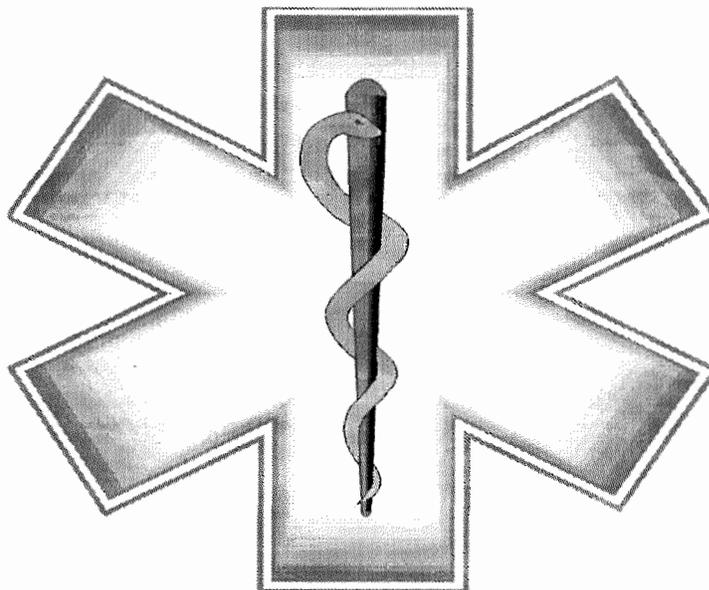


**Emergency Medical Services System  
Five Year Plan  
June, 1999  
(2008 Update)**



**North Coast Emergency Medical Services Region  
Del Norte, Humboldt, Lake and  
Southern Trinity Counties**

Submitted by:  
North Coast Emergency Medical Services  
3340 Glenwood  
Eureka, CA 95501

North Coast Emergency Medical Services  
Regional EMS Plan Update- Section 2- System Assessment  
July 2008

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	Former Medical Director Reinstated	Secure State GF Augmentation &/or New Grants
1.02	LEMSA Mission	X	X	X	All QIP Plans Approved, Quarterly Reports Reviewed & QIP Plan Sent to EMSA	More Funding to Conduct Site Visits & Oversee Quality Review
1.04	Medical Director	X		X	Former Medical Director Reinstated, BRLF \$ Secured	More Funding to Increase Hours
1.12	Review & Monitoring	X	X		See 1.02, Trauma Center Unable to Extract Data from Trauma Registry	Review Trauma Registry Data, Review Ambulance Ordinance Changes
1.16	Funding Mechanism	X	X	X	Increased Local Revenue, Supported SB1236	State GF Augmentation &/or Secure New Grants, Recommend Fire EMT-I Fee Reinstatement
1.17	Medical Direction	X	X		Designated Sutter-Coast as a Modified Base Hospital	Implement Alternative Modified Base Hospital Program @ Jerold Phelps
1.18	QA/QI	X	X		See 1.02 & 1.12	See 1.02 & 1.12
1.19	Policies, Procedures, Protocols	X	X	X	Expanded & Updated	Continue Updating As Needed
1.20	DNR Policy	X			DNR Policy Updated	
1.25	On-line Medical Control	X			See 1.17	See 1.17
1.26	Trauma System Plan	X			See Revised Trauma Plan	See Revised Trauma Plan
1.27	Pediatric System Plan	X	X		Invited All Non-EDAPs to Apply for Designation	EDAP Designation of Sutter-Lakeside & EDAP Funding

North Coast Emergency Medical Services  
Regional EMS Plan Update- Section 2- System Assessment  
July 2008

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.02	Approval of Training	X	X	X	Paramedic Program Progress & Annual Reports Submitted	More funding to Conduct Site Visits
2.04	Dispatch Training	X			Coordinated EMD Training	
2.10	Advanced Life Support	X	X	X	Dropped FTO Program Plans due to Budget Cuts	Expand Modified Base Hospital Program to Jerold Phelps, Assess Impact of New EMT-II Program
3.01	Communication Plan	X	X		Routine Testing of WIDE-AREA Med-Network, Expansion Plans Dropped	
3.04, 3.05 3.06, 3.10	Dispatch Center, Hospital Communications, MCI/Disaster Communications, Integrated Dispatch	X	X		Med Net Systems in Lake and Humboldt Expanded, Expansion Plans Dropped	
4.05, 4.06	Response Time Standards, Ambulance Staffing	X	X		Humboldt County Ambulance Reviewed	
4.15	MCI Plans	X			Regional MCI Plan Reviewed, Revisions Not Needed	
4.16	ALS Staffing	X	X	X	Participated in Development of New State EMT-II Regulations	Evaluate Regional Role of New EMT-II
4.17	ALS Equipment	X			Added CPAP & 12-Lead Policies	

North Coast Emergency Medical Services  
Regional EMS Plan Update- Section 2- System Assessment  
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X		Designated Sutter-Coast as Modified Base Hospital & Removed Probation	Conduct with Oregon Site Visit of Sutter-Coast Hospital as a Level IV Trauma Center; Conduct EDAP Site Visit at Sutter-Lakeside
5.02	Triage & Transfer Protocols	X			BLS Protocols & Trauma Triage Policy Revised	
5.04	Specialty Care Facilities	X	X		Designated a Third Modified Base Hospital, Invited Non-EDAPs to Apply for Designation with Funding (SB1773) , Coordinated Review of Jerold Phelps as a Modified Alternate Base Hospital; Adopted STEMI Policy	Conduct EDAP Site Visit to Sutter-Lakeside & Trauma Center Site to Sutter-Coast and Designate Accordingly; Distribute EDAP fund to EDAPs; Designated J.Phelps as a Modified Alternative Base with EMSA Approval; Assess Need for STEMI Program Expansion
5.07	Base Hospital Designation	X	X		See 1.17, 2.10, 5.01 & 5.04 above	See 1.17, 2.10, 5.01 & 5.04 above
5.08	Trauma System Design	X	X		See Revised Trauma System Plan	See Revised Trauma System Plan
5.10	Pediatric System Design	X	X		Invited All Non-EDAPs to Apply for Designation; Received Application from Sutter-Lakeside; Supported SB1236	Designate Sutter-Lakeside and Provide Maddy Funding for Designated EDAPs; Conduct Pediatric Trauma Conference with Flex Fund
5.11	Emergency Departments Approved for Pediatrics	X	X		See 5.10	See 5.10

North Coast Emergency Medical Services  
Regional EMS Plan Update- Section 2- System Assessment  
July 2008

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	Reviewed & Summarized QIP Reports; Submitted QIP Plan to EMSA; Investigated Cases	Review & Summarize Quarterly QIP Reports, Update QIP Plan as Needed
6.02	Prehospital Records	X	X	X	Maintained & Updated North Coast EMS EPCIS Program; Secured Licenses fro Providers	Provide QI Management Training/Reports as Needed; Evaluate EPCIS Compliance to CEMSIS; Secure CEMSIS Compliance
6.03	Prehospital Care Audits	X	X	X	See 6.01 & 6.02 above.	See 6.01 & 6.02 above
6.05	Data Management System	X	X	X	See 1.12, 4.05, 4.06, 5.07, 6.01,6.02	See 1.12, 4.05, 4.06, 5.07, 6.01,6.02
6.06	System Design Evaluation	X	X		Discontinued CE Provider Monitoring Due to Budget Cut, Paramedic Program Accreditation Report Submitted & See 1.12, 4.05, 4.06, 5.07, 6.01,6.02	More Funding to Monitor CE Providers, Submit Accreditation Progress Reports & See 1.12, 4.05, 4.06, 5.07, 6.01,6.02
6.07	Provider Participation	X			See 6.01, 6.02 & 6.06 above; QIP Plan Submitted to EMSA	
6.09	ALS Audit	X	X		See 6.01, 6.02 & 6.03 above	See 6.01, 6.02 & 6.03 above
6.10, 6.11	Trauma System Evaluation	X			See Revised Trauma Plan	See Revised Trauma Plan
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X		Minimal Ongoing Participation in PIE Activities, mostly Pediatric	More Funding to Maintain PIE, Rural Outreach, Disaster & First Aid/CPR Activities

North Coast Emergency Medical Services  
Regional EMS Plan Update- Section 2- System Assessment  
July 2008

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.03 8.05 8.13	Disaster Medical Planning HazMat Training, Casualty Distribution	X		X		More Funding for Expansion of Disaster Related Activities
8.08	Inventory of Resources	X	X		See 8.01, 8.03, 8.05 above	See 8.01, 8.03, 8.05 above
8.09	DMAT Teams	X			DASU Received by City Ambulance; CHEM PACK Secured by Humboldt County	
8.16	Prehospital Agency Plans	X			Regional MCI Plan Reviewed; Update Not Needed	

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: North Coast EMS

Reporting Year: 2007-2008

**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%.)

Counties: Humboldt, Lake, Del Norte and So. Trinity

A. Basic Life Support (BLS)	<u>5-10</u>	%
B. Limited Advanced Life Support (LALS)	<u>5</u>	%
C. Advanced Life Support (ALS)	<u>90-59</u>	%

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

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

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

**Table 2 - System Organization & Management (cont.)**

Continuing education	<u>    X    </u>
Personnel training	<u>    X    </u>
Operation of oversight of EMS dispatch center	<u>          </u>
Non-medical disaster planning	<u>          </u>
Administration of critical incident stress debriefing team (CISD)	<u>          </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>          </u>
Other: <u>See EMSA Manual #104 and Regional Contract</u>	
Other: _____	
Other: _____	

A. 5. EMS agency budget for FY 2008-2009

Salaries and benefits	\$ <u>333,224</u>
(All but contract personnel)	
Contract Services	\$ <u>58,195</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	\$ <u>58,140</u>
Travel	\$ <u>12,500</u>
Fixed assets	<u>          </u>
Indirect expenses (overhead)	<u>          </u>
Ambulance subsidy	<u>          </u>
EMS Fund payments to physicians/hospital	<u>          </u>
Dispatch center operations (non-staff)	<u>          </u>
Training program operations	<u>          </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>462,059</u></b>

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>40,000</u>
Office of Traffic Safety (OTS)	_____
State general fund	\$ <u>205,655</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	\$ <u>65,303</u>
Certification fees	\$ <u>8,000</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	\$ <u>17,500</u>
EMS Fund (SB 12/612)	\$ <u>89,000</u>
Other grants: _____	_____
Other fees: <u>Med Net and Misc.</u>	\$ <u>2,550</u>
Other (specify): <u>Fund Balance Carryover</u>	\$ <u>34,051</u>
<b>TOTAL REVENUE</b>	\$ <u>462,059</u>

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

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY 2008-2009

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>40/20</u>
EMT-I recertification	<u>40/20</u>
<b>EMT-defibrillation certification</b>	<u>N/A</u>
EMT-defibrillation recertification	<u>50</u>
EMT-II certification	<u>50</u>
EMT-II recertification	<u>100</u>
EMT-P accreditation	<u>80</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>50</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>N/A</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>NA</u>
Trauma center designation	<u>\$2500/5000</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license \$ \_\_\_\_\_

Ambulance vehicle permits \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2008-09.

**Table 2 - System Organization & Management (cont.)**

EMS System: North Coast EMS Reporting year: 2008-09

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	75558	25841	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1.0	57345	19612	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	1.0	50628	17315	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		20000		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

**Table 2 - System Organization & Management (cont.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Assistant	1.0	28742	9830	
Other Clerical	Program Assistant	.8	36030	12313	
Data Entry Clerk					
Other					

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

**TABLE 3: PERSONNEL/TRAINING**EMS System: North Coast EMSReporting Year: FY 2007-2008

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-PIs	MICN	EMS Dispatchers
Total certified	624	1		51	N/A
Number newly certified this year	N/A	N/A		N/A	N/A
Number recertified this year	N/A	N/A		N/A	N/A
Total number of accredited personnel on July 1 of the reporting year			115		
Number of certification reviews resulting in					
a) formal investigations	-3-	-0-	-1-	-0-	-0-
b) probation	-3-	-0-	-0-	-0-	-0-
c) suspensions	-1-	-0-	-1-	-0-	-0-
d) revocations	-0-	-1-	-0-	-0-	-0-
e) denials	-0-	-0-	-0-	-0-	-0-
f) denials of renewal	-0-	-0-	-0-	-0-	-0-
g) no action taken	-0-	-0-	-0-	-0-	-0-

1. Number of EMS dispatchers trained to EMSA standards: N/A
2. Early defibrillation: (Note: At this time, NCEMS no longer certifies AED)
  - a) Number of EMT-I (defib) certified N/A
  - b) Number of public safety (defib) certified (non-EMT-I) N/A
3. Do you have a first responder training program? X yes        no





EMS System: North Coast Emergency Medical Services  
 County: Lake  
 Reporting Year: 2007

**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 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system?    yes X    no     
  - a. Radio primary frequency MedNet
  - b. Other methods RedNet Phone
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes X    no
  - d. Do you participate in OASIS?    yes X    no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
 yes         no X RACES does not exist in county, but plan to use ARES.
    - 1) Within the operational area?    yes X    no
    - 2) Between the operational are and the regions and/or state?    yes         no X
6. Who is your primary dispatch agency for day-to-day emergencies? Central Dispatch - Sheriff's Office
7. Who is your primary dispatch agency for a disaster? Sheriff's Office + OES

**TABLE 5: RESPONSE/TRANSPORTATION**EMS System: North Coast EMSReporting Year: 2008**NOTE:** Table 5 is to be reported by agency.

1. Number of exclusive operating areas	<u>None</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>None</u>
3. Total number responses (7/1/07-6/30/08)	<u>20,301</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>20,301</u>
b) Number of non-emergency responses (code 1: normal)	<u>N/A</u>
4. Total number of transports (1998 data)	<u>19,789</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>19,789</u>
b) Number of non-emergency transports (code 1: normal)	<u>N/A</u>

**Early Defibrillation Programs**

5. Number of public safety defibrillation programs.	<u>N/A</u>
a) Automated	<u>N/A</u>
b) Manual	<u>0</u>
6. Number of EMT-defibrillation programs	<u>7</u>
a) Automated	<u>N/A</u>
b) Manual	<u>0</u>

**Air Ambulance Services (1996 data)**

7. Total number of responses.	<u>Unknown</u>
a) Number of emergency responses	<u>Unknown</u>
b) Number of non-emergency responses	<u>Unknown</u>
8. Total number of transports	<u>Unknown</u>
a) Number of emergency (scene) responses	<u>Unknown</u>
b) Number of non-emergency responses	<u>Unknown</u>

**TABLE 6: FACILITIES/CRITICAL CARE**EMS System: North Coast EMSReporting Year: FY 2007-2008**NOTE:** Table 6 is to be reported by agency.**1. Trauma Patients:**

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

**Emergency Departments:**

- |   |          |
|---|----------|
| 2. Total number of emergency departments      | <u>7</u> |
| a) Number of referral emergency services      | <u>0</u> |
| b) Number of standby emergency services       | <u>1</u> |
| c) Number of basic emergency services         | <u>6</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

**Receiving Hospitals**

- |  |          |
|--|----------|
| 3. Number of receiving hospitals with written agreements | <u>0</u> |
| 4. Number of base hospitals with written agreements      | <u>7</u> |

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: **North Coast EMS**\_\_\_\_\_

County: **Lake**\_\_\_\_\_

Reporting Year: **2008**\_\_\_\_\_

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? **There are several locations identified in each of the population centers throughout the county. A list is available on request.** \_\_\_\_\_

b. How are they staffed? **American Red Cross, DART volunteers, County employees as DSW's, First Responders, depending on circumstances.** \_\_\_\_\_

c. Do you have a supply system for supporting them for 72 hours? yes \_\_\_ no **X**  
**Elements are in place, but complete sustainability cannot be guaranteed.**

2. CISD

Do you have a CISD provider with 24 hour capability? yes \_\_\_ no **X**  
**We currently rely on CISD services provided by Solano and Napa Counties.**

3. Medical Response Team (**Lake County does not receive MMRS funds**)

a. Do you have any team medical response capability? yes \_\_\_ no **X**

b. For each team, are they incorporated into your local response plan? yes \_\_\_ no **X**

c. Are they available for statewide response? yes \_\_\_ no **X**

d. Are they part of a formal out-of-state response system? yes \_\_\_ no **X**

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? yes **X** no \_\_\_

**Local Haz Mat response teams include paramedics trained specifically in WMD.**

b. At what HazMat level are they trained? \_\_\_ **Local teams include operations, technicians, and specialists.** \_\_\_\_\_

c. Do you have the ability to do decontamination in an emergency room? yes **X** no \_\_\_

**Hospitals have decontamination tents that can be operated outside their emergency departments. Contamination that occurs within the ED can be dealt with, depending upon the nature of the contamination. There are no fixed (permanent) decontamination facilities in the hospitals.**

d. Do you have the ability to do decontamination in the field? yes **X** no \_\_\_



3. Have you tested your MCI Plan this year in a:
- a. real event? yes  no
- b. exercise? yes  no
4. List all counties with which you have a written medical mutual aid agreement.  
**\_\_\_\_\_ Written agreements are not in place, but there are functioning verbal agreements for mutual aid with city of Williams and counties of Mendocino, Colusa, Napa and Sonoma.**  
 \_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes  no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes  no
7. Are you part of a multi-county EMS system for disaster response? yes  no
8. Are you a separate department or agency? yes  no   
**Local EMS agencies are separate from the county Department of Health Services.**
9. If not, to whom do you report? \_\_\_\_\_ **North Coast EMS, local OES, and Public Health.** \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes  no

**TABLE 7: DISASTER MEDICAL**

EMS System: North Coast Emergency Medical Services

County: Del Norte

Reporting Year: 2008

**NOTE:** Disaster Medical Operations are handled by Public Health Dept., not North Coast EMS.

**SYSTEM RESOURCES**

## 1. Casualty Collections Points (CCP)

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

## 2. CISD

Do you have a CISD provider with 24 hour capability      yes X      no \_\_\_

## 3. Medical Response Team

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

## 4. Hazardous Materials

- a. Do you have any HazMat trained medical response team?      yes \_\_\_      no X
- b. At what HazMat level are they trained? \_\_\_\_\_
- c. Do you have the ability to do decontamination in an emergency room?      yes x      no \_\_\_
- d. Do you have the ability to do decontamination in the field?      yes x      no \_\_\_

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X      no \_\_\_
2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster?      2
3. Have you tested your MCI Plan this year in a:
- a. real event?      yes X      no \_\_\_
- b. exercise?      yes X      no \_\_\_



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2009

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Public Schools, County Fairgrounds
  - b. How are they staffed? Depends on staff and needs
  - c. Do you have a supply system for supporting them for 72 hours?      yes \_\_\_ no X
  
2. CISD  
Do you have a CISD provider with 24 hour capability?      yes X no \_\_\_  
*Local resources and Mutual Aid Request*
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes \_\_\_ no X  
*We have MOUs with medical clinics to provide services*
  
  - b. For each team, are they incorporated into your local response plan?      yes \_\_\_ no X
  - c. Are they available for statewide response?      yes \_\_\_ no X
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_ no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes \_\_\_ no X
  - b. At what HazMat level are they trained? Decontamination
  - c. Do you have the ability to do decontamination in an emergency room?      yes X no \_\_\_
  - d. Do you have the ability to do decontamination in the field?      yes X no \_\_\_

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X no \_\_\_
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      7



**TABLE 8: PROVIDERS**

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2008

Name, address & telephone: Del Norte Ambulance, Inc Post Office Box 306 Crescent City, CA 95531 (707) 487-1116		Primary Contact: Ron Sandler			
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 checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 8 BLS <input checked="" type="checkbox"/> 5 LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> 2 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <input checked="" type="checkbox"/> 5 3 on duty 24 hours 2 MCI support units

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2008

Name, address & telephone: Arcata-Mad River Ambulance Post Office Box 4948 Arcata, CA 95521 (707) 822-3353		Primary Contact: Douglas Boileau			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>2</u> BLS <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

Name, address & telephone: City Ambulance of Eureka Inc 135 W. Seventh Street Eureka, CA 95501 445-4907		Primary Contact: Jaison Chand			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>40</u> BLS <input type="checkbox"/> LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2008

Name, address & telephone: K'ima:w Ambulance Post Office Box 1288 Hoopa, CA 95546 (530) 625-4261 ext 269 266		Primary Contact: Nick Comer			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>8</u> BLS <input type="checkbox"/> LALS
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 explain: <u>Health</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>

Name, address & telephone: Loleta Fire Department Post Office Box 119 Loleta, CA 95551 (707) 733-5407		Primary Contact: Caleb Moody			
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: <input type="checkbox"/> PS <u>4</u> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> no	Number of ambulances: <u>0</u>

EMS System: North Coast EMS County: Humboldt Reporting Year: 2008

Name, address & telephone: Orleans Fire Department Post Office Box 312 Orleans, CA 95556 (530) 627-3493		Primary Contact: Tom Bouse			
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: <input type="checkbox"/> PS <input type="checkbox"/> First Resp. <input checked="" type="checkbox"/> 8 BLS <input checked="" type="checkbox"/> 3 EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 1 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes (BLS) <input checked="" type="checkbox"/> no (ALS)	Number of ambulances: <input type="checkbox"/> 0

Name, address & telephone: Shelter Cove Fire Department 9126 Shelter Cove Road Whitethorn, CA 95589 (707) 986-7507		Primary Contact: Sal Gurreri			
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 or Tx PRN	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> 9 BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 1 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes (BLS) <input checked="" type="checkbox"/> no (ALS)	Number of ambulances: <input checked="" type="checkbox"/> 1

EMS System: North Coast EMS County: Lake Reporting Year: 2008

Name, address & telephone: Clearlake Oaks Fire Dept. 12655 E. Highway 20 Clearlake, CA 95453 Business #: (707) 998-3294 FAX #: (707) 998-3292		Primary Contact: Lou Dukes Dan Copas Jim Robbins				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water* * ALS Boat	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>10</u> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>5</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 Explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>2</u>  <u>Plus 1 ALS Boat</u>	

Name, address & telephone: Kelseyville Fire Dept. Post Office Box 306 Kelseyville, CA 95451 Business #: (707) 279-4268 FAX #: (707) 279-4256		Primary Contact: Howard Strickler, Chief Sam Hukkanen, EMS Director				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>8</u> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <u>15</u> EMT-D <u>25</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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>5</u>	

EMS System: North Coast EMS

County: Lake

Reporting Year: 2008

Name, address & telephone: Lakeport Fire Department 445 Main Street Lakeport, CA 95453 Business #: (707) 263-4396 FAX #: (707) 262-1283		Primary Contact: Al Moorhead Bob Ray				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 23 BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> 18 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <input checked="" type="checkbox"/> 3	

Name, address & telephone: Lake County Fire Department 14815 Olympic Dr. Clearlake, CA 95422 Business #: (707) 994-2170 FAX #: (707) 994-4861		Primary Contact: Jim McMurry Willie Sapeta				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 28 BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> 8 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <input checked="" type="checkbox"/> 2	

EMS System: North Coast EMS County: Lake Reporting Year: 2008

Name, address & telephone: Northshore Fire Protection Dis Post Office Box 1199 Lucerne, CA 95458 Business #: (707) 274-3100 FAX #: (707) 274-3102		Primary Contact: <u>Chrissy Pittman</u>			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>8</u>

Name, address & telephone: South Lake County Fire Post Office Box 1360 Middletown, CA 95461 (707) 963-4112 FAX # (707) 987-9478		Primary Contact: <u>Brian Schwartz</u>			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>4</u>

EMS System: North Coast EMS

County: Lake

Reporting Year: 2008

Name, address & telephone: REACH		Primary Contact: Jennifer Hardcastle			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>1</u>

**TABLE 9: APPROVED TRAINING PROGRAMS**

EMS System: North Coast EMS County: Del Norte Reporting Year: 2008

Training Institution Name/Address

Crescent City Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:*  Open to general public	Cost of Program  Basic <u>\$ 150</u>  Refresher <u>\$ 40</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: _____ Expiration Date: <u>8/31/09</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____

EMS System: North Coast EMS County: Humboldt Reporting Year: 2008

Training Institution Name/Address

Arcata Fire Protection District 631 Ninth Street Arcata, CA 95521		Justin McDonald, Training Officer (707) 825-2000
Student Eligibility:*  Restricted to members of Arcata Fire or allied agencies with approval of Fire Chief	Cost of Program  Basic <u>N/A</u>  Refresher <u>N/A</u>	**Program Level: <u>EMT-I Refresher, First Responder AED Training and Recertification</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>15</u> Cont. Education: <u>4</u> Expiration Date: <u>8/31/09</u>  Number of courses: <u>1</u> Initial training: <u>N/A</u> Refresher: <u>1</u> Cont. Education: <u>1</u>

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

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

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Patricia Girczyc (707) 476-4236; (707) 476-4214
Student Eligibility:*  Minimum 18 y.o.  Complete EMT-I	Cost of Program  Basic Tuition + fees, plus books, <u>uniform and immunization.</u>  Refresher <u>\$100</u> + \$25 CPR Refresher	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70 – 35/course</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/09</u>  Number of courses: <u>Fall &amp; Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>2 (April &amp; Nov.)</u> Cont. Education: <u>Yes - Refresh Credit for Initial</u>

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2008

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Tricia Gill (707) 826-3357
Student Eligibility:*  18+ years of age Open to the general public	Cost of Program HSU Students  Basic <u>Tuition plus fees</u>  Refresher <u>\$95 to \$105</u>	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>60</u> Cont. Education: <u>10</u> Expiration Date: <u>8/31/09</u>  Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>varies</u>

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

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

Training Institution Name/Address

Ruth Lake Community Services District/STAR Post Office Box 4 Mad River, CA 95552		Mike Gladding, EMT-P, EMS Coordinator (707) 574-6616
Student Eligibility:*  Open to general public	Cost of Program  Basic <u>\$50</u>  Refresher <u>varies</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>12-20</u> Refresher: <u>6-10</u> Cont. Education: <u>80-100</u> Expiration Date: <u>8/31/09</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2008

Training Institution Name/Address

North Coast Paramedic Program 3340 Glenwood St. Eureka, CA 95501		(707) 445-2081
Student Eligibility:*  Must be currently certified EMT-I	Cost of Program  Basic <u>\$2000.00</u>  Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>2/28/11</u>  Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____

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

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



EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2008

Name, address & telephone		Mad River Community Hospital P.O. Box 1115 Arcata, CA 95518 (707) 822-3621		Primary Contact: Ed Nickerson, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input 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:****

Name, address & telephone		Redwood Memorial Hospital 3300 Renner Drive Fortuna, CA 95540 (707) 725-7382		Primary Contact: Judith Baird, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2008

Name, address & telephone		Jerold Phelps Hospital 733 Cedar Street Garberville, CA 95542 (707) 923-3921		Primary Contact: Karl Verick, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input checked="" type="checkbox"/>	Satellite base to Redwood Memorial Hospital	
		Basic emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Comprehensive emergency service	<input type="checkbox"/>		<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:****

Name, address & telephone		St. Joseph Hospital 2700 Dolbeer Street Eureka, CA 95501 (707) 445-8121 (switchboard)		Primary Contact: Anna Henderson, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Basic emergency service	<input checked="" type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>		
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:****
		<input checked="" type="checkbox"/> Neonatal ICU			

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2008

Name, address & telephone		Adventist Health/Redbud Community Hospital Post Office Box 6710 Clearlake, CA 95422 (707) 994-6486		Primary Contact: Mary Donati, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input 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:****

Name, address & telephone		Sutter-Lakeside Hospital 5176 Hill Road East Lakeport, CA 95451 (707) 262-5008 fax: 262-5053		Primary Contact: Mary Cardinale-Stien, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
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 IV

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

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

**TABLE 11A: DISASTER MEDICAL RESPONDERS**

EMS System: North Coast EMS County: Del Norte Date: 2008

**County Office of Emergency Services  
Coordinator:**

Allen Winogradov

Work Telephone No.: (707) 464-7207

Home Telephone No.: \_\_\_\_\_

Office Pager No.: (707) 954-3702

FAX No.: (707) 465-0350

24-HR. No.: (707) 464-4191

**Alternate’s Name:**

Jeannine Galatioto

Work Telephone No.: (707) 464-7214

Home Telephone No.: (707) 464-9678

Office Pager No.: N/A

FAX No.: (707) 464-1165

24-HR. No.: (707) 464-4191

**County EMS Disaster Medical Services  
Coordinator:**

Dr. Thomas Martinelli

Work Telephone No.: (707) 951-0380 cell

Home Telephone No.: (707) 458-3563

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

**Alternate’s Name:**

Peter Esko, Environmental Health Scientist

Work Telephone No.: (707) 464-3191 ext. 295

Home Telephone No.: (707) 464-8408,  
(707) 822-8816 weekends

Office Pager No.: (707) 954-2658 cell

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Del Norte Date: 2008

**County Health Officer's Name:**

Dr. Thomas Martinelli

Work Telephone No.: (707) 951-0380 cell  
or 464-3191

Home Telephone No.: (707) 458-3563

Office Pager No.: \_\_\_\_\_

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

**Alternate's Name:**

Crescent City Internal Medicine

Work Telephone No.: (707) 465-8666

Home Telephone No.: N/A

Cell Phone No.: N/A

FAX No.: \_\_\_\_\_

24-HR. No.: (707) 465-8666

Medical/Health EOC Telephone No.:  
established at time of incident

Medical/Health EOC FAX No.  
established at time of incident

Amateur Radio contact name:  
request from logistics

Medical/Health radio frequency used:  
Med-Net Tx 468.100; Med-Net Rx 463.100; open  
PL

Who is the RDMHC for your region?  
Dr. William Walker

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2008

**County Office of Emergency Services  
Coordinator:**

Dan Larkin

Work Telephone No.: (707) 268-2500/02

Home Telephone No.: (707) 443-4223

Office Pager No.: (707) 441-6219

FAX No.: (707) 445-7764

24-HR. No.: (707) 445-7251 (S.O. Emerg)

**Alternate's Name:**

Judy Taylor

Work Telephone No.: (707) 268-2500

Home Telephone No.: (707) 444-1383

Office Pager No.: none

FAX No.: (707) 445-7764

24-HR. No.: (707) 445-7251 (S.O. Emerg)

**County EMS Disaster Medical Services  
Coordinator:**

Ann Lindsay, M.D.

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 441-8171

FAX No.: (707) 445-6097

24-HR. No.: (707) 445-7337

**Alternate's Name:**

Alexandra Wineland, Public Health Director

Work Telephone No.: (707) 268-2121

Home Telephone No.: (707) 442-4823

Office Pager No.: (707) 441-8092

FAX No.: (707) 445-6097

24-HR. No.: (707) 445-7337

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2008

**County Health Officer's Name:**

Ann Lindsay, M.D.

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 822-7041

FAX No.: (707) 445-6097

24-HR. No.: (707) 445-7251 (S.O. Emer.)

**Alternate's Name:**

Gena Pennington, M.D.

Work Telephone No.: (707) 268-2116

Home Telephone No.: (707) 822-4948

Office Pager No.: (707) 268-9406

FAX No.: (707) 445-5686

24-HR. No.: (707) 445-7251 (S.O. Emer.)

Medical/Health EOC Telephone No.:

(707) 268-2513

Amateur Radio contact name:

Clem Cantu

Who is the RDMHC for your region?

Dr. William Walker

Medical/Health EOC FAX No.

(707) 445-7764

Medical/Health radio frequency used:

Med Net Tx 468.000 and RX 463.000 Pierce Mt.  
Repeater or 2 m-) Tx 146.910 Rx 146.310

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2008

**County Office of Emergency Services  
Coordinator:**

Chris Rivera

Work Telephone No.: (707) 262-4090

Home Telephone No.: (707) 279-2363

Office Pager No.: (707) 264-1045

FAX No.: (707) 262-4095

24-HR. No.: (707) 263-2331

**Alternate's Name:**

Willie Sapeta

Work Telephone No.: (707) 262-4091

Home Telephone No.: (707) 994-2424

Office Pager No.: (707) 264-3137

FAX No.: (707) 262-4095

24-HR. No.: (707) 263-2331

**County EMS Disaster Medical Services  
Coordinator:**

Chris McMillian

Work Telephone No.: (707) 263-8929

Home Telephone No.: (707) 485-0270

Office Pager No.: (707) 272-5173

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

**Alternate's Name:**

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 264-3811

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2008

**County Health Officer's Name:**

Craig McMillian

**Alternate's Name:**

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-8929

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 485-0270

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 272-5173

Office Pager No.: (707) 264-3811

FAX No.: (707) 262-4280

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

24-HR. No.: (707) 263-2331

Medical/Health EOC Telephone No.:

(707) 263-8929

Medical/Health EOC FAX No.

(707) 263-1662

Amateur Radio contact name:

Alan Vanderwarker

Medical/Health radio frequency used:

MedNet 463.000

Who is the RDMHC for your region?

Dr. William Walker

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11B: DISASTER MEDICAL RESPONDERS**

EMS System: North Coast EMS County: Del Norte Date: 2008

**Regional Disaster Medical Health Coordinator:**

Dr. William Walker

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Office Pager No.: \_\_\_\_\_

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

**Alternate's Name:**

Art Lathrop

Work Telephone No.: (510) 646-4690

Home Telephone No.: (510) 339-8296

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

**Regional Ambulance Transportation Coordinator:**

Ron Sandler

Work Telephone No.: (707) 437-1116

Home Telephone No.: (707) 464-5591

Office Pager No.: (707) 951-6904

FAX No.: (707) 487-3116

24-HR. No.: (707) 464-4191

**Alternate's Name:**

none

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR. No.: \_\_\_\_\_

Medical/Health EOC Telephone No.:  
established at the time of incident

Amateur Radio contact name:  
request from logistics

Medical/Health EOC FAX No.  
established at the time of incident

Medical/Health radio frequency used:  
Med-Net Tx 468.100; Med-Net Rx 463.100; open PL

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2008

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**

**Alternate's Name:**

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: \_\_\_\_\_

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

**Regional Ambulance Transportation Coordinator:**

**Alternate's Name:**

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: (510) 370-5010

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: (925) 646-4379

FAX No.: \_\_\_\_\_

24-HR. No.: (510) 646-2441

24-HR. No.: \_\_\_\_\_

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

RDMHC (510) 803-7800

RDMHC (510) 803-7878

Amateur Radio contact name:

Medical/Health radio frequency used:

Clem Cantu

MedNet Horse Mt. Repeater: Tx 468.025

Rx 463.025 & PLL code 103.5

2 meter: Tx 146.410 & Rx 146.310

EMS System: North Coast EMS County: Lake Date: 2008

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**

**Alternate's Name:**

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: \_\_\_\_\_

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

**Regional Ambulance Transportation Coordinator:**

**Alternate's Name:**

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: (510) 370-5010

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: (925) 646-4379

FAX No.: \_\_\_\_\_

24-HR. No.: (510) 646-2441

24-HR. No.: \_\_\_\_\_

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

(707) 263-8929

(707) 263-1662

Amateur Radio contact name:

Medical/Health radio frequency used:

Alan Vanderwarker

MedNet 463.000

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Del Norte County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone
<b>Area or subarea (Zone) Geographic Description:</b> Del Norte County (entire county)
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zone 1, Arcata/McKinleyville
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, 43years in operation
<b>Area or subarea (Zone) Geographic Description:</b> Northwestern Humboldt County, Zone #1
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zone 2, Hoopa/Willow Creek
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 25 years of operation
<b>Area or subarea (Zone) Geographic Description:</b> Eastern Humboldt County, Zone #2
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast Emergency Medical Services
<b>Area or subarea (Zone) Name or Title:</b> Humboldt County, Zones 3 and 4, Eureka/Fortuna/Garberville
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 29years of operation
<b>Area or subarea (Zone) Geographic Description:</b> Central/Southern Humboldt County, Zones 3 and 4
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> North Coast EMS- Lake County
<b>Area or subarea (Zone) Name or Title:</b> South Lake County Fire District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
<b>Area or subarea (Zone) Geographic Description:</b> South Lake County Fire District
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95811-7043  
(916) 322-4336 FAX (916) 324-2875



January 16, 2009

Larry Karsteadt  
North Coast EMS Agency  
3340 Glenwood Avenue  
Eureka, CA 95501

Dear Mr. Karsteadt:

We have completed our review of *North Coast EMS Agency's 2007 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*.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 322-4336, extension 423 or by email [ssalaber@emsa.ca.gov](mailto:ssalaber@emsa.ca.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM  
Director

RST:ss