

**SIERRA-SACRAMENTO VALLEY  
EMERGENCY MEDICAL SERVICES AGENCY**

**REGIONAL  
EMERGENCY MEDICAL SERVICES  
PLAN 1999 UPDATE**

**SERVING THE COUNTIES OF**

**PLACER  
YOLO  
NEVADA  
SUTTER  
YUBA**

**SUTTER-YUBA COUNTY EMS PLAN**  
**1-3 YEAR RECOMMENDATIONS**  
**1999 UPDATE**

**Managed Health Care and the EMS System**

**Recommendations:**

- 1st Year • Monitor the impact of managed care on the 9-1-1 system. A "safety net" must be in place to protect the public health, safety, and the integrity of the 9-1-1 emergency response system. As needed, EMS system advocacy should occur.  
*Continue to monitor.*
- 1st Year • The local EMS Agency should seek opportunities to partner with Managed Care providers in the community, while focusing on resource management and efficiencies within the system. This could include a review of interfacility plans and contracts for 9-1-1 EMS system impact.

**Ambulance Ordinance**

**Recommendation:**

- 1st Year • <sup>4-01</sup> It is recommended that the Sutter and Yuba County Ambulance Ordinances be revised.  
*Sutter County and Yuba County Ambulance Ordinances will be drafted by S-SV EMS Agency for the next meeting.*

**Communications/Dispatch**

**Recommendations:**

- 1st Year • <sup>3-08</sup> The Counties should request the State to address the non-CHP related 9-1-1 cellular calls issue.  
*Legislation defeated. Issue remains (1) location I.D. (2) appropriate PSAP referral.*
- 1st Year • <sup>3-02</sup> The Counties should evaluate the feasibility of obtaining additional local radio frequencies to be used as fire/EMS tactical channels.  
*Good progress made. Sutter County Fire has applied for additional frequencies and requested a channel from OES. Yuba City Fire has new repeater.*
- 1st Year • <sup>4-09</sup> Establish criteria regarding the use, communications and coordination of helicopters for on-scene operations. This is an active project of the S-SV EMS Agency.  
*Good progress made. Helicopter coordination committee created with assigned task close to completion.*

Dispatch

Recommendations:

- 1st Year • Continue to explore cost effective EMD programs for PSAPs.  
*3.09*  
*Need to extend time frame. Training is difficult to provide due to manpower limitations and cost. Need to explore other mechanisms for training with standards for protocols to reduce liability.*  
  
*Yuba City Fire has had training with instructions being documented; Marysville has cost issues; Sutter County-Walton and Meridian Fire evaluating a possible dispatch role; Sutter County Sheriff began training but ½ done with no protocols or QI in place;*
- 1- 3 Years • Provide EMD services at PSAPs or by transferring callers to the Bi-County Ambulance dispatch center.  
*3.09*  
*Training offered with no response.*
- 1st Year • *2.04*  
*3.09* Ensure that all PSAPs/Dispatch Centers providing EMD services maintain an active QA/Continuous Quality Improvement (CQI) program.  
*In place at Bi-County.*
- 1st Year • *3.09* The counties and cities should continue to consider the feasibility of PSAP consolidations.  
*Not feasible at this time. Will continue to explore.*
- 1- 3 Years • *3.01* Implement upgraded CAD systems with master clocks so that all times are uniformly recorded from the pickup of the 9-1-1 call at the PSAP.  
*Bi-County upgrading CAD. PSAP times are too hard to capture and bridge to EMS data.*

Service Enhancement/Training

Recommendations:

- 1st Year • *2.12* The Emergency Medical Care Committee (EMCC) should encourage and develop strategies for the expansion of Defibrillation Programs throughout the counties. Costs estimates are \$9,000 per defibrillator.  
*Cost estimates now \$ 3200. Sutter County is 100% EMT/Public Safety Defibrillation (application in from Robbins). Yuba County 50% covered.*

- 204  
1-3 Years • Develop and implement proposals for Enhanced EMT-I skills programs involving interested fire departments/districts.  
***Combitube placed on all ALS units for evaluation. S-SV EMS Agency will begin program for BLS providers.***
- 405  
1-3 Years • Explore the feasibility of ALS engine companies to enhance ALS response times, and to provide a paramedic back-up to the existing system. ALS equipment and supply costs are estimated to be \$25,000 - \$30,000 for each ALS engine. Training and personnel costs are not included.  
***Extend time frame to 5-10 year goal.***

**Recommendations:**

- 205  
1st Year • The EMCC should encourage paid fire personnel to be trained to the EMT-I level. Law enforcement with search and rescue responsibilities should be encouraged to be EMT-I trained. Strategies should be developed to provide training during the next 5 years.  
***Good progress made with paid fire personnel. No progress made with law enforcement search and rescue. Extend time frame to 1-3 years.***
- 204  
1st Year • The EMCC should encourage joint SEMS, MCI and ICS training between fire agencies, law enforcement, ambulance services, helicopter services and hospitals.  
***SEMS and ICS training completed. MCI training provided with SEMS.***
- 8102  
1st Year • Ensure required SEMS training for all personnel who may participate in a disaster response. Training must occur by December 1996, per State Law.  
***Completed.***
- 212  
1-3 Years • Fire agencies should require paid fire first responders to be trained to the EMT-I Defibrillation level.  
***Sutter County completed. Yuba County completed.***
- 205  
1-3 Years • Volunteer fire first responders should be trained to the State First Responder Program level.  
***Basic First Aid and CPR within 1 year of employment.***

**Disaster Medical Response/Public Education**

**Recommendations:**

- 8103  
1st Year • Continue efforts to develop Haz Mat Response Team capabilities and coordinate between both counties.  
***Completed with on-going improvements.***

- 1- 3 Years • *New Recommendation- Provide for Domestic Preparedness training.*
- 1- 3 Years • Re-evaluate the concept of CCPs. If indicated, develop an updated county-wide CCP Plan as part of SEMS operations.  
*8.12*  
***Question as to whether CCPs are appropriate for area with floods as major disaster threat. Sutter County has no progress. Yuba County has explored some CCP designations.***
- 1- 3 Years • Develop and implement a Disaster Medical Supply Cache and Inventory System for MCI and disaster support response. Costs are estimated to be \$3,000 - \$5,000 per cache.  
*8.103*  
***Completed. Both Sutter and Yuba Counties have mobile caches.***
- 1 - 3 Years • Conduct annual Sutter and Yuba County drills of the MCI, ICS and SEMS operations ensuring interagency participation.  
*8.114*  
***Completed with on-going drills.***
- 1- 3 Years • Develop a HERT program involving Rideout Hospital.  
*8.114*  
***Some involvement during MCI drills. Needs to be formalized.***

### Public Education

#### Recommendations:

- 1st Year • The EMCC should focus on disaster preparedness, injury prevention, EMS system awareness and related efforts.  
*7.03*  
***On-going.***
- 1- 3 Years • Public education efforts should be expanded. These efforts should be coordinated at the county level.  
*7.01*  
***Q 15 minute program successful in Sutter County with Yuba County planning to use program.***
- 1- 3 Years • Fire and Law Enforcement agencies should continue efforts in fire and crime prevention to include injury prevention and disaster preparedness.  
*7.01*  
***Multiple programs available in Sutter and Yuba Counties:***
  - ▶ ***Fire Safety House***
  - ▶ ***Public School Education Programs***
  - ▶ ***Learn Not To Burn Program***
  - ▶ ***Home Health Care Program***
  - ▶ ***Bicycle Helmet Program***
  - ▶ ***Child Protection Seat Program***
  - ▶ ***Traffic Stop Program***
  - ▶ ***Flood Preparation Programs (grant funded)***

**Facilities/Quality Assurance/Data Collection**

**Recommendation:**

- On-Going • <sup>11/5</sup> Continue to monitor base hospital performance and compliance with agreements.  
*On-going*

**Recommendation:**

- On-Going • <sup>6/03</sup> Continue to encourage Level III Trauma Centers.  
*On-going*

**Recommendations:**

- 1- 3 Years • <sup>6/03</sup> Research the feasibility of implementing first responder participation in the regional data collection system by completing the PCR on all EMS calls to provide BLS data.  
*On-going. Increased participation as providers become EMT/D.*

**NEVADA COUNTY EMS PLAN**  
**1-3 YEAR RECOMMENDATIONS**  
**1999 UPDATES**

**Managed Health Care and the EMS System**

**Recommendation:**

- 1st Year • Monitor the impact of managed care on the 9-1-1 system. A "safety net" must be in place to protect the public health, safety, and the integrity of the 9-1-1 emergency response system. As needed, EMS system advocacy should occur.  
***Continue to monitor.***
- 1st Year • The local EMS Agency should be involved in managed care discussions between health care insurers and ambulance services. This should include a review of interfacility plans and contracts for 9-1-1 EMS system impact.  
***Kaiser membership added to the Medical Control Committee. Continue to monitor.***

**Communications/Dispatch**

**Recommendations:**

- 1st Year • <sup>3.01</sup> The County should consolidate a county-wide EMS Communications Plan which addresses communications between fire, law, ambulances, and helicopters, the Med Net system, and plans for equipment replacement. The plan should include communications between Incident Commanders and hospitals that does not rely on ambulance radios.  
***Sierra Nevada Ambulance and fire now use common frequency.***
- 1<sup>st</sup> Year • <sup>3.01</sup> ***Need for an inventory and documentation of maintenance responsibilities for MedNet system***
- 1st Year • <sup>3.08</sup> The County should request the State to address the non-CHP related cellular phone 9-1-1 calls issue.  
***Phone companies developing caller ID for cellular system***
- 1st Year • <sup>4.08</sup> Establish criteria regarding the use of helicopters for on-scene operations. This is an active project of the S-SV EMS Agency.  
***EMS Aircraft Task Force provided input to the Medical Control Committee on the revision of Reference No. 450 EMS PREHOSPITAL AIRCRAFT OPERATIONS POLICY. Current language provides for the coordination of EMS aircraft through the CDF Grass Valley Emergency Command Center. S-SV has secured an MOU with Grass Valley CDF for this service. Implementation planned for***

*Spring 1999.*

- 1-3 Years • Ambulance providers should replace Med Net radios in all ambulances that need replacement - \$5,000 each.  
*3.01 Penn Valley has new radios. Ongoing throughout county.*
- 1-3 Years • Correct Med Net radio repeater problem at Wolf Mountain and Banner Mountain.  
*3.01 Ongoing. Valley traffic can interfere with radio traffic. Need to explore possible solutions.*

**Recommendations:**

- 1st Year • Implement EMD at the CDF/USFS ECC by transferring all medical calls from other PSAPs for pre-arrival instructions.  
*3.09 Completed*
- 1st Year • Explore a cost effective EMD program for PSAPs.  
*3.09 Ongoing*
- 1-3 Years • Provide county-wide EMD by all PSAPs to include priority dispatch. Training costs may vary depending on contractual overtime obligations or ability to train on duty. Program purchase and implementation cost are additional. Other possible personnel costs should be considered.  
*3.09 Ongoing with CDF Command Center*

**Recommendations:**

- 1 Year • Implement a QA/CQI program for the CDF ECC EMD Program.  
*6.01 Random sampling and select incident review*
- 1-3 Years • Implement an improved dispatch service for SNMH Ambulance Service including linkage to the S-SV EMS data collection system.  
*6.05 Improved orientation and QI has been developed. Data collection linkage is ongoing.*

**Recommendations:**

- 1st Year • EMCC should re-evaluate Call Box implementation in selective areas and at strategic locations along I-80 and provide recommendations.  
*3.01 Ongoing pending technology and cost effective improvements.*



**Service Enhancement/Training**

**Recommendations:**

- 1st Year • <sup>2/12</sup> The Emergency Medical Care Committee (EMCC) should encourage and develop strategies for the expansion of Defibrillation Programs throughout the county. Costs estimates are \$3,500 per defibrillator.  
*Need to encourage Washington and Rough & Ready to develop programs*
  
- 1st Year • <sup>4/05</sup> Explore the feasibility of ALS engine companies to enhance ALS response times, and to provide a paramedic back-up to the existing system. Equipment costs are estimated to be \$25,000 for each ALS engine. Training and personnel costs are not included.  
*Ongoing*
  
- 1<sup>st</sup> Year*      *Revise Nevada County Ambulance Ordinance*
  
- 1st Year • Continue to implement signage ordinance. Encourage voluntary compliance.  
*Completed*
  
- 1st Year • Continue to require improved street and property address signage.  
*Ongoing*
  
- 1-3 Years • <sup>2/08</sup> Develop and implement proposals for Enhanced EMT-I skills programs involving interested fire agencies. Enhanced skills could include intubation, defibrillation, and limited medications. Program costs to be determined.  
*Rural departments exploring use of Combitube*
  
- 1-3 Years • <sup>4/05</sup> Implement ALS fire units in interested fire districts to improve paramedic response times and to augment the existing ALS ambulance system.  
*Ongoing*
  
- 1-3 Years • <sup>4/07</sup> Actively pursue First Responder reimbursement mechanisms, and other funding sources.  
*Ongoing pending legislation.*

**Recommendations:**

- 1st Year • <sup>2/05</sup> The EMCC should encourage paid and volunteer fire personnel to be trained to the EMT-I level. Law enforcement with search and rescue responsibilities should be encouraged to be EMT-I trained.  
*Ongoing. Many departments have increased numbers of EMT-Is on staff*

- 1st Year • *8.04* Encourage joint SEMS, MCI and ICS training between fire departments, law enforcement, ambulance services, helicopter services and hospitals.  
**Completed**
- 1st Year • *8.02* Ensure required SEMS training for all personnel who may participate in a disaster response. Training must occur by December 1996, per State Law.  
**Completed**
- 1-3 Years • *2.12* Fire Agencies should require paid fire first responders to be trained to the EMT-I level.  
**Voluntary compliance achieved.**
- 1-3 Years • *2.04* Require EMD training for all dispatch personnel at all PSAPs that dispatch medical aid calls. EMD services could be provided by CDF at the ECC by transferring the caller.  
**Ongoing**

#### Disaster Medical Response/Public Education

##### Recommendations:

- 1st Year • *8.01* The County should aggressively address EMS/Medical Disaster planning and coordination responsibilities.  
**EOC established at Rood Center in Nevada City. Ongoing planning as part of Region IV OES.**
- 1st Year • *8.01* Establish an active Nevada County Disaster Planning Committee and /or reconvene the Disaster Consortium that includes the EMCC to develop and implement a complete medical disaster plan. Quarterly progress reports should be submitted to the Board of Supervisors, the EMCC, Health Department, and the S-SV EMS Agency.  
**Managed by the Nevada County Operational Area Emergency Services Council.**
- 1st Year • *8.01* Improve the disaster planning and coordination efforts between all involved agencies.  
**Ongoing.**
- 1-3 Years • **Identify location and special needs of Nevada County's medically fragile citizens for the emergency evacuation of medical care facilities plan.**
- 1st Year • *8.02* Aggressively address a Hazardous Materials Area Plan that identifies a level of service and ensures a timely response by trained Haz Mat responders. Assign a lead agency.  
**Completed. Hazmat Team based with Marysville Fire Department.**

- 1st Year • 8.01 Ensure a workable county-wide EOC Plan to include identifying an official County EOC facility.  
*EOC established at Rood Center in Nevada City. Managed by the Nevada County Office of Emergency Services.*
- 1- 3 Years • 8.02 Develop and implement a Disaster Supply Cache and Inventory System for MCI and disaster support response. Costs are estimated to be \$3,000 per cache.  
*Ongoing*
- 1- 3 Years • 8.04 Advise all fire agencies and other responders to implement the SEMS, ICS and coordinate with each other and ambulance services on emergency incidents.  
*Completed.*
- 1- 3 Years • 8.04 Conduct county drills of the MCI, ICS and SEMS operations ensuring interagency participation.  
*Completed. Annual exercises with Sierra Nevada Ambulance, Sierra Nevada Hospital, and area agencies.*
- 1- 3 Years • 8.03 Continue to develop a county-wide Haz Mat Response Team system. This could be accomplished through a contract with Placer County. The system should include an EMS component for both team members and impacted civilians. Medical monitoring of team members before entry into a hazardous zone and after exit should be included. EMS personnel should be integrated into the response system.  
*Completed. Hazmat Team based with Marysville Fire Department.*

**Recommendations:**

- 1st Year • 7.03 The EMCC should establish a public education subcommittee to focus on disaster preparedness, injury prevention, EMS system awareness and related efforts.  
*The EMS Committee was reestablished as a subcommittee of the Nevada County Operational Area Emergency Services Council.*
- 1- 3 Years • 7.01 Public safety agencies, SNMH Ambulance Service, Public Health and local hospitals should expand their efforts in public education. These efforts should be coordinated at the county level.  
*An annual health fair is coordinated by Sierra Nevada Hospital, area EMS providers, interagency council, Red Cross, Nevada Public Health, and local medical professionals. OES, Fire Safe Council, and Nevada Union distributed disaster and resource guide throughout Nevada County.*

- 1- 3 Years • 7.02 Fire and Law Enforcement agencies should join efforts in fire and crime prevention to include injury prevention and disaster preparedness.  
*Multiple fire and law enforcement agencies participate in County Fair fire and crime prevention activities. Law enforcement provides crime scene training for EMS providers. "Safe Haven" project being explored with Domestic Violence Coalition for victims of crime.*

**Facilities/Quality Assurance/Data Collection**

**Recommendation:**

- On-Going • 1.18 Continue to monitor base hospital performance and compliance with agreements.  
*Ongoing*

**Recommendation:**

- On-Going • 5.08 Continue to encourage Level III Trauma Centers.  
*Tahoe Forest Hospital working on Level III trauma center designation projected for Summer 1999.*

- 1- 3 Years • 6.10 Implement First Responder participation in the regional data collection system by completing the PCR on all EMS calls.  
*Ongoing*

- 1- 3 Years • 6.10 Implement Trauma Registry participation by all hospitals.  
*Ongoing. Current registry being updated to make it more user friendly for non-trauma hospitals.*

**PLACER COUNTY EMS PLAN**  
**1-3 YEAR RECOMMENDATIONS**  
**1999 UPDATES**

**Managed Health Care**

**Recommendations:**

- 1st Year • Monitor the impact of managed care on the 9-1-1 system. A "safety net" must be in place to protect the public health, safety, and the integrity of the 9-1-1 emergency response system. As needed, EMS system advocacy should occur. ***Ongoing***
  
- 1st Year • The local EMS Agency should seek opportunities to partner with Managed Care providers in the community, while focusing on resource management and efficiencies within the system. This could include a review of interfacility plans and contracts for 9-1-1 EMS system impact. ***Ongoing***

**Communications**

**Recommendations:**

- 1st Year • <sup>3/01</sup> The County should request the State to address the non-CHP related 9-1-1 cellular calls issue. ***This has been accomplished. Assembly member Helen Thomson has wrote a bill addressing this issue. Placer County Sheriff's department has addressed this issue by pocket-sized card with guidelines on when to use cellular 9-1-1, versus a specific 7-digit emergency number. This card also lists the 7-digit emergency numbers for specific public safety agencies in Placer County.***
  
- 1st Year • <sup>3/02</sup> The County should evaluate the feasibility of obtaining additional Placer County radio frequencies to be used as fire/EMS tactical channels. ***No issue***
  
- 1st Year • <sup>4/09</sup> Establish criteria regarding the use of helicopters for on-scene operations. This is an active project of the S-SV EMS Agency. ***Quarterly helicopter task force meetings are being held in the region by S-SV EMS Agency.***
  
- 1st Year • <sup>3/01</sup> Dispatch centers should evaluate the feasibility of obtaining separate telephone lines for scene management communications via cellular phone instead of using fire radio frequencies. ***Placer County PSAP has four specific telephone lines separate from the normal business and emergency lines that may be used for scene management.***

- 1st Year • <sup>3.06</sup> Emergency responders and dispatch centers should ensure that their cellular phone number directories are updated. *For the last year Placer County PSAP has been developing a Fire Department Resource list. This list contains key cellular phone numbers for each fire agency. It is the responsibility of each fire department to forward any changes in these numbers.*
- 1-3 Years • <sup>3.02</sup> ALS service providers should replace Med Net radios in all ALS units that need replacement - approximately \$5,000 each. *Hospital communications will be evaluated for cost factors.*

### Emergency Medical Dispatch

#### Recommendations:

- 1st Year • <sup>3.09</sup> The Cities of Auburn and Lincoln PSAPs should review alternative programs for providing EMD, i.e.: Clawson, Placer County Sheriff EMD, transfer caller to a dispatch center that provides EMD, etc. *Auburn City provides full EMD.*
- 1-3 Years • <sup>3.09</sup> The Cities of Auburn and Lincoln PSAPs should implement EMD services at their PSAPs or by transfer of caller to another center for this service.

### Dispatch/QA

#### Recommendations:

- 1st Year • <sup>2.06  
3.09</sup> Ensure that all PSAPs providing EMD services maintain an active QA/Continuous Quality Improvement (CQI) program. *Placer County PSAP conducts a quarterly audit on randomly selected EMD incidents.*
- 1st Year • <sup>4.05</sup> Implement AMR CAD system response times interface with S-SV EMS EMScan data collection system. *Not feasible at this time.*
- 1-3 Years • <sup>3.07</sup> Implement new CAD system with master clocks so that all times are uniformly recorded from the pickup of the 9-1-1 call at the PSAP. Costs per PSAP are estimated to be \$5,000 + software. To retrofit an existing CAD is estimated to be \$7,000. *Placer County Sheriff Office purchased a new CAD system and implemented it in May of 1997. Not feasible at this time. The state 9-1-1 program pays for a FRAME relay service that tracks exact times on all incoming 9-1-1 calls.*

## Ambulance Communications

### Recommendations:

- 1st Year • <sup>2.09</sup> The County and cities should pursue the feasibility of PSAP consolidations. Consolidation could result in a reduction of hardware and staffing duplication, improved coordination and cost savings. *In 1995 Placer County PSAP and the City of Roseville PSAP actively pursued a consolidation of their of their dispatch centers. This consolidation failed due to JPA issues.*
- 1st Year • <sup>4.05</sup> Ensure timely notification to AMR from PSAPs/Dispatch centers for ambulance dispatch. AMR must advise dispatch centers in a timely manner if unable to promptly respond. *It is the responsibility of the appropriate fire dispatch center to immediately notify the appropriate ambulance company for all medical responses.*
- 1 - 3 Years • <sup>2.09</sup> Consideration should be given to designating and equipping alternative sites for back-up PSAP operations. *See attached Dispatch Procedure Manual/Operations Communications equipment/9-1-1 Failure.*
- 1 - 3 Years • <sup>3.09</sup> Consideration should be given to establishing a mobile Emergency Communications and Command Post Unit that is capable of receiving incoming 9-1-1 calls. *Placer County PSAP purchased a positron telephone system. This system allows for 9-1-1 calls to be routed to a designated telephone number, i.e. a cellular telephone in the County Communications van.*

## Service Enhancement/Training

### Recommendations:

- 1st Year • <sup>2.02</sup> The Emergency Medical Care Committee (EMCC) should encourage and develop strategies for the expansion of Defibrillation Programs throughout the county. Costs estimates are \$7,000 to \$9,000 per defibrillator.
- 1st Year • <sup>4.05</sup> Explore the feasibility of additional ALS engine companies within the county to enhance ALS response times, and to provide a paramedic back-up to the existing system. Equipment costs are estimated to be \$25,000 for each ALS engine. Training and personnel costs are not included. *Placer Hills Fire is now a non-transporting ALS provider.*
- 1st Year • Enforce signage ordinance, if voluntary compliance is unsuccessful. *Ongoing public service.*
- 1st Year • Improve street and property address signage. *Ongoing public service.*

- 1-3 Years • Develop and implement proposals for Enhanced EMT-I skills programs involving interested fire departments. Enhanced skills could include advanced airway management, defibrillation, and limited medications. Program costs to be determined. *S-SV has implemented a 2-year pilot study for the use of the combi-tube with the results discussed at EMCC.*
- 1-3 Years • Implement additional ALS fire units in interested fire districts to improve paramedic response times and to augment the existing ALS ambulance system. *Lincoln, Penryn and Auburn Fire have shown some interest.*
- 1-3 Years • Actively pursue EMS grants and other strategies/mechanisms of funding sources to support first responder services. *S-SV pursues grants each year.*

### Training

#### Recommendations:

- 1st Year • The EMCC should encourage paid and volunteer fire personnel to be trained to the EMT-I level. Law enforcement with search and rescue responsibilities should be encouraged to be EMT-I trained. Strategies should be developed to provide training during the next 5 years.
- 1st Year • The EMCC should encourage joint SEMS, MCI and ICS training between fire agencies, law enforcement, ambulance services, helicopter services and hospitals. *SEMS is completed.*
- 1st Year • Ensure required SEMS training for all personnel who may participate in a disaster response. Training must occur by December 1996, per State Law.
- 1-3 Years • Paid fire first responders should strive to be trained to the EMT-I level.

### Disaster Medical Response

#### Recommendations:

- 1st Year • Develop and implement strategies to improve the coordination of EMS/MCI operations at major emergency incidents. *OES Region IV MCI Plan*
- 1-3 Years • Re-evaluate the concept of CCPs. If indicated, develop an updated county-wide CCP Plan as part of SEMS operations.
- 1-3 Years • Develop and implement a Disaster Medical Supply Cache and Inventory System for MCI and disaster support response. Costs are estimated to be \$3,000 per cache.



1 - 3 Years • 8.14 Conduct annual county drills of the MCI, ICS and SEMS operations ensuring interagency participation.

1- 3 Years • 8.14 Develop a HERT program involving local hospitals. Hospital costs to be determined.

### Public Education

#### Recommendations:

1st Year • 7.03 The EMCC should establish a public education subcommittee to focus on disaster preparedness, injury prevention, EMS system awareness and related efforts. *S-SV EMS has hired a Disaster/Public Information Officer to assist with efforts.*

1- 3 Years • 7.01 Public safety agencies, ambulance services and local hospitals should expand their efforts in public education. These efforts should be coordinated at the county level. *Placer PSAP has been actively presenting 9-1-1 presentations for all public/private schools for the last five years. This program is geared for K-3rd grade classes. In addition we participate at various Public Safety fairs.*

1- 3 Years • 7.01 Fire and Law Enforcement agencies should consider joining efforts in fire and crime prevention to include injury prevention and disaster preparedness. *OTS grant.*

### Facilities

#### Recommendation:

On-Going • 6.01 Continue to monitor base hospital performance and compliance with agreements.

On-Going • 5.07 Continue to encourage Level III Trauma Centers.

### QA

#### Recommendations:

1st Year • 6.02 Develop a BLS template for of the EMScan PCR. *Not feasible.*

1- 3 Years • 6.02 Implement first responder participation in the regional data collection system by completing the PCR on all EMS calls. *Loomis and Penryn Fire are submitting forms on BLS medical aid calls.*

1- 3 Years • 6.02 Implement Trauma Registry participation by all hospitals. *All hospitals are encouraged to participate and the software is supplied by S-SV.*

**YOLO COUNTY EMS PLAN**  
**1-3 YEAR RECOMMENDATIONS**  
**1999 UPDATE**

**MANAGED HEALTH CARE AND THE EMS SYSTEM**

**Recommendations:**

- 1st Year • Monitor the impact of managed care on the 9-1-1 system. A "safety net" must be in place to protect the public health, safety, and the integrity of the 9-1-1 emergency response system. As needed, EMS system advocacy should occur.  
*Continue to monitor.*
- 1st Year • The local EMS Agency should be involved in managed care discussions between health care insurers and ambulance services. This should include a review of interfacility plans and contracts for 9-1-1 EMS system impact.  
*Kaiser membership added to the Medical Control Committee. Continue to monitor.*

**Communications/Dispatch**

**Recommendations:**

- 1st Year • YCCESA should complete a county-wide EMS Communications Plan that addresses communications between fire, law, ambulances, helicopters, the Med Net system, and plans for equipment replacement.  
*301*  
*EMS Aircraft Task Force provided input to the Medical Control Committee on the revision of Reference No. 450 EMS PREHOSPITAL AIRCRAFT OPERATIONS POLICY. Current language provides for the coordination of EMS aircraft through the CDF Grass Valley Emergency Command Center. S-SV has secured an MOU with Grass Valley CDF for this service. Implementation planned for Spring 1999.*  
*The Yolo County EMCC Communications Subcommittee will reconvene.*
- 1st Year • Develop a cost allocation plan for maintaining the Med Net radio system as the "back bone" of the EMS communications system.  
*301*  
*The Yolo County EMCC Communications Subcommittee will reconvene.*
- 1st Year • Hospitals and ambulance services should provide documented training regarding the use of the Med Net Radio system for their personnel.  
*302*  
*Ongoing training.*

- 1st Year • <sup>3.09</sup> The County should request the State to address the non-CHP related 9-1-1 cellular calls issue.  
*S-SV actively supported a bill introduced by Assembly member Helen Thomson (AB909) to improve the 9-1-1 wireless communications system. The legislation defeated. Issue remains (1) location I.D. (2) appropriate PSAP referral.*
- 1-3 Years • <sup>3.09</sup> Replace 3 mountain top repeaters for the Med Net system- \$40,500. Hospitals to replace their control units as needed - \$15,000 each hospital. Ambulance providers to replace their radios as needed - \$5,000 each.  
*Ongoing. Costs being evaluated.*

**Recommendations:**

- 1st Year • <sup>3.09</sup> Review alternative programs for providing EMD. i.e.: Clawson, Placer County Sheriff, Roseville, etc.  
*Continue to explore training options.*
- 1-3 Years • <sup>3.09</sup> Provide county-wide EMD by all PSAPs to include priority dispatch. Training costs to PSAPs may vary depending on contractual overtime obligations or ability to train on-duty. Program purchase and implementation costs are additional. Other possible personnel costs should be considered.  
*Continue to explore training options.*

**Recommendations:**

- 1 Year • <sup>3.07</sup> Implement AMR CAD system response time interfaces with S-SV EMS EMScan data collection system.  
*Continue to explore data options.*
- 1-3 Years • <sup>3.09</sup> Complete computer link between PSAPs and AMR. Costs are estimated to be \$1,000 for installed data line and \$100 monthly charge.  
*Data lines are installed. Continue project to obtain data from Yolo Communications.*
- 1-3 Years • <sup>3.07</sup> Implement new CAD system with master clock wherein all times can be calculated from the pickup of the 9-1-1 call at the PSAP. Costs per PSAP are estimated to be \$5,000 + software. To retrofit an existing CAD is estimated to be \$7,000.  
*Completed.*

**Service Enhancement/Training**

**Recommendations:**

- 1st Year • <sup>1.07</sup> Explore the feasibility of ALS engine companies to enhance ALS response times, and to provide a paramedic backup to the existing system in the cities of Woodland,

Davis, and West Sacramento. Equipment costs are estimated to be \$25,000 for each ALS engine. Training and personnel costs are not included.

**Ongoing. No additional ALS engine companies added to system.**

- 1st Year • The Emergency Medical Care Committee (EMCC) should encourage and develop strategies for the expansion of Defibrillation Programs throughout the county. Cost estimated are \$7,000 per defibrillator.

*Expansion of AED programs currently in process. Revision of related policies by the Medical Control Committee. Cost has decreased considerably. Access to grant funding being explored.*

- 1st Year • Pursue a short-term contract for the continued provision of emergency ambulance services by AMR (the current provider), if such contract results in an appropriate level of enhancement to EMS services.

*Ambulance contract for Yolo County currently being drafted.*

- 1-3 Years • Develop and implement proposals for Enhanced EMT-I skills' programs involving interested fire departments. Enhanced skills could include intubation, defibrillation, and limited medications. Program costs to be determined.

*Combitube programs being considered by S-SV EMS when submitted by interested provider agencies. Related policies will be developed.*

**Recommendations:**

- 1st Year • The EMCC should encourage rural volunteer fire personnel to be trained to the EMT-I level. Strategies should be developed to provide training during the next 5 years.

**Ongoing**

- 1st Year • Encourage joint SEMS, MCI and ICS training between fire departments, AMR, law enforcement, helicopter services and hospitals.

**Completed.**

- 1st Year • Ensure required SEMS training for all personnel who may participate in a disaster response. Training must occur by December 1996.

**Completed.**

**Disaster Medical Response/Public Education**

**Recommendations:**

- 1st Year • Establish an EMCC Disaster Subcommittee to develop and implement a complete medical disaster plan. The committee should provide quarterly progress reports to the EMCC, S-SV EMS Agency, and the Board of Supervisors. The Yolo County Disaster Committee needs to be reactivated. This should be coordinated and have liaison with the Yolo County Disaster Committee.

*Completed. The committee will revise the Yolo County Disaster Plan.*

- 1st Year • <sup>8-01</sup> Improve the disaster planning and coordination efforts between YCCESA, the City of Davis and the UCD campus.  
*Davis Police Department improving the system and CAD link between YCCESA and Davis with target date of early 2000.*

*Need for coordination between three (3) Yolo County PSAPs.*

- 1- 3 Years • <sup>8-08</sup> Develop and implement a Disaster Supply Cache and Inventory System for MCI and disaster support response. Costs are estimated to be \$3,000 per cache.  
*Sacramento International Airport has a disaster cache. Dan McCanta to research inventory and cost.*

- 1- 3 Years • <sup>6-01</sup> Ensure that all fire agencies implement the SEMS, ICS, coordinate with each other and AMR on emergency incidents.  
*Completed.*

- 1- 3 Years • <sup>8-14</sup> Develop a HERT program involving local hospitals. Costs to be determined.  
*Part of Region IV OES Plan*

- 1- 3 Years • <sup>8-03</sup> Continue to develop a county-wide Haz Mat Response Team system. The system should include an EMS component for the treatment of both team members and impacted civilians. Medical monitoring of team members before entry into a hazardous zone and after exit should be included. EMS personnel should be integrated into the response system.  
*Completed.*

**Recommendations:**

- 1st Year • <sup>7-03</sup> The EMCC should establish a Public Education Subcommittee to focus on injury prevention, EMS system awareness and related efforts.  
*This will be an EMCC function with AdHoc groups formed as needed. Need to identify gaps in education and awareness programs.*

- 1- 3 Years • <sup>7-01</sup> Public safety agencies, AMR, Public Health and local hospitals should expand their efforts in public education. These efforts should be coordinated at the county level.  
*County Health Educator reports to the County Health Officer serving on the EMCC.*

- 1- 3 Years • <sup>7-02</sup> Fire and Police Departments should join efforts in fire and crime prevention to include injury prevention and disaster preparedness.  
*Private and Public service to collaborate on prevention and awareness programs.*

**Facilities/Quality Assurance (QA)/Data Collection**

**Recommendation:**

- On-Going • <sup>6.01</sup> Continue to monitor base hospital performance and compliance with agreements.  
*Ongoing*

**Recommendation:**

- On-Going • <sup>5.10</sup> Continue to encourage Level III Trauma Centers.  
*Discussions started with Sutter Davis for Level III designation*

**Recommendations:**

- 1st Year • <sup>6.10</sup> Work with the State Fire Marshal's office to modify the California Fire Incident Reporting System (CFIRS), to accommodate EMS data collection.  
*Plan to coordinate all data systems to avoid duplication. Not feasible at this time to modify CFIRS*

- 1- 3 Years • <sup>6.01</sup> Implement First Responder participation in the regional data collection system by completing the PCR on all EMS calls. The cost is \$0.28 per PCR form.  
*Ongoing*

- 1- 3 Years • <sup>6.10</sup> Implement Trauma Registry participation by all hospitals.  
*Ongoing*

**Recommendations:**

- 1st Year • That alternative models of service delivery be developed (including further analysis of public, private models, and hybrid models) to enhance the existing EMS system.  
*Project discontinued*

- 1st Year • <sup>7.01</sup> Implement fire service involvement in EMS and injury/illness prevention activities.  
*Ongoing*

- 1-3 Years • <sup>2.12</sup> Implement a Defibrillation Program in Woodland. Costs are estimated to be \$7,000 per defibrillator.  
*Completed.*

- 1-3 Years • <sup>3.09</sup> Implement EMD priority dispatch and pre-arrival/post dispatch medical instructions at all PSAPs. (See "Dispatch" recommendations)  
*Continues to be a priority.*

1 - 3 Years

- <sup>1.08</sup> If found to be financially feasible and of patient care value, implement ALS fire units in Davis, West Sacramento, and Woodland. Any service enhancements by the Dixon Fire Department must be coordinated with the Solano County EMS Agency. Equipment costs are estimated to be \$25,000 for each ALS engine. This does not include personnel costs.

**Ongoing**

1 - 3 Years

- <sup>1.14</sup> Actively pursue First Responder reimbursement mechanisms, and other funding sources.

**Ongoing**

1 - 3 Years

- <sup>1.21</sup> Implement Enhanced EMT-I skills' programs involving interested fire departments to augment services provided by ALS fire units and the emergency ALS ambulance system. Costs to be determined.

**Ongoing**

1 - 3 Years

- ~~<sup>1.20</sup>~~ Evaluate the advantages and disadvantages of consolidation alternatives amongst municipal fire departments and fire districts.

**Project discontinued.**

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yolo

Reporting Year: 1999

<b>Name, address &amp; telephone: American Medical Response</b> 1515 Silica Ave. Sacramento 95815 (916) 924-0606			<b>Primary Contact: Doug Petrick</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                    [21] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

<b>Name, address &amp; telephone: Capay Valley Fire</b> PO Box 6 Brooks 95606 (530) 796-3300 16881 CR 59 (916)796-3300 (volunteer)			<b>Primary Contact: R.M. Bloom</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>



# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency County: Yolo

Reporting Year: 1999

<b>Name, address &amp; telephone: CDF - Lake/Napa/Yolo RU (Brooks Station)</b> 1572 Railroad Ave. St. Helena 94574 (707) 963-3601			<b>Primary Contact: Gary Buzzini</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [8] PS <input type="checkbox"/> PS-Defib [3] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>  <u>Seasonal</u>

<b>Name, address &amp; telephone: Clarksburg FPD</b> PO Box 513 Clarksburg 95612 (530) 744-1700 (volunteer)			<b>Primary Contact: John Azevedo</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS               [11] PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

<b>Name, address &amp; telephone: Davis Fire Dept.</b> 530 5th Street Davis, CA 95616 (530) 756-3743			<b>Primary Contact: Rose Conroy</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [36] EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Dunnigan FPD</b> PO Box 69 Dunnigan 95937 (530) 724-3314 (volunteer)			<b>Primary Contact: Victor McCullough</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [24] PS [1] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

<b>Name, address &amp; telephone: Knights Landing FD</b> 6th & Grove St. Knights Landing 95645 (530) 735-6590 (volunteer)			<b>Primary Contact: Jeff Gilbert</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [11] EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Madison FPD</b> PO Box 12 Madison 95653 (530) 662-5745			<b>Primary Contact: Tom Anguay</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> [7] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

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

<b>Name, address &amp; telephone: Esparto FPD</b> PO Box 366 Esparto 95627 (530) 787-3300			<b>Primary Contact: Barry Burns</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [21] PS [6] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

<b>Name, address &amp; telephone: UC Davis FD</b> University Campus Davis 95613 (530) 752-1236			<b>Primary Contact: Mike Chandler</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [7] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: West Plainfield FPD</b> 24901 County Road 95 Davis 95616 (530) 756-0212			<b>Primary Contact: Cherie Rita</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [6 PS <input type="checkbox"/> PS-Defib [19] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

<b>Name, address &amp; telephone: West Sacramento FD</b> 1751 Cebrian St. W. Sac. 95691 (916) 373-5840			<b>Primary Contact: Fred Postel</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [42] EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Willow Oak FPD</b> 17335 County Road 97 Woodland 95695 (530) 662-0781 volunteer			<b>Primary Contact: Jim Froman</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> [27] PS <input checked="" type="checkbox"/> [6] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

<b>Name, address &amp; telephone: Winters FD</b> 10 Abbey St. Winters 95694 (530) 795-4131			<b>Primary Contact: Dave Kidder</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [18] BLS                [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Name, address &amp; telephone: Woodland FD</b> 532 Court St. Woodland 95695 (530) 661-5844			<b>Primary Contact: John Buchanan</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [46] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1999

<b>Name, address &amp; telephone: Yolo FPD</b> PO Box 141 Yolo 95697 (530) 662-8808 (volunteer)			<b>Primary Contact: Short Parker</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Zamora FPD</b> PO Box 143 Zamora 95698 (530) 662-6883 (volunteer)			<b>Primary Contact: Bill Wilson</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>



# TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Sierra-Sacramento Valley EMS Agency

County: PLACER

Date: 1999

**NOTE:** Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

**Michael J. Boyle, Assistant Director**

Work Telephone No.:(530) 886-5300

Home Telephone No.:(530) 878-8727

Office Pager No.:(530) 951-4453

24-HR No. (530) 889-7870

**Alternate's Name:**

**Rod Rodriguez, Emergency Serv. Coordinator**

Work Telephone No.: (530) 889-5300

Home Telephone No.: (530)

Office Pager No.: (530) 889-4455

24-HR No.:(530)889-7870

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Mike Boyle**

Work Telephone No.:(530) 886-5300

Home Telephone No.:(530) 878-8727

Office Pager No.: (530) 951-4343

24-HR No.(530) 889-7870:

**Alternate's Name:**

None

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

24-HR No.:

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

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Dr. Richard Burton**

Work Telephone No.:(530) 889-7120

Home Telephone No.: (530) 477-8027

Office Pager No.: (530) 951-6299

FAX No.: (530) 889-7128

24-HR No.: (530) 889-7870

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:530-886-5300

Amateur Radio contact name:ERIC HOMA

Who is the RDMHC for your region? RON BALDWIN

Medical/Health EOC FAX No.: 530-886-5343

Medical/Health radio frequency used: UHF

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

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**OES Region: FOUR**

**County: PLACER**

**Date: 1999**

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

**Regional OES Coordinator:**

**Pat Steinmetz**

Work Telephone No.: (916) 262-2874

Home Telephone No.: Not Avail

Office Pager No.: 916-552-4593

FAX No.: (530) 262-1677

24-hour No.: 1-800-852-7550

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**Regional Disaster Coordinator:**

**Pat Steinmetz**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

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

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

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

### Regional Disaster Medical Health Coordinator:

Ron Baldwin

Work Telephone No.: (209) 468-3962

Home Telephone No.: UNAVAIL.

Office Pager No.: (209) 982-6122

FAX No.: (209)944-9015

24-hour No.: (209) 942-3473

### Alternate's Name:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

### Regional Ambulance Transportation Coordinator:

See above

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

### Alternate's Name:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.: 530-944-9015

Amateur Radio contact name:

Medical/Health radio frequency used:

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

## TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Sierra-Sacramento Valley EMS Agency

County: Nevada

Date: 1999

NOTE: Information on Table 11a is to be completed for each county.

### County Office of Emergency Services (OES) Coordinator:

**Dennis Casella**

Work Telephone No.: (530) 265-1403

Home Telephone No.: (530) 265-9688

Office Pager No.: (530) 477-3808

FAX No.: (530) 273-2230

24-HR No. (530) 955-5659

### Alternate's Name:

**Dick Webb**

Work Telephone No.: (530) 265-1411

Home Telephone No.: (530) 477-6158

Office Pager No.: (530) 477-3843

FAX No.: (530) 265- 1557

24-HR No.: (530) 955-5368

### County EMS Disaster Medical Services (DMS) Coordinator:

**Richard Burton, M.D.**

Work Telephone No.: (530) 265-1450

Home Telephone No.: (530) 477-8027

Office Pager No.: (530) none

FAX No.: (530) 265- 1426

24-HR No.:

### Alternate's Name:

**Gary House**

Work Telephone No.: (530) 265-1450

Home Telephone No.: (530) 671-1751

Office Pager No.: (530) none

FAX No.: (530) 265-1426

24-HR No.:

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

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Richard Burton, M.D.**

Work Telephone No.:(530) 265-1450

Home Telephone No.: (530) 477-8027

Office Pager No.: None

FAX No.: (530) 265-1426

24-HR No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

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

## TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Sierra-Sacramento Valley EMS Agency

County: Sutter

Date: 1999

**NOTE:** Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

**Michael J. Harrold**

Work Telephone No.: (530) 822-7400

Home Telephone No.: 530-671-3076

Office Pager No.:

FAX No.: 530-822-7109

24-HR No.

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Allan Leavitt**

Work Telephone No.: (530) 822-7215

Home Telephone No.:

Office Pager No.:

FAX No.: 530-822-7223

24-HR No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

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

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Allan Leavitt**

Work Telephone No.: (530) 822-7215

Home Telephone No.:

Office Pager No.:

FAX No.: 530-822-7223

24-HR No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

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



## TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: S-SV EMS Agency

County: Yolo

Date: 1999

NOTE: Information on Table 11a is to be completed for each county.

### County Office of Emergency Services (OES) Coordinator:

**Daniel McCanta**

Work Telephone No.: (530) 666-8930

Home Telephone No.: (530) 661-6117

Office Pager No.: (530) 506-9925

FAX No.: (530) 666-8909

24-HR No. (530) 666-8920

### Alternate's Name:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

### County EMS Disaster Medical Services (DMS) Coordinator:

**Daniel McCanta**

Work Telephone No.: Same as above

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

### Alternate's Name:

Bette Hinton

Work Telephone No.: 530-666-8645

Home Telephone No.: 530-756-5372

Office Pager No.: 530-661-5071

FAX No.: 530-666-8674

24-HR No.: 530-304-3464

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

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Bette Hinton**

Work Telephone No.: (530) 666-8645

Home Telephone No.: 530-756-5372

Office Pager No.: 530-661-5071

FAX No.: 530-666-8674

24-HR No.: 530-304-3464

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

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

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

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

**Regional Disaster Medical Health Coordinator:**

**Richard Buys, M.D.**

Work Telephone No.: (209) 468-6000

Home Telephone No.:

Office Pager No.:

FAX No.: (209) 468-6988

24-hour No.:

**Alternate's Name:**

**Judy Scott**

Work Telephone No.: (209) 468-6322

Home Telephone No.:

Office Pager No.:

FAX No.: (209) 468-6988

24-HR No.:

**Regional Disaster Coordinator:**

**American Medical Response (AMR)**

Work Telephone No.: (530) 348-4400

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

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

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

OES Region: Four

County: Yolo

Date: 1999

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

### Regional OES Coordinator: Labeebah Abdullah

Work Telephone No.: (916) 262-1725

Home Telephone No.:

Office Pager No.: 916-594-2450

FAX No.: (916)-262-2869

24-hour No.: (916) 262-1621

### Alternate's Name:

#### Call State Warning Center

Work Telephone No.: (530) 262-1621

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

### Regional Disaster Coordinator:

Work Telephone No.: Same as above

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

### Alternate's Name:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

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

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Alpine Meadows</b> Drawer E Tahoe City 96145 (530)583-2342			<b>Primary Contact: John Lilly</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

<b>Name, address &amp; telephone: Alta Volunteer Fire Dept.</b> PO Box 847 Alta 95701 (530) 389-2676			<b>Primary Contact: Tim Milam</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Auburn Fire Dept.</b> 1225 Lincoln Way Auburn 95603 (530) 823-4265			<b>Primary Contact: Howard Leal</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [15] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS       [1] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: CDF - Nevada/Yuba/Placer</b> 13760 Lincoln Way Auburn 95603 (530) 823-4904			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS         [2/5] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Dutch Flat Fire Dept.</b> PO Box 83 Dutch Flat 95714 (530) 389-2287			<b>Primary Contact: C.L. Bridges</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [2] PS <input type="checkbox"/> PS-Defib [4] BLS <input type="checkbox"/> EMT-D [2] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Lincoln Fire Dept.</b> 472 E Street Lincoln 95648 (530) 645-4040			<b>Primary Contact: Sam Silvas</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [9] PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Colfax Fire Dept.</b> PO Box 1233 Colfax 95713 (530) 346-2323			<b>Primary Contact: David Thompson</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [7] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Dry Creek Fire Dept.</b> 8350 Cook Riolo Road Roseville 95747 (916) 771-0107			<b>Primary Contact: Max Dodge</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [13] BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0



# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: North Tahoe FPD</b> PO Box 5879 Tahoe City 96145 (530) 583-6913			<b>Primary Contact: Duane Whitelaw</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [48] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [22] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Northstar Fire Dept.</b> PO Box 210 Truckee 96160 (530) 562-1212			<b>Primary Contact: Bill Zahn</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [15] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Loomis FPD</b> PO Box 606 Loomis 95650 (916) 652-6858			<b>Primary Contact: Ed Horton</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [30] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [15] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Newcastle FPD</b> PO Box 373 Newcastle 95658 (916) 663-3323			<b>Primary Contact: Ray Vega</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [14] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Penryn FPD</b> PO Box 219 Penryn 95663 (916) 663-3389			<b>Primary Contact: Mike Davis</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [12] PS <input type="checkbox"/> PS-Defib [10] BLS          [12] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Placer County Fire</b> 13760 Lincoln Way Auburn 95603 (530) 823-4904			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [39] PS <input type="checkbox"/> PS-Defib [40] BLS          [12] EMT-D <input type="checkbox"/> LALS            [1] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Placer Consolidated FPD</b> 11645 Atwood Road Auburn 95603 (530) 889-7991			<b>Primary Contact: Ron Wright</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [30] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Placer Hills Fire</b> PO Box 308 Meadow Vista 95722 (530) 878-0405			<b>Primary Contact: Ian Gow</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> [10] PS <input checked="" type="checkbox"/> [48] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [13] EMT-D <input type="checkbox"/> [5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

## TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: Rocklin Fire Dept</b> PO Box 1380 Rocklin 95677 (916) 632-4150			<b>Primary Contact: James Pennington</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Squaw Valley Fire Dept.</b> PO Box 2522 Olympic Valley 96146 (530) 583-6111			<b>Primary Contact: Peter Bansen</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> [4] PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone: South Placer Fire</b> 6900 Eureka Road Granite Bay 95661 (916) 791-7059			<b>Primary Contact: Tony Corrado</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [36] EMT-D [12] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

<b>Name, address &amp; telephone: Foresthill Safety Club</b> PO Box 557 Foresthill 95631 (530) 367-2509			<b>Primary Contact: Mark Sordahl</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [9] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [6] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1999

<b>Name, address &amp; telephone:</b> U.S. Forest Service 22830 Auburn Foresthill Road Foresthill 95631 (530) 367-2224			<b>Primary Contact:</b> Paula Nelson		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [4] PS <input type="checkbox"/> PS-Defib [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1999

<b>Name, address &amp; telephone: Oswald-Tudor</b> 1280 Barry Road Yuba City 95991 (530) 673-2804			<b>Primary Contact: Gary Kraus</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [5] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [7] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Pleasant Grove Fire Dept.</b> 3100 Howsley Road Pleasant Grove 95668 (530) 655-3937			<b>Primary Contact: Steven Klippel</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>



# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1999

<b>Name, address &amp; telephone: Sutter Basin FPD</b> PO Box 68 Robbins 95676 (530) 738-4220			<b>Primary Contact: Gerry Alonso</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [4] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Sutter CDF</b> 1160 Civic Center Blvd., # E Yuba City 95993 (530) 741-7370			<b>Primary Contact: Gary Kraus</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [27] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1999

<b>Name, address &amp; telephone: Sutter Fire Dept.</b> PO Box 535 Sutter 95982 (530) 755-0266			<b>Primary Contact: Gary Kraus</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Walton Fire Dept.</b> 211 South Walton Ave Yuba City 95993 (530) 673-7833			<b>Primary Contact: Mike Johner</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1999

<b>Name, address &amp; telephone:</b> Yuba City Fire Dept. 824 Clark Avenue Yuba City 95991 (530) 741-4691			<b>Primary Contact:</b> Mark Boomgaarden			
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [28] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>	

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

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Bi-County Ambulance Service</b> PO Box 3130 Yuba City 95992-3130 (530) 674-2780			<b>Primary Contact: Don Morton</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                      [51] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

<b>Name, address &amp; telephone: Beale AFB FD</b> 6451 B Street 9th CES/CEF Beale AFB 95903-1708 (530) 634-8672			<b>Primary Contact: Ernest J. Booker</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [68] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Camptonville Volunteer Fire Dept</b> PO Box 65 Camptonville 95922 (530) 288-3425				<b>Primary Contact: Steve Shappart</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [12] PS <input type="checkbox"/> PS-Defib [5] BLS      [1] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: CDF Nevada/Yuba/Placer</b> 13760 Lincoln Way Auburn 95603 (530) 823-4904				<b>Primary Contact: Hank Weston</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS      [2/5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Dobbins Oregon House FPD</b> PO Box 164 Oregon House 95962 (530) 692-1175				<b>Primary Contact: Jack Easter</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [10] BLS        [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Foothill Volunteer Fire Dept.</b> PO Box 332 Brownsville 95919 (530) 675-2383				<b>Primary Contact: John Murphy</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib [12] BLS        [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Foothill Volunteer Fire Dept.</b> PO Box 332 Brownsville 95919 (530) 675-2383			<b>Primary Contact: John Murphy</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS <input type="checkbox"/> PS-Defib [20] BLS     [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Linda Fire Dept.</b> 1286 Scales Marysville (530) 743-1553			<b>Primary Contact: James Brannon</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [10] PS <input type="checkbox"/> PS-Defib [12] BLS     [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Loma Rica/Browns Valley CSD</b> PO Box 8153 Marysville (530) 692-1616			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [2] PS <input type="checkbox"/> PS-Defib [5] BLS <input type="checkbox"/> [3] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Marysville Fire Dept.</b> 107 Ninth St. Marysville (530) 741-6622			<b>Primary Contact: John Ellis</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Olivehurst PUD</b> PO Box 670 Olivehurst (530) 743-7117			<b>Primary Contact: David Haggard</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [17] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [6] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Plumas-Brophy FPD</b> 4515 Dairy Road Wheatland 95692 (530) 633-2727			<b>Primary Contact: Robert Bradshaw</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [7] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Smartville FPD</b> PO Box 354 Smartville 95977 1-800-540-2008			<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: U.S Forest Service</b> 5924 Highway 49 Camptonville 95922 (530) 288-3231			<b>Primary Contact: unknown</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLER RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1999

<b>Name, address &amp; telephone: Wheatland Fire Dept.</b> PO Box 395 Wheatland 95692 (530) 633-2930			<b>Primary Contact: Karl Nichols</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [10] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [5] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 1999

<b>Name, address &amp; telephone:</b> CHP 2390 Lindbergh St. Auburn 95652 (530) 823-4055			<b>Primary Contact:</b> Bill Carbaugh		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [4]ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: _

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

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 1999

<b>Name, address &amp; telephone: CALSTAR</b> 13750 Lincoln Wy Auburn 95603 (530) 887-8259			<b>Primary Contact: Mindy Cowan</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [7] PS                      [7] PS-Defib [7] BLS                     [7] EMT-D [7] LALS                    [7] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

<b>Name, address &amp; telephone: REACH</b> 5010 Flight Line Dr. Santa Rose 95403 (707) 447-6886			<b>Primary Contact: Dan McDonald</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Air  <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [5] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                        [23] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Donner Summit Fire</b> PO Box 610 Soda Springs 95728 (530) 426-3000			<b>Primary Contact: Bryce Keller</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [13] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

<b>Name, address &amp; telephone: North Tahoe Fire</b> PO Box 5879 Tahoe City 96145 (530) 546-8514			<b>Primary Contact: Duane Whitlaw</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [21] PS [50] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Nevada County Consolidated Fire</b> 11992 Plaza Dr. Grass Valley 95945 (530) 273-3158			<b>Primary Contact: Tom Dailey</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [32] BLS                      [19] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: North San Juan FPD</b> PO Box 299 North San Juan 95960 (530) 292-9159			<b>Primary Contact: John Skoversky</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [9] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Ophir Hill FPD</b> PO Box 940 Cedar Ridge 95924 (530) 273-8351			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [9] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0_

<b>Name, address &amp; telephone: Rough &amp; Ready FPD</b> PO Box 10 Rough & Ready 95975 (530) 432-1140			<b>Primary Contact: Don Gannon</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [15] BLS      [1] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0



# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Forty-Niner FPD</b> PO Box 354 Nevada City 95959 (530) 265-4431			<b>Primary Contact: Daniel Kopp</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Grass Valley FD</b> 125 E. Main St. Grass Valley 95945 (530) 274-4370			<b>Primary Contact: Jeff Brady</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [28] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Higgins FPD</b> 10106 Combie Road Auburn 95602 (530) 269-2488			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [7] PS <input type="checkbox"/> PS-Defib [9] BLS <input checked="" type="checkbox"/> [5] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Nevada City FD</b> 317 Broad St. Nevada City 95959 (530) 265-2351			<b>Primary Contact: Greg Wasley</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [22] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>_</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone:</b> Sierra Nevada Memorial Ambulance 155 Glasson Wy, Grass Valley, CA 95945 (530)274-6233			<b>Primary Contact:</b> Tim McCallister		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [15] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

<b>Name, address &amp; telephone:</b> Penn Valley Fire PO Box 180, Penn Valley, CA (530) 432-2630			<b>Primary Contact:</b> Dennis Bishop		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Peardale-Chicago Park FPD</b> 15057 Colfax Hwy Grass Valley 95945 (530) 273-2503			<b>Primary Contact: Jim Bierwagen</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [2] PS                      [3] PS-Defib <input type="checkbox"/> BLS                      [10] EMT-D <input type="checkbox"/> LALS                      [1] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: U.S. Forest Service Truckee Ranger Dist.</b> PO Box 909 Truckee 96160 (530) 587-3558			<b>Primary Contact: Bob Moore</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [11] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: Truckee Fire</b> PO Box 686 Truckee 96160 (530) 582-7850			<b>Primary Contact: Jim Osburn</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [27] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                      [18] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

<b>Name, address &amp; telephone: CDF- Nevada/Yuba/Placer</b> 13760 Lincoln Way Auburn 95603 (530) 823-4905			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1999

<b>Name, address &amp; telephone: U.S. Forest Service Tahoe National Forest</b> PO Box 6003 Nevada City 95959 (530) 478/6221			<b>Primary Contact: Howard Carlson</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

<b>Name, address &amp; telephone: Watt Park FPD</b> 11329 McCourtney Rd. Grass Valley 95949 (530) 273-8088			<b>Primary Contact: Tim Fike</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [2] BLS                [7] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET

SACRAMENTO, CALIFORNIA 95814-7043

(6) 322-4336 FAX: (916) 324-2875



July 5, 2002

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

Dear Mr. Inch:

We have completed our review of *Sierra-Sacramento Valley's 1999 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers had comments regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
2.04 Dispatch Training	The 1997 EMS Plan listed compliance for section 2.04 as a long-range plan. With the 1999 EMS Plan update there were notations in each county's plan regarding the progress towards meeting this standard. Please provide a progress update on Section 2.04 and 6.04 for the entire region with the next EMS Plan update.
6.04 Medical Dispatch	
8.09 DMAT Teams	The 1997 EMS Plan stated an objective to participate in a regional DMAT program. Please provide a progress update with the next EMS Plan update.

These comments are for your information and may be addressed in your annual update. In addition, please complete the attached form for each Sierra-Sacramento Valley's ambulance zone. While it is understood that Sierra-Sacramento Valley EMS Agency does not have exclusive operating areas for ambulance service, the EMS Authority is asking each EMS Agency to complete these forms regardless of exclusivity so that our files will be consistent and current. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard E. Watson".

Richard E. Watson  
Interim Director

REW:SS