identifies facilities and facility specialties. Continue to work with the OES Region IV committee to develop standard operating procedures for the regional EMS system.

NEEDS ASSESSMENT Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed. Conduct annual needs assessment exercises, involving each of the member counties.

8.07 DISASTER COMMUNICATIONS Continue to work with region and state agencies to standardize the medical communications plan. Develop local Communications Plan.

8.08 INVENTORY OF RESOURCES Update the Disaster Medical Resource Directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

8.10 MUTUAL AID AGREEMENTS Continue the process of developing and adopting a master medical mutual aid agreement. Continue to work with OES Region IV in developing a California/Nevada medical/health mutual-aid process.

8.13 DISASTER MEDICAL TRAINING Ensure an adequate number of Field, Hospital, and Dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

8.14 HOSPITAL PLANS Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one inter-agency disaster drill is conducted in each member county. Monitor compliance to the OES Region IV MCI Plan and take corrective action as necessary.

8.15 INTERHOSPITAL COMMUNICATIONS Revise the communications plan, prioritize system repairs and upgrades and make necessary changes.

8.18 SPECIALTY CENTER ROLES When specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures. Modify the MCI Plan and Trauma plans as

needed to ensure clear triage protocols during a disaster.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title: Zone One

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Medical Response, Inc. 911 Emergency Medical Services, Inc provided emergency ambulance services without interruption from 1958 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, that agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Three

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Medical Response Inc. 911 Emergency Medical Services, Inc., provided emergency ambulance services without interruption from 1972 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger in 1994 which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Four

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Oak Valley Hospital District. was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Five

Name of Current Provider(s):

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

Del Puerto Health Care District has provided EMT-P level emergency ground ambulance services from 1978 to the present.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service

and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and staffed at the EMT-1 level. In 1978, their medical scope of practice changed to EMT-P. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the EMT-P level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the EMT-P level which has continued to the present.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Six

Name of Current Provider(s):

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

The current providers of emergency ground ambulance services in this zone are Oak Valley District Hospital and Hughson Ambulance. Waterford Community Ambulance began providing emergency ambulance services in 1962, and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance.. On May 1, 2003, Hughson Ambulance also began providing service in Zone Six when the zone reverted to non-exclusive status.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). However, based upon a change in ALS ambulance providers in this zone that occurred in May, 1996, this zone is designated as a non-exclusive operating area as of February 12, 2003.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Due to changes in ambulance providers that occurred in May 1996, this zone must be a non-exclusive area until such time as a competitive bid process is completed.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Eight

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Medical Response (AMR). Turlock Ambulance Service, Inc (TAS). provided services without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995, through the present.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

**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:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone A

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is WestSide District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Memorial Hospital Association provided emergency ground ambulance services in Zone A between 1982 and 1985. WestSide District Ambulance became the provider of emergency ground ambulance services in 1985. Zone A will only become an exclusive operating area following a competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone B

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Del Puerto Hospital District. This provider has provided emergency ambulance services without interruption since 1985.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Turlock Ambulance Service and Mobile Life Support provided emergency ground ambulance services in different sections of Zone B prior to 1980 and until 1988. Del Puerto Hospital District became the provider of emergency ground ambulance services for the area of Zone B in 1988. Zone B will only become an exclusive operating area following a competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone C

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Hughson Paramedic Ambulance Services Company, Inc. This provider has provided emergency ambulance services without interruption since 1990.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Zone C will become an exclusive operating area only following a competitive bid process.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Zone C will become an exclusive operating area following a competitive bid process. Prior to 1990, parts of Zone C were served by providers adjacent to the zone: Waterford Community Ambulance, Turlock Ambulance Service and 911 Emergency Medical Services.

**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:

Mountain-Valley EMS Agency – Amador County

Area or subarea (Zone) Name or Title:

Amador County

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Legion Ambulance Service. This provider has provided emergency ambulance services without interruption since 1929.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The ambulance provider agreement between the LEMSA and American Legion Ambulance Service specifies that American Legion Ambulance Service is the exclusive operator of ALS ground ambulance and emergency ground ambulance services for that County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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

All emergency ground ambulance services and Advanced Life Support ground ambulance services. “Emergency ground ambulance services” shall mean all services originating in Amador County that require the use of an ambulance, including but not limited to interfacility transfers or scene calls whether Advanced Life Support, Basic Life Support, or Critical Care Transports as defined in the Amador County Ambulance Ordinance. The term “emergency ground ambulance services” is used to differentiate between air and ground ambulance services, and its meaning is equivalent to “emergency ambulance services” as found in the Health and Safety Code, Division 2.5, Section 1797.85.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

American Legion Ambulance was "Grandfathered" into Amador County as the sole provider of ALS and emergency ground ambulance services due to no changes in manner and scope of service to the area other than upgrading to LALS and then ALS services in the early 1990s. In November, 1999, the Amador County Board of Supervisors approved a county ambulance ordinance that further defined "emergency ground ambulance services" to reflect the maximum level of exclusivity allowed according recent court decisions. These court cases, "Schaefer v. San Bernadino County" and "Redwood Empire v Sonoma County" define "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85, to include all ambulance services.

**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:

Mountain-Valley EMS Agency – Alpine County

Area or subarea (Zone) Name or Title:

Alpine County

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Alpine County EMS. This provider has provided emergency ambulance services without interruption since June, 1998. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties and either rendezvous with the Alpine County EMS ambulance, arrive on scene, or be canceled.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

There is no ALS or emergency ambulance service exclusivity in Alpine County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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.)

None

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Not applicable.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

South Zone

Name of Current Provider(s):

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

American Legion Post Number 108 began providing service in the South Zone on July 1, 2005, after winning a competitive bid process.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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.)

Definition of Terms

“All Ambulance Services” is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be “emergency ambulance services” as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or

through Calaveras County from an area outside Calaveras County.

“Interfacility Transfer” is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

“Scene Call” is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph’s Hospital.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Competitive Bid Process

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

East Zone

Name of Current Provider(s):

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

As of July 1, 2005, the provider of ALS service in the east zone is Ebbetts Pass Fire District. They earned the right to provide service through a competitive bid process.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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.)

Definition of Terms

“All Ambulance Services” is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be “emergency ambulance services” as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care

Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

“Interfacility Transfer” is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

“Scene Call” is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph’s Hospital.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

North Zone.

Name of Current Provider(s):

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

American Legion Ambulance begin providing service in the north zone on July 1, 2005. They obtained the right to provide exclusive service by being the winning bidder in a competitive bid process.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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.)

Definition of Terms

“All Ambulance Services” is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be “emergency ambulance services” as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care

Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

“Interfacility Transfer” is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

“Scene Call” is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph’s Hospital.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Mariposa County

Area or subarea (Zone) Name or Title:

All of Mariposa County.

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

There is no ALS or emergency ambulance service exclusivity in Mariposa County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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.)

None

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Not applicable

EMERGENCY MEDICAL SERVICES AUTHORITY

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



June 15, 2007

Steve Andriese, EMS Administrator
Mountain Valley EMS Agency
1101 Standiford Avenue, #D1
Modesto, CA 95350

Dear Mr. Andriese:

We have completed our review of *Mountain Valley's 2005 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*, with the exception of your transportation plan for Calaveras and Stanislaus Counties, which is not approved. The delay in the approval is due to an incomplete plan submission which was not received until March, 2007.

Standards

The language from your 2004 EMS Plan and your 2005 EMS Plan are identical for the standards below. Progress on these standards need to be addressed each year and if there is no progress please state the reason:

Standard 1.10 - *Special Populations* - Your "objective" was to continue to identify and develop care plans for population groups requiring specialized services other than an EMS for Children plan.

Standard 1.22 - *Reporting of Abuse* - Your "objective" was to create policies regarding the reporting of abuse and suspected SIDS deaths.

Standard 2.05 - *First Responder Training* - Your "need" was to ensure minimum training standards and encourage adherence to recommended guidelines. The training of first aid and CPR for first responders shall be met according to Title 22, Division 9, Chapter 1.5 of the Public Safety Regulations. It is our understanding that Mountain Valley has a First Responder Certification program. Please state this in your plan.

Standard 2.07 - *Medical Control* - Your "need" was to ensure that first responders operate under the medical direction of the EMS system.

Standard 8.07 - *Disaster Communication* - No frequency has been officially designated for disaster medical communications. Your "objective" was to ensure the availability of common medical communications during disasters.

Standard 8.09, *DMAT Teams* - Your "objective" was to develop a relationship with the Sacramento-based DMAT Team.

Standard 8.10, *Mutual Aid Agreements* - Your "objective" was to adopt a statewide master medical mutual aid agreement for medical resources and to establish a medical mutual aid process between California and Nevada. Your 2004 plan stated that member counties were working on a "regional" mutual aid agreement. As this was listed as a short/long range plan your agency should have provided a status of this standard.

Standards 8.11 and 8.12, *CCP Designation and Establishment of CCPs* - Your "objective" was to identify CCPs and establish plans regarding activation, staffing, and outfitting.

Transportation Plan:

The EMS Authority approves the transportation plan for Alpine, Amador, and Mariposa Counties. Before the transportation plan can be approved for Calaveras and Stanislaus Counties, the EMS Authority requests the following information:

Calaveras County

As previously requested in an e-mail, dated June 2, 2006, please provide the following for the North, South, and East Zones:

- A written geographic description of the zones and maps;
- These zones became exclusive through a competitive process and the contracts became effective on July 1, 2005. Please provide the contract end date for each provider. The EMS Authority advises that the competitive process be held at periodic intervals, no greater than 10 years.

Stanislaus County

The ambulance summary forms state the designation of ambulance zones as exclusive or non-exclusive operating areas will be determined by the County Board of Supervisors. Section 1797.85 of the Health and Safety Code states an exclusive operating area is an EMS area or sub-area defined by the medical services plan for which a local EMS agency, upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers. Since Mountain Valley is a regional agency for five counties, including Stanislaus County, only Mountain Valley EMS Agency, pursuant to Health and Safety Code Section 1797.224, may create one or more exclusive operating areas in the development of a local EMS plan. Please submit new ambulance summary forms for all zones within Stanislaus County with the corrections.

Our records show the 2004 EMS Plan Update was approved by the EMS Authority on February 11, 2005. Clarification is needed for the chain of ownership for the following zones:

- Zone 1 - Previously, two providers, 911 Emergency Medical Services, Inc., and Doctors Ambulance Company of Modesto provided services in this zone prior to 1980. In September of 1994, American Medical Response began providing ambulance services after "absorbing" the corporate entity 911 Emergency Medical Services, Inc. Doctors Ambulance Company was dissolved as a corporate entity in July 1995 and pursuant to the ambulance agreement, the agreement reverted entirely to AMR. Did AMR purchase both companies? Can you verify that there was no interruption in service before, during or after AMR became the sole provider? In addition, please provide a written geographic description of the zone and map.
- Zone 3 - In September of 1994, AMR became the controlling corporation of 911 Emergency Medical Services, Inc., pursuant to a reverse merger which left 911 Emergency Medical Services, Inc., intact but with AMR as the lead company. Does this mean AMR purchased 911 Emergency Medical Services, Inc.? In addition, please provide a written geographic description of the zone and a map.
- Zone 8 - AMR "absorbed" the Turlock Ambulance Service, Inc. as a corporate entity in October 1995. Did AMR purchase the Turlock Ambulance Service, Inc.? In addition, please provide a written description of the zone and map.

For each change since 1/1/81 on zones 1, 3, and 8 please:

- List changes in names;
- List dates of ownership changes (include a copy of contract and/or sale/transfer agreements); and
- Answer the questions below:
 - 1) Disposition of assets: Were all assets transferred to new owner(s)? If not, please explain.
 - 2) Transfer of employees: Were all employees hired by new owner(s)? If not, please explain.
 - 3) Disposition of accounts payable and receivable: Were accounts payable and receivables transferred? If not please explain.
- Zones 4, 5, 6, A, B, and C - Please provide a geographic description on each zones and maps.

In addition, the Authority has the following comments regarding your transportation plan:

- On page 3, in the second paragraph, the last sentence says that ". . . it served the public's interest to forestall competition from non-911 ambulance providers for inter-facility transports."

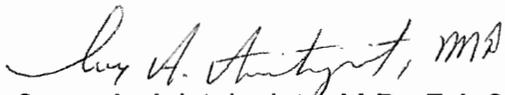
This language could be considered as problematic. You may wish to consider revising this language to indicate that you thought it would better serve the public interest if the

Steve Andriese
June 15, 2007
Page 4

non-911 providers also handled inter-facility transports and remove the language about forestalling competition.

Please submit the requested transportation plan information to the EMS Authority by July 15, 2007. Your annual update, utilizing the attached guidelines, will be due on June 15, 2008. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director

CAA:ss

Enclosure