STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

June 27, 2016

Mr. Dan Spiess, Chief Executive Officer
Northern California EMS Agency
1890 Park Marina Drive, Suite 200
Redding, CA 96001

Dear Mr. Spiess:

This letter is in response to your EMS plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Northern California EMS Agency's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with Health and Safety Code (H&SC) § 1797.105(b).

Northern California EMS Agency received its last full Plan approval for its 2013 plan submission, and its last annual Plan Update approval for its 2012 plan submission.

Historically, we have received EMS Plan documentation from Northern California EMS Agency for its 1994, 1998, 2006, 2010, 2011, 2012, and 2013 plan submissions, and most current, its 2014 plan submission.

The H&SC § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

III. Analysis of EMS System Components:

Following are comments related to Northern California EMS Agency's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training

1. Standards

- Standards 1.04, 1.11, 1.24, and 1.25 are identified as only meeting the recommended guideline; however, the minimum standard must be met. In the next plan submission, please provide an update on the progress for meeting the minimum standard and identify short-/long-term goals.

C.	☒	☐	Communications

1. Standards

- Standards 3.01 and 3.02 are identified as only meeting the recommended guideline; however, the minimum standard must be met. In the next plan submission, please provide an update on the progress for meeting the minimum standard and identify short-/long-term goals.

D.	☒	☐	Response/Transportation

1. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of Northern California's EMS Agency's ambulance zones.

2. Standards

- Standards 4.01, 4.02, and 4.16 are identified as only meeting the recommended guideline; however, the minimum standard must be met. In the next plan submission, please provide an update on the progress for meeting the minimum standard and identify short-/long-term goals.

E. ☒ ☐ Facilities/Critical Care

1. Standards

- Standard 5.01 is identified as only meeting the recommended guideline; however, the minimum standard must be met. In the next plan submission, please provide an update on the progress for meeting the minimum standard and identify short-/long-term goals.

- Standard 5.10 does not meet the minimum standard. Please continue to provide updates on the progress for meeting the minimum standards in the next plan submission.

- Standard 5.13 does not meet the minimum standard. Due to the time sensitive nature and challenges involved with caring for patients with specialty care needs such as STEMI, Stroke, and Pediatric care, along with the state specialty care regulations currently under development, it is strongly recommended that a specialty care system be designed. To assist in this development, the first step may be to create a buddy list with the neighboring receiving centers to allow for the quick transfer of patients, and to also begin associated preliminary work to provide the best care for patients. Please provide the timeline for the system design as well as the preliminary work on this development in the next plan submission.

F. ☒ ☐ Data Collection/System Evaluation

1. Standards

- Standard 6.01 is identified as only meeting the recommended guideline; however, the minimum standard

must be met. In the next plan submission, please provide an update on the progress for meeting the minimum standard and identify short-/long-term goals.

- Standard 6.04 does not meet the minimum standard. Please continue to provide updates on the progress for meeting the minimum standard in the next plan submission.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Northern California EMS Agency may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&SC § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Northern California EMS Agency's annual EMS Plan Update will be due on or before June 30, 2017.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Glenn County																	
Zone 1		X	Non-Competitive	X				X	X					X	X		
Zone 2	X																
Lassen County																	
Zone 1		X	Competitive	X				X	X	X			X (ALS)				
Zone 2	X																
Modoc County																	
Zone 1	X																
Zone 2	X																
Zone 3	X																
Zone 4	X																
Plumas County																	
Zone 1	X																
Zone 2	X																
Zone 3	X																
Zone 4		X	Non-Competitive	X				X	X								
Zone 5	X																
Sierra County																	
Zone 1	X																
Zone 2	X																
Zone 3	X																
Trinity County																	
Zone 1	X																
Zone 2	X																

Zone 3	X																
Zone 4	X																
Zone 5	X																

Northern California Emergency Medical Services, Incorporated

2014 EMS Plan

FY 2013-2014 Reporting

Dan Spiess, Chief Executive Officer

1890 Park Marina Drive, Suite 200
Redding, CA 96001

530.229.3979

Date Submitted: April 14, 2016
To: Lisa Galindo, EMSA

EXECUTIVE SUMMARY

Executive Summary

EMS Plan 2014 (FY 2013-2014)

Attached is the 2014 EMS Plan for FY 2013-2014.

The agency continued with its ten Director Board of Directors comprised of one representative from each of the six contract counties, a hospital representative, two Directors At Large and an Emergency Medical Care Committee (EMCC) Representative that must be affiliated with an ambulance service. The agency maintains active participation with the area's EMCCs and county fire chiefs' organizations. As well, the agency staff is engaged with statewide issues through memberships in the Emergency Medical Services Administrators Association of California, the Emergency Medical Directors Association of California and affiliated subcommittees of the organizations. The agency also participates actively with the EMSA Core Measures Committee.

Maintaining accessible training and continuing education has been a priority of the agency. The challenges are a result of a paucity of resources in our extremely rural area. To meet this challenge the agency conducts an annual all day conference that provides seven continuing education units of credit. The conference at the time of this writing will conduct its twelfth conference in two weeks. Individual conference presentations are now recorded, audio and video, and posted on the agency's website. This provides certified personnel an opportunity to view a presentation, test and receive continuing education credit. Additional video continuing education opportunities are continually being added to the cadre of presentations.

Communications in the six county area is severely handicapped by mountainous terrain. This has been further compromised by the narrow banding requirement of the Federal Communications Commission. To address this issue the agency has developed standing orders that can be implemented in the event of communications failure, and has authorized the use of cell phones and satellite phones to supplement the UHF communications system.

The area is services by fifteen ground and one air ambulance based in the six county area. A number of ground services in adjacent counties also service the area. This arrangement is in place with air providers in neighboring counties as well. Agreements with each service provider are maintained and renewed every two years if compliance is met. There are three exclusive operators. Two of these have been grandfathered and the third was bid in 2005 with a five years contract extension added in 2010.

The area is serviced by eight acute care hospitals, each a Critical Access Hospital. Contracts with each hospital are maintained defining their role in relationship to prehospital care. These contracts are reviewed and renewed every two years. For this report period there were two

designated level IV Trauma Centers with interest in designation from a third. As referenced above, a hospital representative sits as a Director on the Nor-Cal EMS Board of Directors.

The agency has worked closely with Inland Counties EMS to implement the electronic prehospital patient recordkeeping system. The large majority of prehospital transport agencies utilize the ImageTrend system with three services using other proprietary systems. There have been some issues with the non ImageTrend systems "talking" to CEMSIS/NEMSIS but the issues are slowly being resolved. This has permitted a more complete submittal of Core Measures data.

The agency's participation in Public Information and Education has been limited. The availability of courses that may have public interest are on the agency's calendar as they are known and made available to us.

Much of the agency's activities in recent years has been the result of the Hospital Preparedness Project. The agency has worked very closely with each of the six LEMSA contract counties in fulfilling the LEMSA requirements of the project. Many of the educational aspects of the project have been videoed and made available on the agency's website. In addition, the agency actively participates with counties in their planning efforts, conduct of exercises and the critiques of exercises.

Specifics of the Nor-Cal EMS Plan are contained in the following EMS Plan update.

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 1

MINIMUM STANDARDS/RECOMMENDED GUIDELINES

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2014 EMS PLAN (FY 2013-14)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Inter-county Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing			X		
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

INVENTORIES ARE UPDATED AS SITE INSPECTIONS ARE PERIODICALLY CONDUCTED, AS PREHOSPITAL STATUSES ARE CHANGED AND AS FACILITY RESOURCE CAPABILITIES CHANGE. THESE CHANGES ARE RECORDED OFTEN MORE FREQUETNLY THAN ANNUALLY.

THE AGENCY MAINTAINS A DATA BASE IDENTIFYING ALL CERTIFIED AND ACCREDITED PERSONNEL WITH THEIR INITIAL CERTIFICATION DATE, THEIR RENEWALS AND CERTIFICATION EXPIRATION DATE. THIS IS IN ADDITION TO THEIR PERSONAL INFORMATION. VEHICLE INVENTORIES ARE COMPLETED AT THE TIME OF THE PLAN SUBMITTAL. FACILITY INVENTORIES ARE MAINTAINED YEAR ROUND WITH UPDATES AND RENEWALS OF MEDICAL CONTROL AGREEMENTS. SIMILARLY, NONTRANSPORT AGENCIES ARE INVENTORIED ON A YEAR ROUND BASIS WITH THE REVIEW OF AGREEMENT RENEWALS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

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: DOES NOT MEET MINIMUM STANDARD

THE EMD GUIDELINES STATE THAT THEY . . . " WERE DEVELOPED TO PROVIDE A CONSISTENT, STATEWIDE STANDARD FOR EMERGENCY MEDICAL DISPATCH AGENCIES AND DISPATCHERS THAT CHOOSE TO IMPLEMENT AN EMD PROGRAM. " IN OUR REGION THE AFFORDABILITY OF OBTAINING EMD TRAINING AND MAINTAINING THAT TRAINING IN EACH DISPATCH ENTER HAS PREVENTED ITS IMPLEMENTATION. A SINGLE ADJOINING COUNTY WITH A POPULATION NEARLY TWICE THAT OF OUR AREA WAS ABLE TO IMPLEMENT EMD ONLY THROUGH A GRANT FROM A LOCAL FOUNDATION.

HOWEVER, CERTAIN SERVICES WITH WORKING RELATIONSHIPS WITH LARGER ORGANIZATIONS ARE LINKING THEIR DISPATCH TO THESE ORGANIZATIONS HAVING EMD CAPABILITIES. AS ADDITIONAL SERVICES DEVELOP THESE RELATIONSHIPS IT IS ANTICIPATED THAT EMD DISPATCH CAPABILITY WILL EXPAND.

NEED(S): TO IMPLEMENT EMD TRAINING WHERE FEASIBLE AND ECONOMICALLY PRACTICAL

OBJECTIVE: TO DETERMINE FUNDING ASSISTANCE FOR EMD TRAINING FOR AREA MEDICAL DISPATCH PERSONNEL

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

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

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL PLAN FOR EMS COMMUNICATIONS. THE PLAN SHALL SPECIFY THE MEDICAL COMMUNICATIONS CAPABILITIES OF EMERGENCY MEDICAL TRANSPORT VEHICLES, NON-TRANSPORTING ADVANCED LIFE SUPPORT RESPONDERS, AND ACUTE CARE FACILITIES AND SHALL COORDINATE THE USE OF FREQUENCIES WITH OTHER USERS.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY'S COMMUNICATIONS PLAN SHOULD CONSIDER THE AVAILABILITY AND USE OF SATELLITES AND CELLULAR TELEPHONES.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

THE AGENCY ACTIVLY PARTICIPATES AND COORDINATES THE REGIONAL COMMUNICATION ADVISORY AND PLANNING COMMITTEE, WHICH CONVENES QUARTERLY. THE FOCUS OF THE GROUP IS TO COORDINATE FREQUENCIES, ADDRESS COMMUNICATION ISSUES AND SERVE AS A SOUNDING VENUE FOR COMMUNICATIONS USERS.

SATELIITE COMMUNCAITONS ARE PERMITTED IN THE SYSTEM.

HANDHELD RADIOS HAVE BEEN DISTRIBUTED TO COUNTIES FOR RAPID DEPLOYMENT IN THE EVENT OF A MASS CASUALTY EVENT.

COORDINATION WITH OTHER EMS AGENCIES:

THE COMMITTEE IS COMPRISED OF PROVIDER AGENY AND LOCAL GOVERNMENT REPRESENTATIVES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

EMERGENCY MEDICAL TRANSPORT VEHICLES AND NON-TRANSPORTING ADVANCED LIFE SUPPORT RESPONDERS SHALL HAVE TWO-WAY RADIO COMMUNICATIONS EQUIPMENT WHICH COMPLIES WITH THE LOCAL EMS COMMUNICATIONS PLAN AND WHICH PROVIDES FOR DISPATCH AND AMBULANCE-TO-HOSPITAL COMMUNICATION.

RECOMMENDED GUIDELINES:

EMERGENCY MEDICAL TRANSPORT VEHICLES SHOULD HAVE TWO-WAY RADIO COMMUNICATIONS EQUIPMENT THAT COMPLIES WITH THE LOCAL EMS COMMUNICATIONS PLAN AND THAT PROVIDES FOR VEHICLE-TO-VEHICLE (INCLUDING BOTH AMBULANCES AND NON-TRANSPORTING FIRST RESPONDER UNITS) COMMUNICATION.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

ALL PREHOSPITAL PROVIDERS ARE GRANTED PERMISSION TO UTILIZE THE MEDICAL COMMUNCATIONS SYSTEM AND MAINTAIN TWO-WAY COMMUNCATIONS EQUIPMENT PERMITTING VEHICLE TO VEHICLE AND VEHICLE TO HOSPITAL COMMUNICATIONS. SUPPLMENTING THE TWO-WAY COMMUNICATIONS ARE SATELLITE AND CELL PHONE DEVICES.

ALL TRANSPORT AND NON TRANSPORT RESPONDERS HAVE TWO-WAY RADIO COMMUNICATIONS EQUIPMENT THAT PERMITS COMMUNICATIONS AMONG RESPONDING UNITS AND IS COMPLIANT WITH AGENCY POLICIES

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

EMERGENCY MEDICAL TRANSPORT VEHICLES USED FOR INTERFACILITY TRANSFERS SHALL HAVE THE ABILITY TO COMMUNICATE WITH BOTH THE SENDING AND RECEIVING FACILITIES. THIS COULD BE ACCOMPLISHED BY CELLULAR TELEPHONE.

RECOMMENDED GUIDELINES:

NONE.

CURRENT STATUS: MEETS MINIMUM STANDARD

TRANSPORT VEHICLES UTILIZED BY APPROVED PROVIDERS, WHICH ARE ALL TRANSPORT AGENCIES IN THE REGION, UTILIZE TWO WAY COMMUNIATIONS MEETING THIS STANDARD. AGREEMENTS WITH THESE AGENCIES REQUIRE COMPLIANCE WITH AGENCY POLICIES CALLING FOR MED CHANNEL USEAGE.

COORDINATION WITH OTHER EMS AGENCIES:

THE AGENCY HAS WORKED WITH PROVIDERS TO RECOGNIZE THAT MOUNTAINOUS TERRAIN HANDICAP COMMUNICATIONS BY UHF RADIO AND THEREFORE POLICIES PERMIT USE OF BOTH CELLULAR AND SATELLITE PHONES. THIS SITUATION EXISTS NOT JUST FOR INTERFACILITY TRANSFERS BUT FOR IN AREA PATINET DESTINATIONS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

ALL HOSPITALS WITHIN THE LOCAL EMS SYSTEM SHALL (WHERE PHYSICALLY POSSIBLE) HAVE THE ABILITY TO COMMUNICATE WITH EACH OTHER BY TWO-WAY RADIO.

RECOMMENDED GUIDELINES:

ALL HOSPITALS SHOULD HAVE DIRECT COMMUNICATIONS ACCESS TO RELEVANT SERVICES IN OTHER HOSPITALS WITHIN THE SYSTEM (E.G., POISON INFORMATION, PEDIATRIC AND TRAUMA CONSULTATION).

CURRENT STATUS: MEETS MINUMUM STANDARD

PHYSICAL LIMITATIONS PREVENT 100% TWO WAY RADIO CONTACT BETWEEN HOSPITALS. THE LIMITING FACTORS ARE THE VASTNESS OF THE REGION AT 16,000 SQUARE MILES AND THE INABILITY OF RADIO WAVES TO "WRAP AROUND" MOUNTAINOUS TERRAIN.

CLARIFICATION – ALL HOSPITALS MAINTAIN TWO WAY COMMUNICATIONS. THIS COMMUNICATION IS HANDICAPPED WHEN THE RESPONDING AMBULANCE IS IN THE "SHADOW" OF A REPEATER SITE AND CANNOT MAKE VOICE CONTACT WITH THE HOSPITAL. IN OUR MOUNTAINOUS AREA THESE LOCATIONS ARE WELL KNOWN TO PROVIDERS. TO A DEGREE, EACH HOSPITAL IN THE AREA IS AFFECTED BY THIS PHYSICAL LIMITATION.

THE UTILIZATION OF EMSYSTEMS, A WEB BASED STATUS SYSTEM ACCESSED BY EACH HOSPITAL, PROVIDER AGENCY, COUNTY HEALTH DEPARTMENT AND OTHERS PROVIDES THE POSTING OF RESOURCE AVILABILITY FOR SYSTEM USERS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL REVIEW COMMUNICATIONS LINKAGES AMONG PROVIDERS (PRE-HOSPITAL AND HOSPITAL) IN ITS JURISDICTION FOR THEIR CAPABILITY TO PROVIDE SERVICE IN THE EVENT OF MULTI-CASUALTY INCIDENTS AND DISASTERS.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

WHILE THE AGENCY NO LONGER MAINTAINS THE REGION-WIDE UHF COMMUNICATIONS SYSTEM, (MEANING THAT THE AGENCY DOES NOT OWN THE EQUIPMENT) THE AGENCY'S PARTICIPATION WITH THE AREA'S EMCCS AND PROVIDER ORGANIZATIONS PROVIDE OPPORTUNITY TO REVIEW COMMUNICATIONS ISSUES INCLUDING MULTI-CASUALTY EVENTS. HANDHELD RADIOS HAVE BEEN DISTRIBUTED TO COUNTIES FOR RAPID DEPLOYMENT IN THE EVENT OF A MASS CASUALTY EVENT. ADDITIONALLY, DISASTER EXERCISES AND REAL EVENTS PROVIDE REVIEW OF THESE LINKAGES.

AS WITH ALL EXERCISES AND REAL EVENTS, COMMUNICATIONS IS A CENTRAL TOPIC. THE AGENCY PARTICIPATES IN EXERCISES AND THEIR CRITIQUES AS WELL AS REAL EVENTS AND THEIR EVALUATIONS. THE LESSONS LEARNED FROM EXERCISES AND REAL EVENTS BECOME THE SUBJECTS TO BE INCLUDED OR AMPLIFIED IN DISASTER PLANS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL BE INVOLVED IN PUBLIC EDUCATION REGARDING THE 9-1-1 TELEPHONE SERVICE AS IT IMPACTS SYSTEM ACCESS.

RECOMMENDED GUIDELINES: NONE.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY'S PARTICIPATION IN 9-1-1 PUBLIC EDUCATION IS MINIMAL BUT SUPORTIVE. MOST RECENTLY THE AGENCY HAS CLARIFIED IN PUBLIC SETTINGS THE REALITIES OF HAVING A SUBSCRIPTION WITH AN AIR PROVIDER AND THE REALITY THAT IF SOMEONE CALLS 911, UNLESS THE CONDITION REQUIRES AIR TRANPORT, THE SUBSCRIPTION DOES NOT GUARANTEE IT.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

EACH COUNTY IN THE REGION IS COVERED 100% BY ONE OR MORE AMBULANCE ZONES THAT ARE IDENTIFIED IN THE EMS PLAN. ONE COUNTY AMBULANCE ORDINANCE EXISTS, BEING THE ONE COUNTY WITH AND EOA THAT HAS GONE THROUGH THE RFP PROCESS.

COORDINATION WITH OTHER EMS AGENCIES:

IN DEVELOPING THE AMBULANCE ZONES, THE AGENCY WORKED CLOSELY WITH EACH AMBULANCE SERVICE AND DISPATCH AGENCY TO PRECISELY DEFINE EACH ZONE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS FOR AIR DISPATCH

THE AGENCY MAINTAINS AIRCRAFT DISPATCH STANDARDS INSURING APPROPRIATE USE OF THESE RESOURCES. THE AGENCY ALSO MAINTAINS GROUND DISPATCH STANDARDS..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

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 and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: MEETS MINIMUM STANDARDS

NOR-CAL EMS HAS ADOPTED THE STATE'S RESPONSE TIME GUIDELINES. THE STANDARDS ARE REFERENCED IN THE AGENCY'S POLCIES WHICH ARE INCORPORATED BY REFERENCE IN EACH PREHOSPITAL PROVIDER AGREEMENT.

COORDINATION WITH OTHER EMS AGENCIES:

THE AGENCY MONTORS RESPONSE TIME STANDARDS AND WORKS ESPECIALLY CLOSE WITH EMCCs IN PROVIDING DATA AND EVALUATING THE SYSTEM IN THOSE AREAS SERVED BY EOAs.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTIANS AIRCRAFT POLICIES ADDRESSING AIR AMBULANCE, RESCUE AIRCRAFT AND AUXILIARY AIRCRAFT. RESCUE AIRCRAFT ARE FURTHER CLASSIFIED AS ALS, OR BLS BASED ON LEVEL OF MEDICAL FLIGHT CREW.
THE POLICIES SPECIFY THE CLASSIFICATION AND AUTHORIZATION REQUIREMENTS FOR EMS AIRCRAFT PROVIDERS IN THE NOR-CAL EMS REGION. STATE PREHOSPITAL EMS AIR REGULATIONS ARE INCORPORATED INTO THE POLICIES AND PROCEDURES AND WHERE THE NOR-CAL EMS POLICIES AND PROCEDURES ARE MORE RESTRICTIVE, THEY TAKE PRECEDENCE.
POLICIES ADDRESS AUTHORIZATION, METHOD OF REQUEST, DESTINATION, PERSONNEL AND ORIENTATION. AN UNUSUAL OCCURRENCE REPORT IS AVAILABLE FOR REGISTERING COMPLAINTS.

COORDINATION WITH OTHER EMS AGENCIES:

THE POLICIES AND PRODEDURES OUTLINED ABOVE ARE ADDRESSED IN THE AGENCY'S POLICY MANUAL AND INDIVIDUAL PROVIDER AGREEMENTS. THESE ARE DEVELOPED THROUGH THE MEDICAL ADVISORY COMMITTEE AND IMPLEMENTED WITH EACH INDIVIDUAL PROVIDER.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE REGION IS SERVED BY ONE AIR PROVIDER LOCATED WITHIN THE JURISDICTION AND A NUMBER OF PROVIDERS OUTSIDE THE AREA. AN AIRCRAFT ZONE MAP IDENTIFIES THE PRIMARY AIR PROVIDER FOR EACH ZONE AND IS A PART OF THE AIRCRAFT POLICY. THERE IS NOT A SINGLE DESIGNATED DISPATCH CENTER FOR AIR OPERATIONS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

PROVIDER AGREEMENTS ARE IN PLACE WITH EACH AIRCRAFT PROVIDER. THE AGREEMENTS STIPULATE COMPLIANCE WITH LOCAL POLICIES, STATE REGULATIONS AND STAE LAW. LOCAL POLICIES ADDRESS STAFFING.

COORDINATION WITH OTHER EMS AGENCIES:

AT THE TIME OF THIS PLAN THERE EXISTED ONE AIR PROVIDER IN THE AGENCY'S AREA. MOUs ARE HOWEVER IN PLACE WITH THOSE PROVIDER AGENCIES IN ADJACENT AREAS THAT HAVE OCCAISON TO RESPOND INTO THE AGENCY'S AREA.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARDS

PROVIDER AGENCIES, BOTH TRANSPORT AND NON TRANSPORT, MAINTIAN ACCESS TO ALTERNATIVE RESPONSE VEHICLES PROVIDING NECESSARY ACCESS TO PATIENTS. RECOGNIZING THE VARIED TERRAIN IN THE REGION AND OUT OF NECESSITY, MANY OF THE PRIMARY TRANSPORT AND NON TRANSPORT VEHICLES ARE FOUR WHEEL DRIVE VEHICLES.

COORDINATION WITH OTHER EMS AGENCIES:

LOCAL PROVIDERS MAINTAIN LINKAGES WITH LAW ENFORCEMENT/SEARCH AND RESCUE RESOURCES FOR THE USE OF SPECIALTY VEHICLES NOT ROUTINELY IN THE INVENTORY OF THE AMBULANCE OR FIRE RECUE SERVICES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

PROVIDER AGREEMENTS DO NOT PRECLUDE INTER-COUNTY RESPONSES TO MEDICAL EMERGENCIES ALTHOUGH FORMAL AGREEMENTS ARE NOT IN PLACE REQUIRING IT. IN PRACTICE, TRANSPORT AGENCIES DO RESPOND "OUT-OF-COUNTY" IN INSTANCES THAT REQUIRE IT. IN SOME INSTANCES AMBULANCE ZONES CROSS COUNTY LINES.

COORDINATION WITH OTHER EMS AGENCIES:

AMBULANCE ZONE MAPS IDENTIFY OUT OF AREA RESOURCES THAT RESPOND TO MEDICAL EMERGENCIES WITHIN THE NOR-CAL EMS AREA. THESE ZONES ARE IDENTIFIED IN CONJUNCTION WITH EACH PROVIDER AGENCY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS AN APPROVED TRANPORTATION PLAN THAT RECOGNIZES EXCLUSIVE OPERATING AREAS BY MEANS OF "GRANDFATHERING" IN TWO COUNTIES. WITH THE CHANGE IN GEOGRAPHICAL COVERAGE IN A THIRD COUNTY, THE PREVIOUSLY GRANDFATHERED ZONE NO LONGER MEETS CRITERIA.

COORDINATION WITH OTHER EMS AGENCIES:

THESE GRANDFATHERED ZONES HAVE BEEN IDENTIFIED IN CLOSE COOPERATION WITH EACH AMBULANCE SERIVCE. IN THE PAST THIS HAS REQUIRED LOCATING HISTORICAL INFORMATION TO VERIFEY ELIGIBILITY FOR GRANFATHERING. THIS HISTORICALLY HAS BEEN OBTAINED FROM THE SERVICE'S FILES, GOVERNMENT FILES OR THE AGENCY'S HISTORICAL FILES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS DEVELOPED TRIAGE GUIDELINES AND DESTINATION POLICIES FOR TRAUMA PATIENTS THAT DIRECT PATIENTS TO THE APPROPRIATE LEVEL OF CARE AND SUBSEQUENT TRANSFER OF PATIENTS TO MORE DEFINITIVE LEVELS OF CARE AS NEEDED.

COORDINATION WITH OTHER EMS AGENCIES:

THIS STANDARD IS ADDRESSED IN THE WRITTEN AGREEMENTS WITH DESIGNATED FACILITIES AND STATES THAT THE AGENCY WILL WORK WITH FACILITIES IN DEVELOPING TRANSFER AGREEMENTS..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM GUIELINES

NOR-CAL POLICIES IDENTIFY PATIENTS MEETING TRAUMA CRITERIA. SYSTEM DESIGN CALLS FOR THEIR TREATMENT AT DESIGNATED TRAUMA FACILITIES OR SUBSEQUENT TRANSPER TO DESIGNATED FACILITIES. AGENCY POLICIES REQUIRE THAT BASE HOSPITALS, ALTERNATIVE BASE HOSPITALS AND RECEIVING FACILITIES HAVE TRANSFER AGREEMENTS WITH THE HIGHER LEVEL TRAUMA CENTERS, DESIGNATED PEDIATRIC TRAUMA CENTERS AND DESIGNATED BURN CENTERS THAT ACCEPT ADULT AND PEDIATRIC PATIENTS.

WHILE THE PROVISIONS OF TRAUMA PATIENT TRANSFERS ARE SPECIFICALLY ADDRESSED IN TRAUMA CENTER AGREEMENTS, BASE HOSPITAL, ALTERNATE BASE STATION AND RECEIVING HOSPITAL AGREEMENTS ADDRESS WORKING WITH THESE FACILITES TO DEVELOP TRANSFER AGREEMENTS WITHOUT BEING SPECIFIC TO TRAUMA PATIENTS.

COORDINATION WITH OTHER EMS AGENCIES:

THE PROVISIONS OF THIS STANDARD ARE CONTAINED IN WRITTEN AGREEMENTS WITH EACH INDIVIDUAL HOSPITAL.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS DESIGNATED RECEIING HOSPITALS AND HAS IN PLACE CONTRACTS WITH THOSE FACILITIES. CONTRACT COMPLIANCE IS REVIEWED ON AN ONGOING BASIS AND IF COMPLIANT, RENEWED EVERY TWO YEARS.

COORDINATION WITH OTHER EMS AGENCIES:

RECEIVING HOSPITALS ALL MAINTAIN AN AGREEMENT WITH THE AGENCY THAT IS REVIEWED AND DISCUSSED BETWEEN THAT FACILITY AND THE AGENCY.

DESIGNATING SPECIALTY CARE HOSPITALS REQUIRES A CLOSE WORKING RELATIONSHIP WITH EACH FACILITY THAT INCLUDES INITIAL SITE VISITES, DEVELOPING REMEDIATION PLANS AS NEEDED AND FOLLOW UP VERIFICATION OF PLAN COMPLIANCE.

NEED(S):

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

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: MEETS MINIMUM STANDARDS

NOR-CAL EMS HAS DEVELOPED AN EMERGENCY OPERATIONS PLAN (EOP). THE PLAN STIPULATES NOR-CAL EMS WILL "ASSIST WITH THE COORDINATION OF THE MOVEMENT AND DISTRIBUTION OF PATIENTS BY EMS PROVIDERS, INCLUDING EVACUATION OF PATIENTS AND RE-POPULATION OF HCFS. HOSPITALS WITHIN THE NOR-CAL EMS REGION WILL BE REQUIRED TO PROVIDE "HOSPITAL EVACUATION PLANS."

NOR-CAL HAS COLLECTED THESE HOSPITAL EVACUATION PLANS FROM FACILITIES WITHIN THE NOR-CAL EMS REGION. THESE PLANS AID IN THE COORDINATION AND COMMUNICATION OF PATIENT MOVEMENT AND DISTRIBUTION.

COORDINATION WITH OTHER EMS AGENCIES:

THESE PLANS HAVE BEEN DEVELOPED IN COOPERATION WITH HOSPITALS AS A PART OF THE REGION'S HPP PROJECTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

DUE TO THE DISTRIBUTION OF ACUTE HOSPITALS, EIGHT HOSPITALS COVERING 16,000 SQUARE MILES, THERE DOES NOT EXIST A COMPETITION FOR DESIGNATION. EACH HOSPTIAL IN THE REGION IS DESIGNATED AS EITHER A BASE, ALTERNATIVE BASE STATION OR RECEIVING FACILITY.

COORDINATION WITH OTHER EMS AGENCIES:

AS REFRENCED ABOVE THESE AGREEMENTS ARE DEVELOPED AND REVIEWED WITH EACH HOSPITAL. THIS INVOLVES A DETAILED REVIEW OF THE RESPONSIBLITES OF SERVING IN THIS CAPACITY INCLUDING ONLINE AND RETROSPECTIVE MEDICAL CONTROL, CONTINUING EDUCATION, RESUPPLY AND GENERAL OVERSIGHT OF THOSE PREHOSPITAL PROVIDERS ASSIGNED TO THE FACILITY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES: NONE.

CURRENT STATUS:

EACH OF THE EIGHT ACUTE CARE HOSPITALS IN THE AREA ARE CRITICAL ACCESS HOSPITALS, NONE OF WHICH HAVE THE CAPABILITY NOW OR IN THE FORSEEABLE FUTURE TO PROVIDE OPTIMAL CARE TO PEDIATRIC PATIENTS. AGREEMENTS WITH EACH HOSPITAL ADDRESS THE DEVELOPMENT OF TRANSFER AGREEMENTS TO HIGHER AND APPROPRIATE LEVELS OF CARE.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: DOES NOT CURRENTLY MEET MINIMUM STANDARD

AS HOSPITAL AGREEMENTS ARE REVIEWED, RENEWED OR UPDATED, SPECIFIC ATTENTION WILL BE GIVEN TO DETERMINING THE STATUS OF EACH FACILITY'S PLAN FOR MOVING PATIENTS TO THE MOST APPROPRIATELY STAFFED AND EQUIPPED HOSPITAL TO PROVIDE THE REQUIRED CARE. MOST IS NOT ALL SPECIALTY CARE WILL REQUIRE THE TRANSFER OR INITIAL TRANSPORT OF PATIENTS OUTSIDE THE AREA SINCE EACH AREA HOSPITAL IS A CRITICAL ACCESS HOSPITAL.

NEED(S): THE ASSESSMENT OF CAPABILITIES AND DEVELOPMENT OF TRANSPFER AGREEMENTS

OBJECTIVE: TO MOVE PATIENTS, AS APPROPRIATE TO HIGHER LEVELS OF CARE

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

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

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: MEETS MINIMUM STANDARDS

THROUGH ITS REGION WIDE ELECTRONIC PCR SYSTEM THE AGENCY HAS PROVIDED TO THE STATE AND HAS EXAMINED CORE MEASURES DATA WHICH IN PART LOOKS AT HIGH RISK PATENT GROUPS.

COORDINATION WITH OTHER EMS AGENCIES:

AT THE TIME OF THE REPORT PERIOD, THE AGENCY WAS IN THE FINAL STAGES OR HAD IMPLEMENTED ITS SYSTEM WIDE PREHOSPITAL TRANSPORT DATA SYSTEM.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY'S INTEGRATED DATA MANAGEMENT SYSTEM SHOULD INCLUDE PRE-HOSPITAL, BASE HOSPITAL, AND RECEIVING HOSPITAL DATA.

CURRENT STATUS: MEETS MINIMUM STANDARDS

CURRENTLY THE EMPHASIS IN EVALUATING ADVANCED LIFE SUPPORT TREATMENT IS CENTERED ON HIGH RISK/ LOW VOLUME PROCEDURES. EVALUATION HOWEVER DOES NOT INCLUDE THE BASE HOSPITAL EVALUATION EXCEPT AS IT RELATES TO ONLINE AND RETROSPECTIVE MEDICAL CONTROL. THE RETROSPECTIVE MEDICAL CONTROL OF THE BASE HOSPITAL OR ALTERNATIVE BASE STATION IS A RECOGNIZED CRITICAL ASPECT OF PATIENT CARE AUDITS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE: SHORT RANGE

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

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

EACH DESIGNATED TRAUMA CENTER PARTICIPATES IN AN ELECTRONIC TRAUMA DATA SYSTEM. THE AGENCY REPORTS THIS DATA AS REQUIRED TO EMSA. AN ELEMENT OF THIS IS THE SUBMITTAL OF CORE MEASURES DATA TO EMSA. ADDITIONALLY, THE AGENCY'S MEDICAL DIRECTOR REVIEWS CHARTS AT THE DESIGNATED FACILITY AT THE TIME OF REDESIGNATION AND AS A RESULT DEVELOPS A REMEDIATION PLAN ADDRESSING ANY DEFICIENCIES. AS MAY BE APPROPRIATE, A REVISIT AND COMPLIANCE INSPECTION IS CONDUCTED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARDS (PARTIALLY)

THE AGENCY PROVIDES INFORMATION ON ACCESS TO FIRST AID AND CPR TRAINING ON ITS WEBSITE. PAST ACTIVITIES HAVE INCLUDED SEVERAL INJURY AND ILLNESS PREVENTION EFFORTS INCLUDING THINK FIRST FOR KIDS, FIRST THERE/FIRST CARE AND THE NORTHSTATE PREHOSPITAL CONFERENCE.

AS PREVIOUSLY REPORTED, THE AGENCY HAS NOT HELD A MAJOR ROLE IN THIS AREA WITH THE EXCEPTION OF ITS INVOLVEMENT IN COORDINATING THE EMS PORTION OF EACH OF THE SIX COUNTIES' HOSPITAL PREPAREDNES PROJECT. THE INVOLVEMENT IS LIMITED TO SUPPORTING EACH COUNTY'S HEALTH DEPARTMENT IN THEIR OUTREACH PROGRAMS TO THE PUBLIC ON PREVENTION, EMS RELATED ISSUES AND ASSISTING IN THE EVENT OF AN MCI .

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

COORDINATION WITH OTHER EMS AGENCIES:

AS PART OF CALIFORNIA OES REGION III, NOR-CAL EMS HAS BEGUN WORKING COLLABORATIVELY WITH SIERRA-SACRAMENTO VALLEY EMS IN REGARDS TO MULTI-CASUALTY INCIDENT (MCI) EVENTS, THE REGION III PLAN INCLUDES MEDICAL RESPONSE AND PATIENT DISTRIBUTION. IN COORDINATION WITH SSV EMS THE MCI PLAN IS REVIEWED ANNUALLY AND UPDATED AS NEEDED . THE UTILIZATION OF HOSPITAL CONTROL FACILITIES AND HOSPITAL PREPAREDNESS (HPP) GRANTS. THIS INCLUDES COORDINATED EFFORTS WITH THE REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS).

NEED(S):

TO IMPROVE THE COLLABORATIVE PROCESS BETWEEN NOR-CAL EMS AND CONSTITUENT COUNTY OES AGENCIES.

OBJECTIVE:

AS A MULTI-COUNTY LEMSA, NOR-CAL EMS HAS BEEN WORKING CLOSELY WITH INDIVIDUAL COUNTY PUBLIC HEALTH DEPARTMENTS AND HEALTHCARE COALITIONS (HCC) TO INCLUDE THE LEMSA ROLE IN DISASTER RESPONSE. THIS IS AN ALL HAZARDS APPROACH, THEREFORE INCLUDING TOXIC/HAZMAT EVENTS. AS A LONG-RANGE GOAL, WE WILL REVIEW COUNTY EMERGENCY OPERATIONS PLANS (EOPS) TO BETTER ESTABLISH COORDINATION WITH OUR CONSTITUENT COUNTIES.

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S):

TO CONTINUE TO EXPAND CHEMPACK, CURRENTLY UNDERWAY, TRAINING THROUGHOUT THE AREA AND CONTINUE TO UPDATE PLANS AND PROCEDURES TO ASSIST THE RESPONSE CAPABILITIES OF MEDICAL AGENCIES/PERSONNEL TO CATASTROPHIC DISASTERS.

OBJECTIVE:

NOR-CAL EMS WILL REVIEW AND APPLY THE OES MULTI-HAZARD FUNCTIONAL PLAN WORKING WITH PUBLIC HEALTH AND LOCAL HEALTH CARE FACILITIES AS PART OF THE HCC.

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S):

TO EMPHASIZE THE REQUIREMENT THAT APPROPRIATE EMS PROVIDERS ARE PROPERLY TRAINED FOR RESPONSE TO HAZARDOUS MATERIAL INCIDENTS. ADDITIONALLY, NOR-CAL EMS CURRENTLY REQUIRES THAT ALL EMS PROVIDERS CERTIFIED WITHIN THE REGION ARE TO COMPLETE ICS100 (OR HIGHER) AND HAZMAT FIRST RESPONDER OPERATIONS (FRO) TRAINING. THE AGENCY, AT ITS ANNUAL CONFERENCE OFFERED A PRESENTATION BY LOU LALLO ADDRESSING CHEMPACK.

OBJECTIVE:

HAVING IDENTIFIED THAT MANY OF THE EMS PROVIDERS ARE NOT AWARE OF THIS REQUIREMENT, A SURVEY WILL BE CONDUCTED OF ALL EMS PROVIDERS/AGENCIES TO DETERMINE THE LEVEL OF TRAINING FOR ICS AND HAZMAT FRO. NOR-CAL EMS WILL NOTIFY ALL PROVIDERS AND AGENCIES WITHIN THE REGION VIA A MEMO EMPHASIZING THE STANDARD AND MAKE AVAILABLE ON THE NOR-CAL EMS WEBSITE LINKS TO EITHER FREE OR REASONABLY PRICED COURSES.

TIME FRAME FOR MEETING OBJECTIVE: SHORT-RANGE PLAN (ONE YEAR OR LESS)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

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: MEETS MINIMUM STANDARD

THE OES REGION III MCI PLAN, MANUAL 2, ADDRESSES PATIENT DISTRIBUTION. TRAINING HAS BEEN CONDUCTED AND IS AVAILABLE ON THE NOR-CAL EMS WEB SITE. MEMORANDUMS OF UNDERSTANDING HAVE BEEN ESTABLISHED WITH APPROPRIATE CONTROL FACILITIES.

DUE TO THE FACT THAT ALL OF THE HEALTHCARE FACILITIES IN THE NOR-CAL EMS REGION ARE CRITICAL ACCESS HOSPITALS, THEY DO NOT HAVE THE FACILITY, RESOURCES, AND/ OR CAPACITY TO TREAT RADIATION AND CHEMICAL CONTAMINATION AND INJURIES (DEFINITIVELY). THESE PATIENTS WOULD BE TRANSPORTED IN AN EXPEDITIOUS FASHION TO TERTIARY CARE SYSTEMS ONCE INITIAL DECONTAMINATION HAS OCCURRED.

COORDINATION WITH OTHER EMS AGENCIES:

THE OES REGION III MCI PLAN MANUAL 2 WAS UPDATED COOPERATIVELY WITH SIERRA-SACRAMENTO VALLEY EMS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY'S PROCEDURES FOR DETERMINING NECESSARY OUTSIDE ASSISTANCE SHOULD BE EXERCISED YEARLY.

CURRENT STATUS: MEETS MINIMUM STANDARD

PER THE CALIFORNIA STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS) REQUESTS FOR LOCAL ASSISTANCE IS DETERMINED BY THE LOCAL MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC) TO THE REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS). NOR-CAL EMS WOULD ASSIST WITH AMBULANCE RESPONSE AND ALTERED STANDARDS OF CARE IF REQUESTED.

ALL COUNTIES WITHIN THE EMS AREA HAVE ESTABLISHED SIGNIFICANT ABILITY AND GUIDELINES TO COMMUNICATE EMREGENCY RESQUESTS TO THE STATE. NOR-CAL EMS ACTS AS ADVISORY. THE COUNTIES SUBMIT DIRECTLY TO THE STATE OR OUTSIDE THE OA, DIRECTLY TO THE RDMHS. THESE ROLES ARE DEFINED IN THE NOR-CAL EMS EOP.

NOR-CAL EMS PARTICIPATES IN THE ANNUAL STATEWIDE MEDICAL AND HEALTH EXERCISE AS WELL AS A NUMBER OF REGIONAL/COUNTY/OPERATIONAL AREA EXERCISES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

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: MEETS MINIMUM STANDARD

NOR-CAL EMS ACTIVELY PARTICIPATES IN THE OES REGION III MEDCOMM COMMITTEE MEETING. THE GOALS OF THE COMMITTEE ARE TO DEVELOP AND MAINTAIN THE REGIONAL COMMUNICATION PLAN AND ASSIST IN MAINTAINING THE INTEGRITY OF THE UHF MED CHANNEL SYSTEM.

COORDINATION WITH OTHER EMS AGENCIES:
NOR-CAL EMS IS THE EMRESOURCE SYSTEM ADMINISTRATOR FOR REGION III AND ACTIVELY UTILIZES THE SYSTEM FOR DAILY COMMUNICATIONS AND IN THE EVENT OF A REAL TIME SITUATION. THE AGENCY IS ALSO AN ACTIVE USER OF CAHAN.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

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: MEETS MINIMUM STANDARD

NOR-CAL EMS HAS NO DMATS IN THE REGION AND DOES NOT HAVE THE DEPTH OF RESOURCES TO DEVELOP A DMAT IN THE EXISTING RURAL/FRONTIER REGION. THIS IS DEMONSTATED BY THE FACT THAT THE AREA HAS EIGHTEEN GROUND AMBULANCES THAT RESPOND TO SLIGHTLY OVER 10,000 ANNUAL CALLS IN AN AREA THAT COVERS 16,000 SQUARE MILES. THE PAUCITY OF RESOURCES PRECLUDES THE ESTABLISHMENT OF A DMAT TEAM.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

ALL COUNTIES WITHIN THE NOR-CAL EMS AREA HAVE MUTUAL AID PLANS IN PLACE. THE RDMHS PROGRAM IS AVAILABLE ON A 24 HOUR BASIS TO ASSIST WITH MEDICAL HEALTH ISSUES REQUIRING RESOUCES OUTSIDE THE OA.

COORDINATION WITH OTHER EMS AGENCIES:
AGREEMENTS HAVE BEEN DEVELOPED IN CONJUNCTION WITH RESOURECES IN EACH OF THE AREA'S SIX COUNTIES AND CONTINUE TO BE ASSESSED THROUGH THE HPP PROJECT.

NOTE:
TRANSPORT VEHICLES ARE TO BE COORDINATED WITH THE RDMHS AND THE LEMSA. NO ONE AGENCY IN THE REGION IS LARGE ENOUGH TO SUSTAIN A SINGLE AMBULANCE STRIKE TEAM (AST). MANY OF THE AGENCIES HAVE AGREED TO PARTICIPATE AS PART OF AN AST IN A COORDINATED EVENT IF REQUESTED BY THE RDMHS.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

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 Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

NONE.

CURRENT STATUS: MEETS MINIMUM STANDARD

EACH OF THE PUBLIC HEALTH ENTITIES IN THE NOR-CAL EMS REGION HAS COORDINATED WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO ESTABLISH DESIGNATED FIELDS TREATMENT SITES AS WELL AS ALTERNATE CARE SITES.

COORDINATION WITH OTHER EMS AGENCIES:

THIS HAS BEEN ACCOMPLISHED WITH EACH OF THE AREA'S SIX COUNTIES AND AS A PART OF THE HPP PROJECT.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

THIS STANDARD IS MET IN PLAN ONE AND TWO OF THE REGION III MCI PLAN.

WE CURRENTLY HAVE A DRAFT ACTIVE SHOOTER/HOSTILE EVENT POLICY AND PROTOCOL. WITHIN THIS DOCUMENT WE DISCUSS THE RESPONSE TO ANY VIOLENT EVENT INCLUDING TRANSITION FROM AN MCI TO A DISASTER. TRAINING WITH LAW ENFORECEMENT, OFFICE OFEMERGENCY SERVICES OES AND EMS IS PROSCRIBED. PRIOR TO EMS RESPONDING TRINING WITH LAW ENFORCEMENT AND OES IS REQUIRED.

THIS PLAN IS BASED ON THE RECOMMENDATION FROM THE HARTFORD CONSENSUS PLAN, FBI AND FEMA REFERENCE DOCUMENTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

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: MEETS MINIMUM STANDARD

THE OES REGION III MCI PLAN HAS BEEN UPDATED TO INCLUDE TOXIC AND RADIOACTIVE SUBSTANCES. IN ADDITION, NOR-CAL EMS HAS DEVELOPED EXISTING WEAPONS OF MASS DESTRUCTION POLICES.

NOR-CAL EMS ON AN INDIVUDUAL BASIS WITH EACH COUNTY TRAINS ON THE MITIGATION, RESPONSE ACTS OF RESPONDING TO EXPOSURES AND OR TOXIC OR RADIOACTIVE CONTAMINATION EVENTS. THIS INCLUDES CHEMPACK TRAINING WITH EACH COUNTY ALONG WITH MCI TRAINING. IN ADDITION THE TRAININGS ARE IN THE PROCESS OF BEING VIDEOED AND PLACED ON THE AGENCY'S WEBSITE FOR CONTINING EDUCATION.

NEED(S):

ADDITIONAL TRAINING FOR PROVIDERS TO REINFORCE HAZMAT IN PARTICULAR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR DEFENSE, EXPLOSIVES (CBRNE).

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL EMS PROVIDES EMRESOURCE ADMINISTRATIVE SUPPORT FOR OES REGION III FACILITIES AND PROVIDERS. NOR-CAL EMS WORKS COLLABORATIVELY WITH SIERRA-SACRAMENTO VALLEY EMS AND THE OES REGION IV ADMINISTRATOR TO MAINTAIN USER ACTIVITY AND COORDINATE SYSTEM ENHANCEMENTS.

NOR-CAL EMS IN COORDINATION WITH S-SV HAS DEVELOPED ENHANCED COMMUNICATION ABILITIES IN EMRESOURCE ALLOWING THE CONTROL FACILITY TO COMMUNICATE EFFICIENTLY WITH THE RECEIVING FACILITY DURING AN EVENT. NOR-CAL EMS HAS A DEVELOPED A HAVBED POLICY WHICH ADDRESSES THE EMERGENT POLLING OF AVAILABLE HOSPITAL BEDS.

THE AGENCY MAINTAINS A HAVBED POLICY AND OPERATIONAL PROCEDURES AND HAS ESTABLISHED WRITTEN PROCEDURES FOR CONTROL FACILITY AND RECEIVING FACILITY COMMUNICATION DURING AN REALTIME EVENT..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

FOLLOWING HEALTH AND SAFETY GUIDELINES, ADVANCED LIFE SUPPORT (ALS) PERSONNEL FROM OTHER REGIONS FOLLOW THEIR RESPECTIVE LOCAL EMS PROVIDER POLICIES AND PROCEDURES. THIS OCCURS IN PARTICULAR DURING FIRE SEASON.

ADDITIONALLY, WE WORK WITH THE RDMHS TO PROVIDE THESE OUT OF AREA RESOURCES TO OUR SIX COUNTY AREA.

THE AGENCY IS ALSO DEVELOPING AN EMERGING INFECTIOUS DISEASE PLAN THAT TAKES INTO ACCOUT ADVANCING STAGES OF CRITICALITY AND THE NEED FOR OUR OF AREA RESOURCES. THIS PLAN IS BEING DEVELOPED WITH OUR REGIONAL PARTNERS.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 2

SYSTEM ORGANIZATION & MANAGEMENT
BUDGET
FEE STRUCTURE
ORGANIZATION/MANAGEMENT
ORGANIZATIONAL CHART

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Northern California EMS, Inc.
Reporting Year: 2014 EMS PLAN (FY 2013-14)

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: Glenn

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Lassen

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Modoc

A. Basic Life Support (BLS)	11%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	89%

County: Plumas

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Sierra

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Trinity

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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	√
Designation/approval of pediatric facilities	
Designation of other critical care centers	
Development of transfer agreements	
Enforcement of local ambulance ordinance	√
Enforcement of ambulance service contracts	√
Operation of ambulance service	
Continuing education	√
Personnel training	√
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: _____	
Other: _____	
Other: _____	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

5. EXPENSES

(Unless otherwise noted, figures taken from General Fund Budget FY 2013-14)

Salaries and benefits (All but contract personnel)	$ 369,021.72
Contract Services (e.g. medical director)	50,000.00
Operations (e.g. copying, postage, facilities)	63,665.20
Travel	10,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	39,799.01
Dispatch center operations (non-staff)	N/A
Training program operations	Included in numbers above
Other: Misc. Contractual	16,618.00
Other: Legal	5,000.00
Other: Contingency	10,875.15
TOTAL EXPENSES	$ 564,979.08

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	324,532.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	137,150.07
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	16,478.00

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	8,520.00
Contributions	N/A
EMS Fund (SB 12/612)	* 43,980.30
Other grants: _____	N/A
Other fees: Interest/Misc Inc.	2,000.00
Other (specify): Conference, Advertising, Continuing Education	10,000.00
TOTAL REVENUE	$ 564,660.37

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

* Both Revenue and Expenses equal $525,180.07 for the 2013-2014 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2013-14 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2013-14. This is why the Revenue and Expenses show slightly different numbers on this report only.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. **Fee structure**

_____ We do not charge any fees

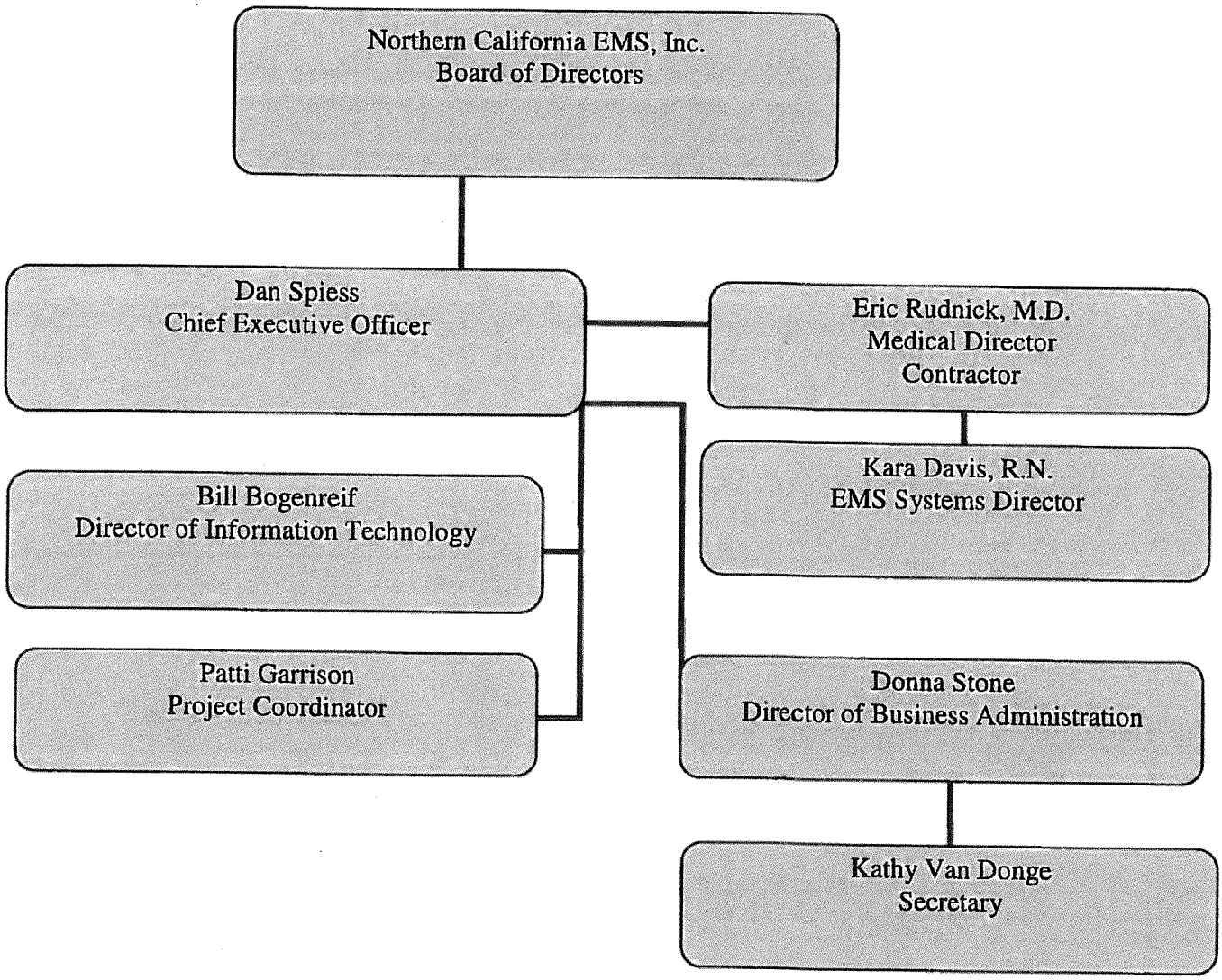
_____ Our fee structure is:

First responder certification	$ 35.00
EMS dispatcher certification	N/A
EMT-I certification	45.00
EMT-I recertification	28.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	50.00
AEMT recertification	35.00
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	80.00
MICN/ARN recertification	80.00
EMT-I training program approval	--
AEMT training program approval	--
EMT-P training program approval	--
MICN/ARN training program approval	--
Base hospital application	--
Base hospital designation	--
Trauma center application	--
Trauma center designation	--
Pediatric facility approval	--
Pediatric facility designation	--
Other critical care center application Type: None	
Other critical care center designation Type: None	
Ambulance service license	--
Ambulance vehicle permits	--
Other: First Responder Recertification	28.00
Other: ALS Ambulance Application	500.00
Other: Ambulance Provider Fee	327 - 4,820 (a)
Other: County Contract Fee	12,000 - 78,000 (a)
	(a) based on formula

N/A for FY 2013-14

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Chief Executive Officer	51.00%	51.95	29%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Director Business Administration	80.00%	26.57	26%	
ALS Coord./Field Coord./Trng Coordinator	EMS System Director	80.00%	33.89	23%	
Program Coordinator/Field Liaison (Non-clinical)	Project Coordinator	80.00%	18.13	29%	
Trauma Coordinator					
Medical Director	Medical Director	30.00%	85.00	--	Contract position
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Director of Information Technology	80.00%	37.09	40%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	80.00%	14.85	35%	
Other Clerical					
Data Entry Clerk					
Other					


Northern California EMS, Inc.
Board of Directors
Dan Spiess
Chief Executive Officer
Eric Rudnick, M.D.
Medical Director
Contractor
Kara Davis, R.N.
EMS Systems Director
Bill Bogenreif
Director of Information Technology
Patti Garrison
Project Coordinator
Donna Stone
Director of Business Administration
Kathy Van Donge
Secretary

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 3

STAFFING AND TRAINING

TABLE 3: STAFFING/TRAINING

NORTHERN CALIFORNIA EMS, INC.

Reporting Year: 2014 EMS PLAN (FY 2013-14)

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	589	9		26
Number newly certified this year	37	1		6
Number recertified this year	259	4		13
Total number of accredited personnel on July 1 of the reporting year			162	
Number of certification reviews resulting in:				
a) formal investigations	2			
b) probation				
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	2			

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs 589
   b) Number of public safety (defib) certified (non-EMT-I) 498

2. Do you have an EMR training program (First Responder) YES

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 4

COMMUNICATIONS

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Glenn

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 0
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 0
6. Who is your primary dispatch agency for day-to-day emergencies?
   Glenn County Sheriff's Office
7. Who is your primary dispatch agency for a disaster?
   Glenn County Sheriff's Office
8. Do you have an operational area disaster communication system? ☐ Yes ☑ No
   a. Radio primary frequency _____
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system? ☐Yes ☑ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☐Yes ☑ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☐Yes ☑ No
      1) Within the operational area? ☐Yes ☑ No
      2) Between operation area and the region and/or state? ☐Yes ☑ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Lassen

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   Susanville Interagency Fire Center
7. Who is your primary dispatch agency for a disaster?
   Susanville Interagency Fire Center
8. Do you have an operational area disaster communication system? ☑Yes ☐No
   a. Radio primary frequency 154.4450

   b. Other methods 463.0750

   c. Can all medical response units communicate on the same disaster communications system? *County, Fire, MedNet, CALCORD* ☑ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☑ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☑ Yes ☐ No

      1) Within the operational area? ☑ Yes ☐ No
      2) Between operation area and the region and/or state? ☑ Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Modoc

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 EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   Modoc County Sheriff's Office
7. Who is your primary dispatch agency for a disaster?
   Modoc County Sheriff's Office
8. Do you have an operational area disaster communication system? ☐ Yes ☑ No
   a. Radio primary frequency _____
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system? ☑Yes ☐ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☑Yes ☐ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☑ Yes ☐ No
      1) Within the operational area? ☑ Yes ☐ No
      2) Between operation area and the region and/or state? ☑ Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

1. Number of primary Public Service Answering Points (PSAP) — 1 (in Plumas)
2. Number of secondary PSAPs — 1 (in Lassen)
3. Number of dispatch centers directly dispatching ambulances — 1 (Pri) 1(2nd)
4. Number of EMS dispatch agencies utilizing EMD guidelines — None
5. Number of designated dispatch centers for EMS Aircraft — None
6. Who is your primary dispatch agency for day-to-day emergencies?
   Plumas County Sheriff's Office
7. Who is your primary dispatch agency for a disaster?
   Plumas County Sheriff's Office
8. Do you have an operational area disaster communication system? ☑ Yes ☐ No
   a. Radio primary frequency *156.090 (LE) and 155.085 (Fire). We also utilize CALCORD, WHITE FIRE 21, CLEMARS as needs dictate.*

   b. Other methods: RACES

   c. Can all medical response units communicate on the same disaster communications system? Unknown if all EMS follow the local TICP — ☑ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? — ☑ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? — ☑ Yes ☐ No

      1) Within the operational area? — ☑ Yes ☐ No
      2) Between operation area and the region and/or state? — ☑ Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Sierra

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 2
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 0
6. Who is your primary dispatch agency for day-to-day emergencies?
   Sierra County Sheriff's Office
7. Who is your primary dispatch agency for a disaster?
   Sierra County Sheriff's Office
8. Do you have an operational area disaster communication system? ☑ Yes ☐ No
   a. Radio primary frequency 156.165

   b. Other methods _____

   c. Can all medical response units communicate on the same disaster communications system? *All units can communicate on Sierra County Public Works, Law Enforcement, Fire, and USFS frequencies, as well as MedNet, CALCORD, and FEMA interoperability tactical channels.* ☑ Yes ☐ No ☑ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☑ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☑ Yes ☐ No

      1) Within the operational area? ☑ Yes ☐ No
      2) Between operation area and the region and/or state?

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Trinity

1. Number of primary Public Service Answering Points (PSAP) — 1
2. Number of secondary PSAPs — 0
3. Number of dispatch centers directly dispatching ambulances — 2
4. Number of EMS dispatch agencies utilizing EMD guidelines — 0
5. Number of designated dispatch centers for EMS Aircraft — 0
6. Who is your primary dispatch agency for day-to-day emergencies? — Sheriff
   Trinity County Sheriff's Office
7. Who is your primary dispatch agency for a disaster? — Sheriff
   Trinity County Sheriff's Office
8. Do you have an operational area disaster communication system? — ☑ Yes ☐ No
   a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX

   b. Other methods: *County has multi-agency radio communication system and Reverse 9-1-1*

   c. Can all medical response units communicate on the same disaster communications system? — ☑ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? — ☑ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? — ☑ Yes ☐ No

      1) Within the operational area? — ☑ Yes ☐ No
      2) Between operation area and the region and/or state? — ☑ Yes ☐ No

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 5

RESPONSE – TRANSPORTATION

TABLE 5: RESPONSE/TRANSPORTATION

EMS System: Northern California EMS, Inc

Reporting Year: 2014 EMS PLAN (FY 2013-14)

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 25

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	0:29:30	0:29:30
Early defibrillation responder	N/A	*	*	*
Advanced life support responder	N/A	0:07:12	0:01:00	0:07:06
Transport Ambulance	N/A	0:21:00	0:30:00	0:22:00

* These numbers are in the ALS Responder Category

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 6

FACILITIES – CRITICAL CARE

TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

Northern California EMS, Inc.

Reporting Year: 2014 EMS PLAN (FY 2013-14)

Trauma

Trauma patients:	
a. Number of patients meeting trauma triage criteria	94
b. Number of major trauma victims transported directly to a trauma center by ambulance	65
c. Number of major trauma patients transferred to a trauma center	10
d. Number of patients meeting triage criteria who were not treated at a trauma center	19

Emergency Departments

Total number of emergency departments	8
a. Number of referral emergency services	0
b. Number of standby emergency services	7
c. Number of basic emergency services	1
d. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	3
2. Number of base hospitals with written agreements	5

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
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TABLE 7

DISASTER – MEDICAL

TABLE 7: DISASTER MEDICAL

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Glenn

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? *Incident scene and Glenn Medical Center*
   b. How are they staffed? *EMS and hospital personnel*
   c. Do you have a supply system for supporting them for 72 hours? ☑ Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☑Yes ☐ No

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

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑Yes ☐ No

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

3. Have you tested your MCI Plan this year in a:
   a. real event? ☐ Yes ☑No
   b. exercise? ☑ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   Glenn, Colusa, Tehama, Butte

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? Public Health Department ☑Yes ☐ No

9. If not, to whom do you report? N/A

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? N/A

TABLE 7: DISASTER MEDICAL

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Lassen

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? *CCP's are mobile and based on where incidents occur as needed.*
   b. How are they staffed? *Local EMS personnel, Public Health Staff, Volunteers if needed.*
   c. Do you have a supply system for supporting them for 72 hours? ☑Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☑Yes ☐ No

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☑Yes ☐ No
   b. At what HazMat level are they trained? *FRA/FRO/decon, First Receiver,*
   c. Do you have the ability to do decontamination in an emergency room? ☑Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ☑Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑Yes ☐ No

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

3. Have you tested your MCI Plan this year in a:
   a. real event? ☐ Yes ☑ No
   b. exercise? ☐ Yes ☑ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   State/Regional mutual aid, no other written agreements.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☑ Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☑Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☑Yes ☐ No

8. Are you a separate department or agency? ☐ Yes ☑ No

9. If not, to whom do you report? Public Health

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? N/A

TABLE 7: DISASTER MEDICAL

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Modoc

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? *Unidentified*
   b. How are they staffed? *N/A*
   c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☑ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☑ Yes ☐ No

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☑Yes ☐ No
   b. At what HazMat level are they trained? *Decontamination*
   c. Do you have the ability to do decontamination in an emergency room? ☑Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ☑Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑ Yes ☐ No

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

3. Have you tested your MCI Plan this year in a:
   a. real event? ☐ Yes ☑ No
   b. exercise? ☐ Yes ☑ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   Region III Counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☑ Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☑Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☑ Yes ☐ No

8. Are you a separate department or agency? ☐ Yes ☑ No

9. If not, to whom do you report? Health Department Agency

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?

TABLE 7: DISASTER MEDICAL

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? *Chester, Quincy, Greenville, Portola*
   b. How are they staffed? *Hospital & Public Health Personnel*
   c. Do you have a supply system for supporting them for 72 hours? ☑Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☑Yes ☐ No

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☑ Yes ☐ No
   b. At what HazMat level are they trained? *EMT – FRO & Decon levels*
   c. Do you have the ability to do decontamination in an emergency room? ☑ Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ☑ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑ Yes ☐ No

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

3. Have you tested your MCI Plan this year in a:
   a. real event? ☑ Yes ☐ No
   b. exercise? ☑ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   MHOAC – Public Health - RDMHS

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☑ Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☑ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☑No

8. Are you a separate department or agency? ☐ Yes ☑ No

9. If not, to whom do you report? Director of 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

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Sierra

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? *Do not have designated CCPs*
   b. How are they staffed? *As designated by Sheriff/Coroner and staffed as needed.*
   c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☑No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☐ Yes ☑No

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

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑Yes ☐ No

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

3. Have you tested your MCI Plan this year in a:
   a. real event? ☐ Yes ☑No
   b. exercise? ☐ Yes ☑ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement: N/A

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes ☑ No
   There are no hospitals in Sierra County

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☑Yes ☐ No
   Health Care Coalition Agreement

7. Are you part of a multi-county EMS system for disaster response? ☑Yes ☐ No

8. Are you a separate department or agency? ☐ Yes ☑ No

9. If not, to whom do you report? *Sierra County Health & Humans Service*

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? *We are the Health Department* ☐ Yes ☑ No

TABLE 7: DISASTER MEDICAL

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Trinity

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? *Weaverville Airport, Hayfork Fairgrounds*
   b. How are they staffed? *EMS and Public Health staff*
   c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☑ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☑ Yes ☐ No

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☑ Yes ☐ No
   b. At what HazMat level are they trained? *FRO/Decon*
   c. Do you have the ability to do decontamination in an emergency room? ☑ Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ☑ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑ Yes ☐ No

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

3. Have you tested your MCI Plan this year in a:
   a. real event? ☐ Yes X No
   b. exercise? ☑ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

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 ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☑ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☑ Yes ☐ No

8. Are you a separate department or agency? ☑ Yes ☐ No

9. If not, to whom do you report? _____

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

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
(FY 2013-14)

TABLE 8

RESPONSE – TRANSPORTATION – PROVIDERS

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Glenn **Provider:** Westside Ambulance **Response Zone:** 1

Address: P O Box 4527
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-865-3998

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☐ BLS ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1249 Total number of responses
1082 Number of emergency responses
167 Number of non-emergency responses

1246 Total number of transports
1079 Number of emergency transports
167 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Glenn **Provider:** Enloe Medical Center **Response Zone:** 2

Address: 1531 Esplanade
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-332-7400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS; ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

892 Total number of responses
70 Number of emergency responses
822 Number of non-emergency responses

825 Total number of transports
64 Number of emergency transports
761 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Lassen **Provider:** SEMSA **Response Zone:** 1

Address: 1545 Paul Bunyon, Suite 3
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 775-691-4720

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

3766	Total number of responses	3766	Total number of transports
2599	Number of emergency responses	2599	Number of emergency transports
1167	Number of non-emergency responses	1167	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Lassen **Provider:** Mountain Life Flight **Response Zone:** N/A

Address: 710 Ash Street
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-257-0249

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☐ 9-1-1 ☐ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☑ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☑ Fixed Wing	☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

723	Total number of responses	723	Total number of transports
314	Number of emergency responses (SCENE)	314	Number of emergency transports (SCENE)
409	Number of non-emergency responses (IFT)	409	Number of non-emergency transports (IFT)

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Modoc **Provider:** Last Frontier Health District **Response Zone:** 1

Address: 228 W. McDowell St
Auburn, CA 96101

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-233-5131

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: Hospital District	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ Other Explain: Hospital District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

679	Total number of responses	679	Total number of transports
471	Number of emergency responses	471	Number of emergency transports
208	Number of non-emergency responses	208	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Modoc **Provider:** Surprise Valley Hospital District **Response Zone:** 2

Address: P O Box 246
Cedarville, CA 96104

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-279-6111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ✓BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: Hospital District	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ Other Explain: Hospital District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

88 Total number of responses
44 Number of emergency responses
44 Number of non-emergency responses

88 Total number of transports
44 Number of emergency transports
44 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Plumas **Provider:** Chester Fire **Response Zone:** 1

Address: P O Box 177
Chester, CA 96020

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-258-3456

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

280	Total number of responses	280	Total number of transports
189	Number of emergency responses	189	Number of emergency transports
91	Number of non-emergency responses	91	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Plumas **Provider:** Peninsula Fire **Response Zone:** 2

Address: 801 Golf Club Road
Lake Almanor, CA 96137

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-259-2309

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

147	Total number of responses	147	Total number of transports
134	Number of emergency responses	134	Number of emergency transports
13	Number of non-emergency responses	13	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Plumas **Provider:** South Lassen Ambulance **Response Zone:** 3

Address: 710 Ash Street
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-310-0225

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

UNAVAILABLE Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

UNAVAILABLE Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Plumas **Provider:** Plumas District Hospital **Response Zone:** 4

Address: 1065 Bucks Lake Road
Quincy, CA 95971

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-283-2127

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☐ Non-Transport ☐ BLS ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: Hospital District	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ Other Explain: Hospital District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

813	Total number of responses	812	Total number of transports
491	Number of emergency responses	491	Number of emergency transports
322	Number of non-emergency responses	321	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Plumas **Provider:** Eastern Plumas District Hospital **Response Zone:** 5

Address: 500 First Avenue
Portola, CA 96122

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 530-832-4277

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: Hospital District	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ Other Explain: Hospital District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1071	Total number of responses	1070	Total number of transports
683	Number of emergency responses	682	Number of emergency transports
388	Number of non-emergency responses	388	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Sierra **Provider:** Downieville Fire **Response Zone:** 1

Address: P O Box 25
Downieville, CA 95936

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-289-3201

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

108 Total number of responses
30 Number of emergency responses
78 Number of non-emergency responses

66 Total number of transports
20 Number of emergency transports
46 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Trinity **Provider:** Trinity County Life Support **Response Zone:** 1

Address: P O Box 2907
Weaverville, CA 96093

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-623-2500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ✓ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1498 Total number of responses
1177 Number of emergency responses
321 Number of non-emergency responses

1497 Total number of transports
1176 Number of emergency transports
321 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Trinity **Provider:** Trinity Center / Coffee Creek **Response Zone:** 2

Address: P O Box 346
Trinity Center, CA 96091

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-286-2270

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

43 Total number of responses
40 Number of emergency responses
3 Number of non-emergency responses

43 Total number of transports
40 Number of emergency transports
3 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

Response/Transportation/Providers

County: Trinity
Provider: Southern Trinity Area Rescue
Response Zone: 3
Address: P O Box 4
Mad River, CA 95552
Number of Ambulance Vehicles in Fleet: 2
Phone Number: 707-574-6613
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

75 Total number of responses
62 Number of emergency responses
13 Number of non-emergency responses

74 Total number of transports
61 Number of emergency transports
13 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

TABLE 9

FACILITIES

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Glenn

Facility: Glenn Medical Center
Address: 1133 W Sycamore St
Willows, CA 95988

Telephone Number: 530-934-1800

Written Contract:	Service:	Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency √ Standby Emergency ☐ Comprehensive Emergency	☐ Yes √ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes √ No	√ Yes ☐ No	☐ Level I ☐ Level II ☐ Level III √ Level IV
EDAP[2]	☐ Yes √ No		
PICU[3]	☐ Yes √ No		

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Lassen

Facility: Banner-Lassen Medical Center
Address: 1800 Spring Ridge Drive
Susanville, CA 96130

Telephone Number: 530-252-2000

Written Contract:	Service:		Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency √ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	√ Yes ☐ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level III	☐ Level II ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Modoc

Facility: Modoc Medical Center
Address: 225 W. McDowell Ave
Alturas, CA 96101

Telephone Number: 530-233-5131

Written Contract:	Service:	Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency √ Standby Emergency ☐ Comprehensive Emergency	√ Yes ☐ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Modoc

Facility: Surprise Valley Health Care District
Address: 741 North Main St
Cedarville, CA 96104

Telephone Number: 530-279-6111

Written Contract:	Service:		Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency	√ Standby Emergency ☐ Comprehensive Emergency	√ Yes ☐ No Alternative	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level III	☐ Level II ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

Facility: Eastern Plumas Health Care
Address: 500 1st Avenue
Portola, CA 96122

Telephone Number: 530-832-6500

Written Contract:	Service:	Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency √ Basic Emergency ☐ Standby Emergency ☐ Comprehensive Emergency	√ Yes ☐ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

Facility: Plumas District Hospital
Address: 1065 Bucks Lake Road
Quincy, CA 95971

Telephone Number: 530-283-2121

Written Contract:	Service:	Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency √ Standby Emergency ☐ Comprehensive Emergency	√ Yes ☐ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes √ No		
PICU[3]	☐ Yes √ No		

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

Facility: Seneca District Hospital
Address: 130 Brentwood Drive
Chester, CA 96020

Telephone Number: 530-258-2648

Written Contract:	Service:	Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency √ Standby Emergency ☐ Comprehensive Emergency	√ Yes ☐ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	√ Yes ☐ No	☐ Level I ☐ Level II ☐ Level III √ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Sierra

Facility: Western Sierra Medical Clinic
Address: 209 Nevada Street
Downieville, CA 95936

Telephone Number: 530-289-3298

Written Contract:	Service:	Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency √ Clinic ☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes √ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

NORTHERN CALIFORNIA EMS, INC.

REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Trinity

Facility: Mountain Community Healthcare District
Address: 60 Easter Avenue
Weaverville, CA 96093

Telephone Number: 530-623-5541

Written Contract:	Service:		Base Hospital:	Burn Center:
√ Yes ☐ No	☐ Referral Emergency ☐ Basic Emergency	√ Standby Emergency ☐ Comprehensive Emergency	☐ Yes √ No	☐ Yes √ No

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes √ No ☐ Yes √ No ☐ Yes √ No	☐ Yes √ No	☐ Level I ☐ Level III	☐ Level II ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes √ No	☐ Yes √ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 10

APPROVED TRAINING PROGRAMS

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Glenn

Training Institution: Absolute Safety Training @ Glenn Medical Center
Telephone Number: Dan Layne 530-521-6520
Address: 1133 W Sycamore
Willows, CA 95988

Student Eligibility*: Open Current CPR

Cost of Program:
Basic: EMT $750 Paramedic $8,000
Refresher: N/A

**Program Level: EMT & Paramedic

Number of students completing training per year:

	EMT	Paramedic
Initial training:	20	30
Refresher:	N/A	
Continuing Education:		
Expiration Date:	8/11/2014	

Number of courses:

	EMT	Paramedic
Initial training:	20 Students	1 Class (30 students)
Refresher:		
Continuing Education:		

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Lassen

Training Institution: Lassen Community College
Address: P O Box 3000
Susanville, CA 96130

Telephone Number: Jennifer Kraushaar 530-257-6181

Student Eligibility: Open Current CPR, FR Course or Current FR Certification

Program Level: EMT

Cost of Program:

Basic: $350
Refresher: $100

Number of students completing training per year:

Initial training:	20
Refresher:	10
Continuing Education:	
Expiration Date:	11-1-2014

Number of courses: 2

Initial training:	1
Refresher:	1
Continuing Education:	

TABLE 10: APPROVED TRAINING PROGRAMS

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Modoc

Training Institution: Modoc Medical Center

Telephone Number: Renae Sweet 530-233-1272

Address: 228 West McDowell
Alturas, CA 96101

Student Eligibility: CPR

Program Level: EMT

Cost of Program: $100 + Book

Basic: √

Refresher:

Number of students completing training per year:

Initial training:	10
Refresher:	
Continuing Education:	
Expiration Date:	1/15/2018

Number of courses:

Initial training:	1
Refresher:	
Continuing Education:	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

Training Institution: Feather River Community College

Telephone Number: Judy Mahan 530-283-0202 ext. 235

Address: 570 Golden Eagle Ave
Quincy, CA 95971

Student Eligibility: Open Current CPR

Program Level: EMT

Cost of Program:
Basic: $230
Refresher:

Number of students completing training per year:
Initial training: 40
Refresher:
Continuing Education:
Expiration Date: 08-16-2014

Number of courses:
Initial training: 2
Refresher:
Continuing Education:

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Trinity

Training Institution: Shasta College Outreach
Address: P O Box 6006
Redding, CA 96009
Telephone Number: Serena Brown 530-351-4439

Student Eligibility: Open
Program Level: EMT

Cost of Program:
Basic: $350
Refresher: Yes

Number of students completing training per year:

Initial training:	30
Refresher:	20
Continuing Education:	0
Expiration Date:	09/16/2014

Number of courses: 2

Initial training:	1
Refresher:	1
Continuing Education:	0

Training Institution: Southern Trinity Area Rescue
Address: P O Box 4
Mad River, CA 95552
Telephone Number: Brooke Johnston 707-574-6616

Student Eligibility: Open to general public
Current CPR
Program Level: EMT-1

Cost of Program:
Basic: EMT $60
Refresher: None

Number of students completing training per year:

	EMT	AEMT
Initial training:	12-20	12-20
Refresher:		
Continuing Education:	Yes	
Expiration Date:	11/19/17	01/17/2017

Number of courses: EMT-1

Initial training:	1
Refresher:	1
Continuing Education:	Yes

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Trinity

Training Institution: Trinity County Life Support
Address: 610 Washington St
Weaverville, CA 96093

Telephone Number: Robert Bryant 530-623-2500

Student Eligibility: Open
CPR EMT

Cost of Program:
Basic: $500
Refresher:

Program Level AEMT

Number of students completing training per year:
Initial training: 4
Refresher:
Continuing Education:
Expiration Date: 09/16/2014

Number of courses: 2
Initial training: 1
Refresher:
Continuing Education:

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

TABLE 11

DISPATCH AGENCY

TABLE 11: Dispatch Agency

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Glenn

Name, address & telephone:	**PRIMARY:** Glenn County Sheriff 's Office 543 W. Oak St, Willows, CA 95988		Contact: Larry Jones, Sheriff/Coroner 530-934-6431	
Written Contract: ☐ yes ☑ no	Service: ☑Ground ☐ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other CPR Certified	
Ownership: ☑ Public ☐ Private	Medical Director: ☐yes ☑no	If public: ☐ Fire ☑ Law ☐ Other Explain:	If public: ☐ city; ☑ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 0

Name, address & telephone:	**SECONDARY:** Enloe Medical Center 1531 Esplanade Chico, CA 95926		Contact: Bob Kiutu 530-332-7371	
Written Contract: ☐yes ☑ no	Service: ☑ Ground ☐ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 17 EMD Training 0 EMT-D 0 ALS 2 BLS 0 LALS 5 Other	
Ownership: ☐ Public ☑ Private	Medical Director: ☑ yes ☐ no	If public: ☐Fire ☐ Law ☑ Other Explain: Non-profit hospital	If public: ☐ city; ☐county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 0

Name, address & telephone:	**SECONDARY:** Willows Fire Department 445 S. Butte St Willows, CA 95988		Contact: Wayne Peabody, Fire Chief 530-934-3322	
Written Contract: ☐yes ☑ no	Service: ☑ Ground ☐ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 10 BLS	
Ownership: ☑ Public ☐ Private	Medical Director: ☐ yes ☑ no	If public: ☑Fire ☐ Law ☐ Other Explain: Non-profit hospital	If public: ☑ city; ☐county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 0

TABLE 11: Dispatch Agency

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Lassen

Name, address & telephone: **PRIMARY:** Susanville Interagency Fire Center 1491 5th St, Susanville, CA 96130			Primary Contact: Rob Cobb 530-257-5575	
Written Contract: ☐ yes ☑ no	Service: ☑ Ground ☑ Air ☑ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR	
Ownership: ☑ Public ☐ Private	Medical Director: ☐ yes ☑ no	If public: ☑ Fire ☐ Law ☐ Other explain:_____	If public: ☑ city; ☑county; ☑ state; ☑ fire district; ☑ Federal	Number of Ambulances: 0

Name, address & telephone: **SECONDARY:** Mountain Life Flight PO Box 711 Susanville, CA 96130			Primary Contact: John Roney 530-257-0249	
	Service: ☐ Ground ☑ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 4 ALS 1 BLS 0 LALS 0 Other	
Ownership: ☐ Public ☑ Private	Medical Director: ☑yes ☐ no	If public: ☐ Fire ☐ Law ☑Other explain: Air Medical	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Air Ambulance: 1 rotor &1 fixed wing aircraft

TABLE 11: Dispatch Agency

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Modoc

Name, address & telephone:	**PRIMARY:** Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: Mike Poindexter, Sheriff 530-233-4416	
Written Contract: ☐ yes ☑ no	Service: ☑ Ground ☑ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 4 Other	
Ownership: ☑ Public ☐ Private	Medical Director: ☐ yes ☑ no	If public: ☑ Fire ☑ Law ☑ Other explain: E.M.S.	If public: ☐ city; ☑county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 6 Fire Department: 14 PSAP for County

TABLE 11: Dispatch Agency

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

Name, address & telephone:	**PRIMARY**: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971			Primary Contact: Becky Grant 530-283-6375
Written Contract: ☐ yes ☑ no	Service: ☑ Ground ☐ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other	
Ownership: ☑ Public ☐ Private	Medical Director: ☐ yes ☑ no	If public: ☑ Fire ☑ Law ☐ Other Explain:	If public: ☐ city; ☑ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 0

Name, address & telephone:	**SECONDARY**: Eastern Plumas Healthcare District 500 First Avenue Portola, CA 96122			Primary Contact: Steve Waldeck 530-832-6586
Written Contract: ☑ yes ☐ no	Service: ☑ Ground ☐ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 15 BLS 0 LALS 6 Other: RNs	
Ownership: ☑ Public ☐ Private	Medical Director: ☑ yes ☐ no	If public: ☐ Fire ☐ Law ☑ Other explain: Hospital Dist.	If public: ☐ city; ☐ county; ☑ state; ☐ fire district; ☐ Federal	Number of Ambulances: 2

TABLE 11: Dispatch Agency

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Plumas

Name, address & telephone:	**SECONDARY**: Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971			Primary Contact: Cheryl Pini 530-283-2121
Written Contract: ☑ yes ☐ no	Service: ☑ Ground ☐ Air ☐ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other: RNs	
Ownership: ☑ Public ☐ Private	Medical Director: ☑yes ☐no	If public: ☐ Fire ☐ Law ☑ Other explain: Hospital Dist.	If public: ☐ city; ☑county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 3

TABLE 11: Dispatch Agency

NORTHERN CALIFORNIA EMS, INC.
REPORTING: 2014 EMS PLAN (FY 2013-14)

County: Trinity

Name, address & telephone:	**PRIMARY**: Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville 96093		Primary Contact: Bruce Haney, Sheriff 530-623-3740	
Written Contract: ☐ yes ☑ no	Service: ☑Ground ☑ Air ☑ Water	☑ Day-to-day ☑ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 14 Other	
Ownership: ☑ Public ☐ Private	Medical Director: ☐ yes ☑ no	If public: ☐ Fire ☑ Law ☐ Other explain:_____	If public: ☐ city; ☑county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 0

NORTHERN CALIFORNIA EMS, INC.

2014 EMS PLAN
FY 2013-14 REPORTING

AMBULANCE ZONE SUMMARY FORMS

AND ZONE MAPS

EMS PLAN
AMBULANCE ZONE SUMMARY FORMS

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

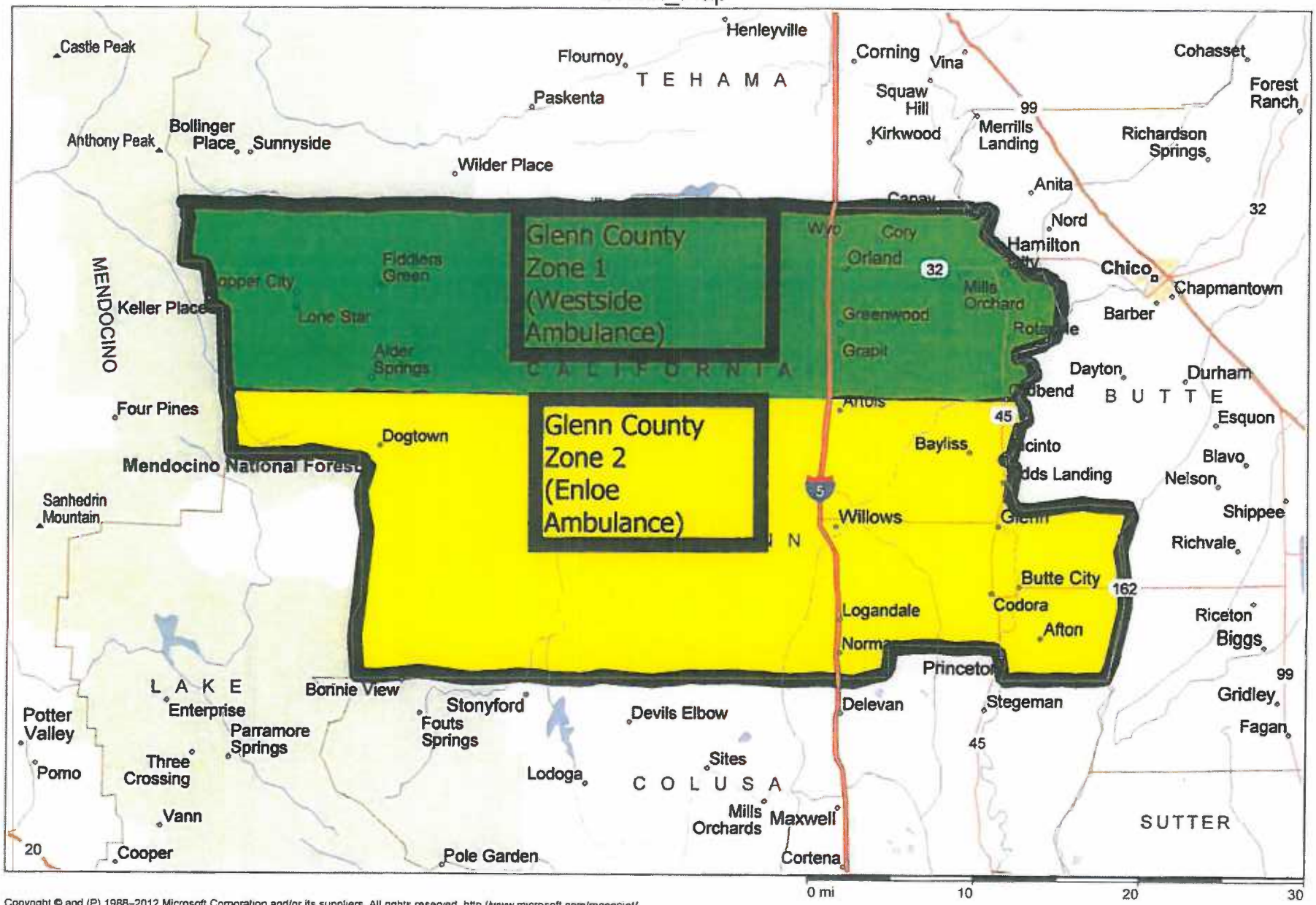
Local EMS Agency or County Name: Northern California EMS, Inc./ Glenn County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Westside Ambulance
Area or Subarea (Zone) Geographic Description: All of Glenn County north of County Road 33
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response BLS Non-Emergency Service Standby Service with Transportation Authorization
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Glenn County
Area or Subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Enloe Hospital Emergency Services
Area or Subarea (Zone) Geographic Description: All of Glenn County south of County Road 33
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

Glenn_Map



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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.

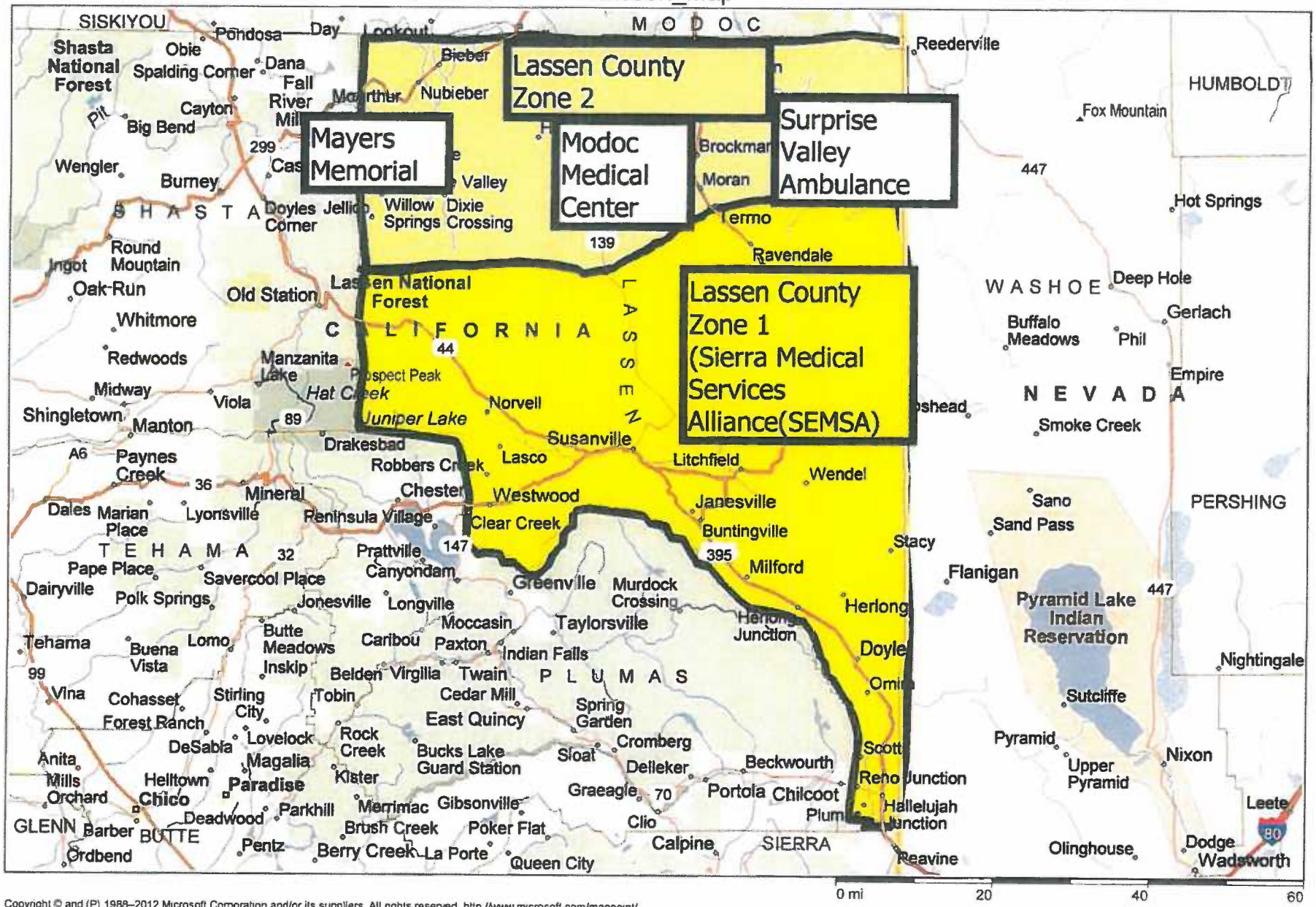
Local EMS Agency or County Name: Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title: Zone 1 (Central, West and East County Areas)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. SEMSA
Area or Subarea (Zone) Geographic Description: Refer to map
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response ALS Ambulance Emergency Interfacility Transfers
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitively determined by RFP 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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title: Zone 2 (North County Area)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east-central) since the1940s Surprise Valley Hospital Ambulance (eastern extreme)
Area or Subarea (Zone) Geographic Description: North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

Lassen_Map



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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.

Local EMS Agency or County Name:

Northern California EMS, Inc./ Modoc County

Area or subarea (Zone) Name or Title:

Zone 1

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

Last Frontier Health Care District (Modoc Medical Center)

Area or subarea (Zone) Geographic Description:

North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Non-exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

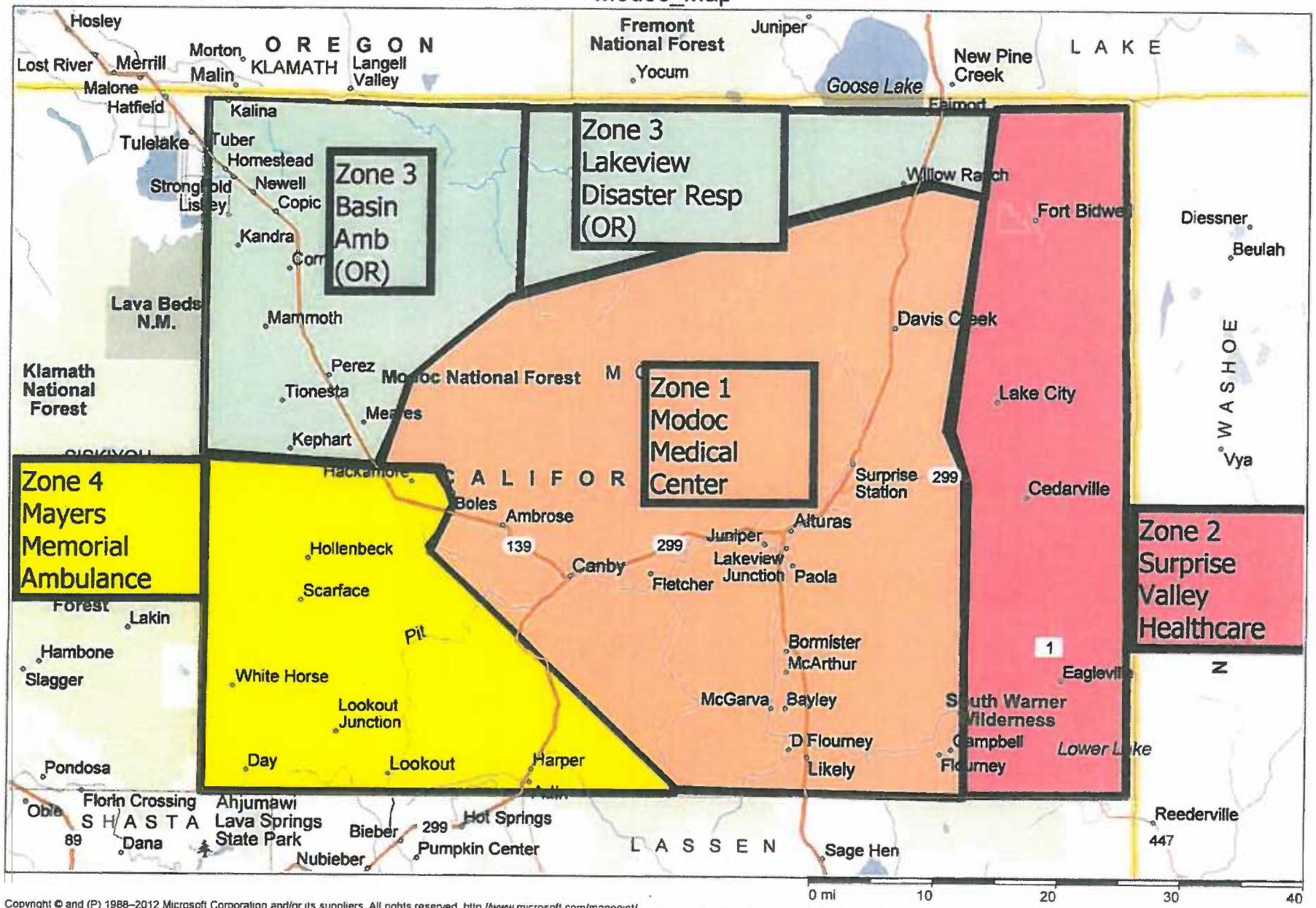
Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Basin Ambulance and Lakeview Disaster Response (Oregon)
Area or subarea (Zone) Geographic Description: Northwest Modoc County – see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mayers Memorial Hospital
Area or subarea (Zone) Geographic Description: S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

Modoc_Map



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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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Chester Fire Protection District
Area or Subarea (Zone) Geographic Description: North: Lassen National Park including Highway 89 to Summit Lake. East SR 36 to Johnson's Grade South: SR 89 to the area of Rocky Point Campground Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line West: SR 36 to the SR 89 (north) intersection. And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Peninsula Fire Protection District
Area or subarea (Zone) Geographic Description: Peninsula Primary Response Area East: Highway 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade North: Lassen County line – wilderness area. South: Highway 147 to the area of Highway 89
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lassen Ambulance
Area or subarea (Zone) Geographic Description: Greenville and areas surrounding Greenville
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

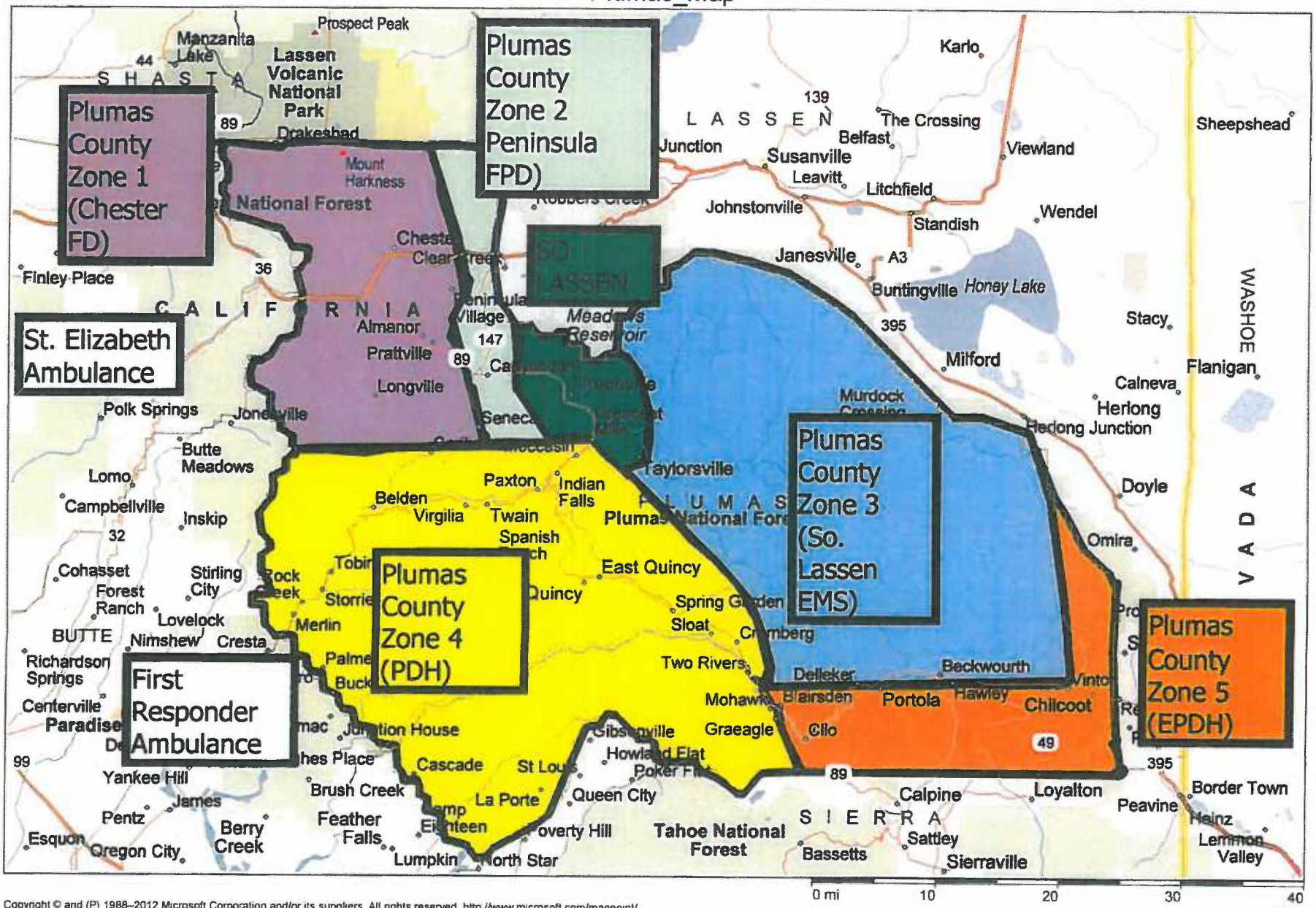
Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Plumas District Hospital Ambulance
Area or subarea (Zone) Geographic Description: North: Highway 89/70 junction at the Greenville Wye West: Highway 70 to the Butte County Line East: Highway 70/89 to Mt.Tomba on the east end of Crombert West: Quincy Oroville Highway to the Butte County Line Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response
Method to achieve Exclusivity, if Applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered

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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description: The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Plumas_Map



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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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description: North: To the Plumas County Line East : SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

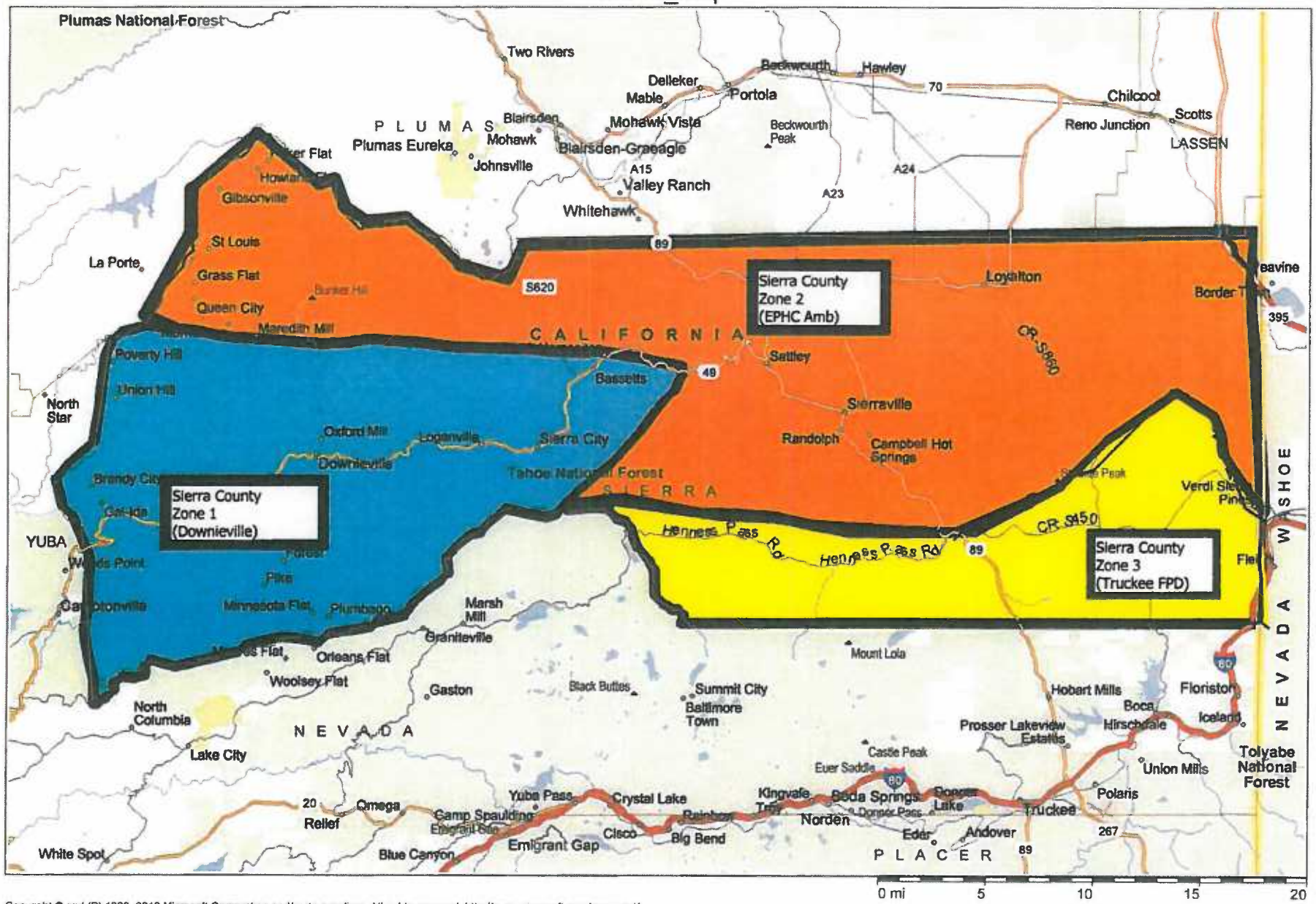
Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of French Men Lake East : To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Sierra County
Area or Subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Truckee Fire Protection District
Area or Subarea (Zone) Geographic Description: North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860 East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection) South: Nevada/Sierra County line West: Nevada/Sierra County line up to the USFS 07 Road And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

Sierra_Map



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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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Trinity County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Trinity County Life Support
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Coffee Creek VFD Trinity Center VFD
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 3 – STAR (Southern Trinity Area Rescue)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Southern Trinity Area Rescue
Area or Subarea (Zone) Geographic Description: See attached map and specific response locations Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

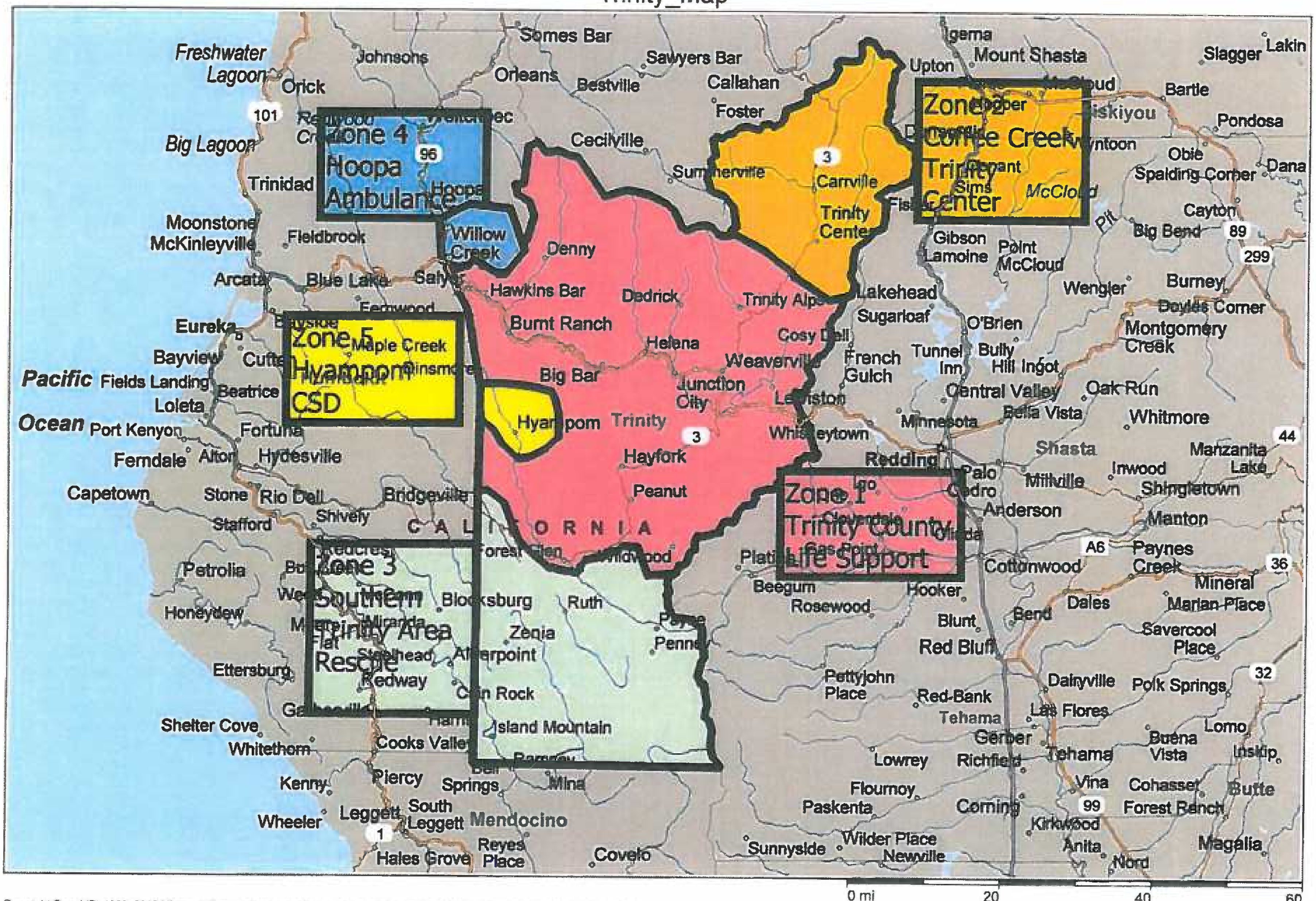
Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 4 - Hoopa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Hoopa Ambulance
Area or Subarea (Zone) Geographic Description: Extreme western Trinity County. Western 14 miles of Highway 299
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Hyampom C.S.D.
Area or Subarea (Zone) Geographic Description: Describe Area North: Grapevine Creek Road to Corral Bottom Road South: Corral Bottom Road to Hyampom Road East: Hyampom Road to NF-3N10 West: NF-3N10 to Grapevine Creek Road
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

Trinity_Map



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