

North Coast Emergency Medical Services
Regional EMS Plan Update- Section 2- System Assessment
January 15, 2010

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	State Funding Increase not Secured	Continue Efforts to Increase Staff Size and Stabilize Funding
1.02	LEMSA Mission	X			QIP Plan Approved by EMSA; new Cardiac Subsystem Plan included in this Update	
1.03	Public Input	X	X		Created Cardiac Coordinating Committee	Committee to Provide input into development of Cardiac Subsystem; establish similar committees in Lake and Del Norte or utilize existing EMCC and MAC committees
1.04	Medical Director	X		X	BRLF \$ Secured	More Funding to Increase MD Hours
1.05	EMS Plan	X	X		NCEMS involved with Revision of State EMS System Guidelines and Standards	Help EMSA Develop more useful, streamlined State EMS System Guidelines

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1.06	Annual EMS Plan Update	X	X		EMSA Approved 2008 EMS Plan Update; 2010 Update with Cardiac Subsystem included in this Update	Secure EMSA Approval of 2010 Regional EMS Plan Update, including Cardiac Subsystem
1.07	Trauma Planning	X	X	X	EMS Approved 2008 Trauma Plan Update; NCEMS Designated Sutter-Coast Hospital as Level IV Trauma Center; NCEMS Plans to Participate in State's CEMSIS- Trauma Program & Develop Plan for Designation of Additional Trauma Centers	Initiate and Expand Trauma Registry Data Submission to EMSA; Utilize Data to Evaluate Trauma System; Designate Additional Trauma Centers as Appropriate; continue Regional Trauma Coordinator position
1.08	ALS Planning	X	X		Materials distributed for Briceland Fire to become a Non-Transporting ALS Provider	Designate Briceland Fire as ALS Provider when Compliance is Confirmed
1.12	Review & Monitoring	X	X		QIP Plan Approved by EMSA; Trauma 1 Registry Installed ; receive STEMI outcome data from Coast Valleys EMS STEMI Centers.	Submit Trauma Registry & EMS Data to State & Use for System Improvement; acquire & use Cardiac data for Subsystem improvement

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1.16	Funding Mechanism	X	X	X	Increased Local Revenue, Each County Adopted SB1236 (New Maddy Fund); Reinstated Fire EMT Cert Fee; Long Term Funding Needs not Secured	Continue Efforts to Increase and Stabilize Agency Funding, & Continue Nurse Contractor Position for Base Hospital, Trauma & STEMI Center & EDAP Monitoring
1.17	Medical Direction	X	X		Designated Jerold Phelps Hospital as an Alternate Modified Base Hospital	Assess Request by Mad River Community Hospital to Become a Modified Base
1.18	QA/QI	X	X		See 1.02 & 1.12	See 1.02 & 1.12
1.19	Policies, Procedures, Protocols	X	X	X	Expanded & Updated	Continue Updating As Needed
1.25	On-line Medical Control	X			See 1.17	See 1.17
1.24	ALS Systems	X	X		See 1.08	See 1.08
1.26	Trauma System Plan	X			See Revised Trauma Plan	See Revised Trauma Plan
1.27	Pediatric System Plan	X	X		Designated Sutter-Coast & St. Joseph Hospitals as an EDAP; continued Mad River Community Hospital Designation; Dispersed EDAP Maddy Fund to Mad River and Sutter-Coast Hospitals	EDAP Designation of Redwood Memorial Hospital; Proceed with EDAP Designation of SHCH and Sutter-Lakeside when standards are met; distribute Maddy Funds.

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2.02	Approval of Training	X	X	X	North Coast Paramedic Program Shifted to College of the Redwoods, Consortium Agreement Revised & National Accreditation Continued; Staff Initiated EMT 2010 Planning	More funding to Conduct EMT & CE Site Visits; Finalize Execution of Revised North Coast Paramedic Consortium Agreement
2.03	Personnel	X	X			Ensure Transition to New EMT Regulations by 7/1/10
2.04	Emergency Medical Dispatch (EMD) Training	X	X		Coordinated Periodic EMD Training	Conduct EMD Class; Update EMD Program
2.10 2.13	Advanced Life Support Base Hospital Personnel	X	X	X	Designated Jerold Phelps Hospital as an Alternative Modified Base	Assess Designation of Mad River as a Modified Base Hospital; Assess Impact of Advanced EMT-I Program if Requested
3.01	Communication Plan	X	X		Dis-continued Testing of WIDE-AREA Med-Network	Reassess Need to Continue Testing

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3.02, 3.04, 3.05 3.06, 3.10	Radios; Dispatch Center, Hospital Communications, MCI/Disaster Communications, Integrated Dispatch	X		X		Help Ensure Med Net Narrowband Compliance by 2013
3.09	Dispatch Triage	X	X		Initiated Revision of EMD Program Policies and Drafted New Contracts	Complete Revision of EMD Program Policies; Contract with Compliant Users; Prepare Code 3 Driving Guidelines
4.06	Ambulance Staffing	X	X	X	Assisted Process to Acquire 12-lead ECGs for Ambulances & Developed STEMI Policy	Continue to Help Acquire 12-leads and Implement Cardiac Subsystem
4.08	Medical & Rescue Aircraft	X	X		Request Made to Revise Medial Aircraft Policies	Assess Need to Revise Medical Aircraft Policies & Revise as Staff Time Permits
4.16	ALS Staffing	X	X	X		Evaluate Regional Role of New Advanced EMT if Requested
4.17	ALS Equipment	X	X		See 4.06, Added CPAP Policy	See 4.06 & Add Zofran, EMT-I Use of Pulse Ox & Consider other Scope Additions

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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X	X	Designated Sutter-Coast Hospital as a Level IV Trauma Center & EDAP, Jerold Phelps as a Modified Alternative Base, St. Joseph as an EDAP and Continued EDAP Designation at Mad River; Initiated Process to Develop Cardiac Subsystem & included Plan in this Update	See 1.07, 1.17 & 1.27; Secure EMSA Approval of Cardiac System Plan as Part of the Regional EMS Plan Revision
5.02	Triage & Transfer Protocols	X	X			Develop STEMI Triage Protocols as Needed
5.04	Specialty Care Facilities	X	X		See 5.01	See 5.01; Designate St. Joseph Hospital as a STEMI Center as part of Cardiac Subsystem Plan

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5.07	Base Hospital Designation	X	X		See 1.17, 2.10, 5.01 & 5.04 above	See 1.17, 2.10, 5.01 & 5.04 above
5.08	Trauma System Design	X	X		See Revised Trauma System Plan	See Revised Trauma System Plan
5.10 5.11	Pediatric System Design Emergency Departments Approved for Pediatrics	X	X		See 1.07 & 5.01; Funds for Pediatric Training from Flex Fund Utilized with Permission for Support of Pediatric & Trauma Contractors	Conduct Pediatric Trauma Conference with Reserve Funds; Continue Nurse Contractor position.
5.13	<u>Specialty System Design – Cardiac Plan:</u> A) 31 System Participants & Roles include: <u>Del Norte & Lake Counties</u> – 8 ALS Providers & 3 Hospitals to coordinate rapid patient ID, transport &/or transfer of STEMI patients to 5 outside STEMI Centers. <u>Humboldt County:</u> The AHA – grant administrative oversight, Cardiac Plan implementation assistance; Humboldt Area Foundation – dispensation of funds; 2 Cardiac Contractors – coordinate acquisition of 12-leads, training, draft triage and STEMI center criteria;	X	X	X	<u>Del Norte County</u> – Sutter-Coast Hospital Helped Acquire 12-leads for ALS Provider & STEMI Patients are Rapidly Assessed/Treated and Transferred to Oregon. <u>Lake County</u> – All ALS Providers acquired or are acquiring 12-leads; St. Helena Clearlake Hospital approved policy for direct aero-med transport to STEMI Centers; Sutter-Lakeside assessing options.	Secure Cardiac Subsystem Plan approval from EMSA; Assist with STEMI Program Expansion, Evaluation & Enhancement; Help Secure 12-lead EKGs in Humboldt County, Ensure Medics are Trained & Conduct PR Campaign with the AHA and Region; Add Consumer Representative to HCCC; Develop & Revise Policies as Needed; Develop

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	<p>North Coast EMS – oversee development of Cardiac System, develop policies: triage, training, STEMI Center criteria & designation contracts, designate STEMI Center in Eureka; evaluate program, etc; Humboldt Cardiac Coordinating Committee, the Humboldt-Del Norte Medical Advisory Committee and Lake EMCC – advise AHA and North Coast EMS, secure Disclosure Protection, Conduct Case Review & assist in Quality Review and Improvement of Cardiac Program, etc; 4 ALS Providers – cost-share acquisition of 12-leads to maximize use of funds, ensure training of medics, participate in planning; 4 Hospitals – participate in process to develop Cardiac Program; St. Joseph Hospital – demonstrate compliance to STEMI standards and secure designation; All – evaluate</p>				<p><u>Humboldt County</u> – North Coast EMS & St. Joseph Hospital assisted process to secure grant for AHA from the Humboldt Area Foundation to acquire 12-leads, train medics, conduct PR campaign & help establish Cardiac Plan; co-developed Cardiac Subsystem Plan & co-established the Humboldt Cardiac Coordinating Committee (HCCC) with AHA and all partners.</p>	<p>STEMI Center Criteria & Recommend Fee to JPA; Designate St. Joseph Hospital by Contract when Compliance is Verified; Acquire & Evaluate STEMI patient data from EPCIS and Outcome data from STEMI Receiving Centers; assess need for STEMI Referral Centers; Monitor Cardiac Program by Reviewing STEMI Patient Care Data & Modify Cardiac Program as Needed. Continue Cardiac Contract position to Help Monitor Cardiac Subsystem</p>
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	<p>and improve Cardiac System. <u>B. Design of Catchment Areas:</u> <u>Del Norte County</u> – all cardiac patients will be transported to Sutter-Coast Hospital for rapid ED assessment & treatment, and as appropriate, transfer usually to Medford, Oregon. <u>Lake County</u> – field identified STEMI patients will generally be transported by air from within the St. Helena Clearlake Hospital catchment area directly to surrounding STEMI centers, and from within the Sutter-Lakeside Hospital catchment area, to the ED for rapid assessment, as needed treatment by on-call Cardiologists and/or direct transport or transfer to surrounding STEMI Centers in Coast Valleys EMS or Sacramento County. <u>Humboldt County</u> – final catchment area will be determined, but field identified STEMI patients will</p>					
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<p>generally bypass closest hospitals for direct transport to the designated STEMI center at St. Joseph Hospital.</p> <p><u>C. Targeted Patients for Triage or Transfer to a Designated STEMI Center</u> are those whose signs, symptoms and 12-lead reading indicate a potential ST Elevation Myocardial Infarction; the volume and mix of STEMI patient transports within the region has not yet been determined (estimate 100 – 200 per year in region).</p> <p><u>D. Role of Non-Designated Hospitals</u> – all 7 hospitals within the region will continue to function as Base Hospitals & provide pre-hospital oversight and medical control. All Non-designated STEMI Centers that receive STEMI patients will rapidly assess, treat and transfer to a designated STEMI center as medically appropriate, or will allow direct aero medical</p>					
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	<p>transport (Lake County) or direct ground transport to a designated center (Humboldt County).</p> <p><u>E. Plan for Monitoring & Evaluating the Subsystem:</u> ensure that medics document and flag all STEMI patient PCRs; request and receive outcome data from each STEMI receiving center; review times to PCI, outcome and other relevant information; assess over-triage and under-triage if possible, utilize Disclosure Protected Lake County Medical Advisory Committee (MAC) and HCCC to evaluate quality, outcome and enhance system as needed. Establish similar committee in Del Norte County or use Humboldt/Del Norte MAC.</p>					
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5.14	Specialty Planning Public Input	X	X	X	The existing Lake County EMCC & Humboldt-Del Norte EMCC and MAC Committees provide public input.	Ensure addition of public representative to HCCC and consider establishing Cardiac Review Committee in Del Norte County
5.15	Subsystem Evaluation and Data Collection Program: A. Patient Registry – a North Coast EMS PCR will be completed on each field transported STEMI patient and faxed to North Coast EMS. In <u>Lake County</u> , Coastal Valleys EMS will help ensure the return of outcome information. In <u>Del Norte County</u> , we will work with Sutter-Coast and the Medford STEMI Receiving Center to secure outcome information. In <u>Humboldt County</u> , we will receive & review cardiac registry information.	X	X	X	See 5.13 above.	Work with Sutter-Coast Hospital and Oregon STEMI Center to get Outcome Data to Help Evaluate Patient Care and Enhance the Cardiac Subsystem. Continue Cardiac Contract position for Ongoing Evaluation of Cardiac Subsystem. See 5.13 above.

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	<p>Throughout region, we will assess methods of acquiring STEMI patient data from Non-STEMI Centers.</p> <p>B. Identification of Over and Under-triage: Review of data will help determine under and over-triage.</p> <p>C. Develop a Process to Identify Improvements: The Cardiac Subsystem will be evaluated with input from participating partners and Cardiac System enhancements will be implemented when possible.</p>					
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6.01	QA/QI Program	X	X	X	Reviewed & Summarized QIP Reports; QIP Plan Approved by EMSA; Participated in and Coordinated State QIP and CEMSIS training programs; Investigated Cases	Review & Summarize Quarterly QIP Reports, Update QIP Plan as Needed
6.02	Prehospital Records	X	X	X	Designed & Tested CEMSIS-compliant North Coast EMS EPCIS Program; Secured Additional Web Licenses for Providers; Developed & Generated Reports; Allowed Acquisition of Other PCR Programs provided they work through EPCIS; Implemented CEMSIS Compliant EPCIS 2010 PCR Program in Hoopa	Initiate Transfer of CEMSIS-EMS data to EMSA; Expand EPCIS 2010 throughout Region & Transfer to EMSA; Acquire input from Users and Enhance EMS System as possible; Continue to Generate Reports and Utilize Data to Evaluate and Enhance the EMS System.

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6.03	Prehospital Care Audits	X	X	X	All ALS Providers and Base Hospitals are required to conduct audits on PCRs. Also, see 6.01 & 6.02 above.	See 6.01 & 6.02 above
6.04	Medical Dispatch	X	X	X	North Coast EMS redrafted EMD policies and a New Contract that will Ensure EMD user Compliance & Use of North Coast EMS for Medical Review	See 2.04 & 3.09. Review EMD cases for medical appropriateness and Complete EMD Update Process
6.05	Data Management System	X	X	X	See 1.12, 5.08, 5.13, 6.01,6.02	See 1.12, 5.08, 5.13, 6.01, 6.02
6.06	System Design Evaluation	X	X	X	See 1.07, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05	See 1.12, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05
6.07	Provider Participation	X	X		See 6.01, 6.02, 6.03, 6.05 & 6.06 above; QIP Plans submitted by all Providers quarterly & summarized by North Coast EMS	Continue to receive, monitor and summarize QIP Reports and initiate Disciplinary Process as Needed for Cause

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6.10, 6.11	Trauma System Evaluation	X	X	X	See Revised Trauma Plan. Trauma 1 Registry recently installed at North Coast EMS and both designated Trauma Centers have access.	See Revised Trauma Plan & initiate Trauma & EMS Data Transfer to EMSA. Utilize Trauma Registry data for Trauma Subsystem Enhancement.
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X	X	Minimal Ongoing Participation in PIE Activities, mostly Pediatric	More Funding to Maintain PIE, Rural Outreach, Disaster & First Aid/CPR Activities

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8.01 8.03 8.05 8.06, 8.07	Disaster Medical Planning HazMat Training, Casualty Distribution Needs Assessment Disaster Communications	X		X	Assisted Counties with Medical Disaster Assessment and H1N1 Planning, including acquisition of Expanded Scope for Medics to assist giving Flu Vaccinations. See 3.01 & 3.02	More Funding for Expansion of Disaster Related Activities. See 3.01 & 3.02
8.08	Inventory of Resources	X	X		See 8.01, 8.06 above	See 8.01, 8.06 above
8.11, 8.12	CCP Designation & Establishment				North Coast EMS helped counties assess current status of CCPs as part of Needs Assessment	

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: North Coast EMS

Reporting Year: 2008-2009

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%)

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

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

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

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

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	<u> x </u>
Designation/approval of pediatric facilities	<u> x </u>
Designation of other critical care centers	<u> x </u>
Development of transfer agreements	<u> x </u>
Enforcement of local ambulance ordinance	_____
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2008-2009

Salaries and benefits (All but contract personnel)	\$ <u>354,804</u>
Contract Services (e.g. medical director)	\$ <u>58,195</u>
Operations (e.g. copying, postage, facilities)	\$ <u>58,140</u>
Travel	\$ <u>12,500</u>
Fixed assets	<u> </u>
Indirect expenses (overhead)	<u> </u>
Ambulance subsidy	<u> </u>
EMS Fund payments to physicians/hospital	<u> </u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	\$ <u>483,639</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>40,000</u>
Office of Traffic Safety (OTS)	_____
State general fund	\$ <u>205,655</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	\$ <u>65,303</u>
Certification fees	\$ <u>8,000</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/véhicule fees	_____
Contributions	\$ <u>17,500</u>
EMS Fund (SB 12/612)	\$ <u>89,000</u>
Other grants: _____	_____
Other fees: <u>Med Net and Misc.</u>	\$ <u>2,550</u>
Other (specify): <u>Fund Balance Carryover</u>	\$ <u>55,631</u>
TOTAL REVENUE	\$ <u>483,639</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2008-2009

We do not charge any fees

Our fee structure is:

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

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service licence	\$ _____
Ambulance véhicule permit	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

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

Table 2 - System Organization & Management (cont.)

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

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

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

Table 2 - System Organization & Management (cont.)

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

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

TABLE 3: PERSONNEL/TRAININGEMS System: North Coast EMSReporting Year: FY 2008-09

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-Ps	MICN	EMS Dispatchers
Total certified	571	1		43	N/A
Number newly certified this year	N/A	N/A		N/A	N/A
Number recertified this year	N/A	N/A		N/A	N/A
Total number of accredited personnel on July 1 of the reporting year			125		
Number of certification reviews resulting in					
a) formal investigations	-1-	-0-	-10-	-0-	-0-
b) probation	-0-	-0-	-0-	-0-	-0-
c) suspensions	-1-	-0-	-0-	-0-	-0-
d) revocations	-0-	-0-	-0-	-0-	-0-
e) denials	-0-	-0-	-0-	-0-	-0-
f) denials of renewal	-0-	-0-	-0-	-0-	-0-
g) no action taken	-0-	-0-	-0-	-0-	-0-

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

TABLE 4: COMMUNICATIONS

EMS System: North Coast Emergency Medical Services

County: Del Norte

Reporting Year: 2009

1. Number of primary Public Service Answering Points (PSAP) 1

2. Number of secondary PSAPs 2

3. Number of dispatch centers directly dispatching ambulances 1

4. Number of designated dispatch centers for EMS Aircraft 0

5. Do you have an operational area disaster communication system? yes no ____
medical

a. Radio primary frequency 155.175

b. Other methods Cell Phone

c. Can all medical response units communicate on the same disaster communications system?
yes no ____

d. Do you participate in OASIS? yes no ____

e. Do you have a plan to utilize RACES as a back-up communication system?
yes no ____

1) Within the operational area? yes no ____

2) Between the operational are and the regions and/or state? yes no ____

6. Who is your primary dispatch agency for day-to-day emergencies? Radio-Sheriff's Office

7. Who is your primary dispatch agency for a disaster? Sheriff's Office + OES

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2009

1. Number of primary Public Service Answering Points (PSAP) 6

2. Number of secondary PSAPs 1

3. Number of dispatch centers directly dispatching ambulances 3

4. Number of designated dispatch centers for EMS Aircraft 1

5. Do you have an operational area disaster communication system? yes X no

a. Radio primary frequency MedNet Tx 467.950 → 468.175
Rx 462.950 → 463.175

b. Other methods Short wave Tx 146.910
Rx 146.310 Calcord Tx 156.075 Rx 156.075

b. Other methods Cell Phone

c. Can all medical response units communicate on the same disaster communications system?
 yes X no Ambulances can only communicate on the Med-Net. Hospitals
 can only communicate to the EOC on 2-meters.

d. Do you participate in OASIS? yes X no

e. Do you have a plan to utilize RACES as a back-up communication system?
 yes X no

1) Within the operational area? yes X no

2) Between the operational are and the regions and/or state? yes X no

6. Who is your primary dispatch agency for day-to-day emergencies? For Ambulance:
 Fortuna/Garberville – CDF; Hoopa - Tribal Police; and Arcata/Eureka – City Ambulance

7. Who is your primary dispatch agency for a disaster? CDF, Tribal Police & City Ambulance + OES

EMS System: North Coast Emergency Medical Services

County: Lake

Reporting Year: 2009

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

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

• **TABLE 5: RESPONSE/TRANSPORTATION**

EMS System: North Coast EMS

Reporting Year: 2009

NOTE: Table 5 is to be reported by agency.

1. Number of exclusive operating areas	<u>0</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>0</u>
3. Total number responses	<u>20,902</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>NA</u>
b) Number of non-emergency responses (code 1: normal)	<u>NA</u>
4. Total number of transports:	<u>20,407</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>NA</u>
b) Number of non-emergency transports (code 1: normal)	<u>NA</u>

Early Defibrillation Programs

5. Number of public safety defibrillation /EMT-defibrillation programs.	<u>10</u>
a) Automated	<u>10</u>
b) Manual	<u>0</u>

Air Ambulance Services

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

TABLE 6: FACILITIES/CRITICAL CAREEMS System: North Coast EMSReporting Year: 2009**NOTE:** Table 6 is to be reported by agency.

1. Trauma Patients:

a) Number of patients meeting trauma triage criteria (Total)	<u>1,816</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>NA</u>
c) Number of major trauma patients transferred to a trauma center	<u>NA</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center.	<u>NA</u>

Emergency Departments:

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

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **North Coast EMS**_____

County: **Lake**_____

Reporting Year: **2009**_____

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

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

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

2. CISD

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

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

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

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

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

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

4. Hazardous Materials

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

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

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

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

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

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

3. Have you tested your MCI Plan this year in a:
- a. real event? yes no
- b. exercise? yes no
4. List all counties with which you have a written medical mutual aid agreement.
_____ Written agreements are not in place, but there are functioning verbal agreements for mutual aid with city of Williams and counties of Mendocino, Colusa, Napa and Sonoma.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no
7. Are you part of a multi-county EMS system for disaster response? yes no
8. Are you a separate department or agency? yes no
Local EMS agencies are separate from the county Department of Health Services.
9. If not, to whom do you report? _____ **North Coast EMS, local OES, and Public Health.** _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no

TABLE 7: DISASTER MEDICAL

EMS System: North Coast Emergency Medical Services
 County: Del Norte
 Reporting Year: 2009

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Depends on needed areas

b. How are they staffed? Depends on staff and needs

c. Do you have a supply system for supporting them for 72 hours? yes ___ no X

2. CISD

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

3. Medical Response Team

a. Do you have any team medical response capability yes ___ no X

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

c. Are they available for statewide response? yes ___ no X

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

4. Hazardous Materials

a. Do you have any HazMat trained medical response team? yes ___ no X

b. At what HazMat level are they trained? _____

c. Do you have the ability to do decontamination in an emergency room? yes x no ___

d. Do you have the ability to do decontamination in the field? yes x no ___

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no ___

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

3. Have you tested your MCI Plan this year in a:

a. real event? yes X no ___

b. exercise? yes X no ___

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2009

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Public Schools, County Fairgrounds
 - b. How are they staffed? Depends on staff and needs
 - c. Do you have a supply system for supporting them for 72 hours? yes no

2. CISD
Do you have a CISD provider with 24 hour capability? yes no
Local resources and Mutual Aid Request

3. Medical Response Team
 - a. Do you have any team medical response capability? yes no
We have MOUs with medical clinics to provide services

 - b. For each team, are they incorporated into your local response plan? yes no
 - c. Are they available for statewide response? yes no
 - d. Are they part of a formal out-of-state response system? yes no

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7

TABLE 8: PROVIDERS

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2009

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

Name, address & telephone: Arcata-Mad River Ambulance Post Office Box 4948 Arcata, CA 95521 (707) 822-3353		Primary Contact: Doug Boileau			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>2</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>14</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

Name, address & telephone: City Ambulance of Eureka Inc 135 W. Seventh Street Eureka, CA 95501 445-4907		Primary Contact: Jaison Chand			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>40</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>25</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

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

Name, address & telephone: Loleta Fire Department Post Office Box 119 Loleta, CA 95551 (707) 733-5407		Primary Contact: Caleb Moody			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>4</u> BLS <input type="checkbox"/> LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> no	Number of ambulances: <u>0</u>

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

Name, address & telephone: Orleans Fire Department Post Office Box 312 Orleans, CA 95556 (530) 627-3493		Primary Contact: Tom Bouse			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 3 First Resp. <input checked="" type="checkbox"/> 8 BLS <input checked="" type="checkbox"/> 3 EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 1 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes (BLS) <input checked="" type="checkbox"/> no (ALS)	Number of ambulances: <u>0</u>

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

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

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

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

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2009

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

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

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

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

TABLE 9: APPROVED TRAINING PROGRAMS

EMS System: North Coast EMS County: Del Norte Reporting Year: 2009

Training Institution Name/Address

Del Norte Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility: Open to general public	Cost of Program Basic <u>\$ 150</u> Refresher <u>\$ 40</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

Training Institution Name/Address

Arcata Fire Protection District 631 Ninth Street Arcata, CA 95521		Justin McDonald, Training Officer (707) 825-2000
Student Eligibility:* Restricted to members of Arcata Fire or allied agencies with approval of Fire Chief	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-I Refresher, First Responder AED Training and Recertification</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>15</u> Cont. Education: <u>Yes</u> Expiration Date: <u>1-31-14</u> Number of courses: <u>1</u> Initial training: <u>N/A</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

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

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

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Patricia Girczyc (707) 476-4236; (707) 476-4214
Student Eligibility:* Minimum 18 y.o. Complete EMT-I	Cost of Program Basic <u>Tuition + fees, plus books, uniform and immunization.</u> Refresher <u>\$100 + \$25 CPR Refresher</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70 – 35/course</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u> Number of courses: <u>Fall & Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>2 (April & Nov.)</u> Cont. Education: <u>Yes</u>

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Dave Nakamura (707) 826-3357
Student Eligibility:* 18+ years of age Open to the general public	Cost of Program HSU Students Basic <u>Tuition plus fees</u> Refresher <u>\$95 to \$105</u>	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>60</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>

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

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

Training Institution Name/Address

Ruth Lake Community Services District/STAR Post Office Box 4 Mad River, CA 95552		Mike Gladding, EMT-P, EMS Coordinator (707) 574-6616
Student Eligibility:* Open to general public	Cost of Program Basic <u>\$50</u> Refresher <u>varies</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>12-20</u> Refresher: <u>6-10</u> Cont. Education: <u>Yes</u> Expiration Date: <u>8/31/13</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

Training Institution Name/Address

North Coast Paramedic Program 3340 Glenwood St. Eureka, CA 95501		Pat Girczyc (707) 476-4236
Student Eligibility: Must be currently certified EMT-I	Cost of Program Basic <u>Tuition, fees, books, uniform and immunizations</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>2/28/11</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2009

Training Institution Name/Address		
Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Willie Sapeta (707) 994-2170 ext 37
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>9/30/13</u>
Open to general public	Basic <u>\$140</u> Refresher <u>\$0</u>	Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

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

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

Training Institution Name/Address		
Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Debbie Arrington (707) 275-0538
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: _____ Expiration Date: <u>8/31/09</u>
Open to general public	Basic <u>\$130</u> Refresher <u>\$100</u>	Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

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

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

TABLE 10: FACILITIES

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2009

Name, address & telephone		Sutter Coast Hospital 800 E. Washington Crescent City, CA 95531 (707) 464-8888		Primary Contact:	Beth Brown, RN
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Basic emergency service	<input checked="" type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					If Trauma Center what Level: IV

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

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

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

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2009

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

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

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

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

EMS System: North Coast EMS

County: Lake

Reporting Year: 2009

Name, address & telephone		St. Helena Hospital- Clearlake Post Office Box 6710 Clearlake, CA 95422 (707) 994-6486		Primary Contact: Mary Donati, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

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

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

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

TABLE 11A: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2009

**County Office of Emergency Services
Coordinator:**

Allen Winogradov
 Work Telephone No.: (707) 464-7207
 Home Telephone No.: _____
 Office Pager No.: (707) 954-3702
 FAX No.: (707) 465-0350
 24-HR. No.: (707) 464-4191

Alternate’s Name:

Jeannine Galatioto
 Work Telephone No.: (707) 464-7214
 Home Telephone No.: (707) 464-9678
 Office Pager No.: N/A
 FAX No.: (707) 464-1165
 24-HR. No.: (707) 464-4191

**County EMS Disaster Medical Services
Coordinator:**

Dr. Thomas Martinelli
 Work Telephone No.: (707) 951-0380 cell
 Home Telephone No.: (707) 458-3563
 Office Pager No.: _____
 FAX No.: (707) 465-1783
 24-HR. No.: (707) 464-3191

Alternate’s Name:

Peter Esko, Environmental Health Scientist
 Work Telephone No.: (707) 464-3191 ext. 295
 Home Telephone No.: (707) 464-8408,
(707) 822-8816 weekends
 Office Pager No.: (707) 954-2658 cell
 FAX No.: (707) 465-1783
 24-HR. No.: (707) 464-3191

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

EMS System: North Coast EMS County: Del Norte Date: 2009

County Health Officer's Name:

Dr. Thomas Martinelli

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

Home Telephone No.: (707) 458-3563

Office Pager No.: _____

FAX No.: (707) 465-1783

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

Alternate's Name:

Crescent City Internal Medicine

Work Telephone No.: (707) 465-8666

Home Telephone No.: N/A

Cell Phone No.: N/A

FAX No.: _____

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

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

Amateur Radio contact name:
request from logistics

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

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

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

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

EMS System: North Coast EMS County: Humboldt Date: 2009

**County Office of Emergency Services
Coordinator:**

Dan Larkin

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

Home Telephone No.: (707) 443-4223

Office Pager No.: (707) 441-6219

FAX No.: (707) 445-7764

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

Alternate's Name:

Judy Taylor

Work Telephone No.: (707) 268-2500

Home Telephone No.: (707) 444-1383

Office Pager No.: none

FAX No.: (707) 445-7764

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

**County EMS Disaster Medical Services
Coordinator:**

Ann Lindsay, M.D.

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 441-8171

FAX No.: (707) 445-6097

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

Alternate's Name:

Alexandra Wineland, Public Health Director

Work Telephone No.: (707) 268-2121

Home Telephone No.: (707) 442-4823

Office Pager No.: (707) 441-8092

FAX No.: (707) 445-6097

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

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

EMS System: North Coast EMS County: Humboldt Date: 2009

County Health Officer's Name:

Ann Lindsay, M.D.

Work Telephone No.: (707) 268-2181

Home Telephone No.: (707) 839-1712

Office Pager No.: (707) 822-7041

FAX No.: (707) 445-6097

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

Alternate's Name:

Gena Pennington, M.D.

Work Telephone No.: (707) 268-2116

Home Telephone No.: (707) 822-4948

Office Pager No.: (707) 268-9406

FAX No.: (707) 445-5686

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

Medical/Health EOC Telephone No.:

(707) 268-2513

Medical/Health EOC FAX No.

(707) 445-7764

Amateur Radio contact name:

Clem Cantu

Medical/Health radio frequency used:

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

Who is the RDMHC for your region?

Dr. William Walker

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

EMS System: North Coast EMS County: Lake Date: 2009

**County Office of Emergency Services
Coordinator:**

Chris Rivera

Work Telephone No.: (707) 262-4090

Home Telephone No.: (707) 279-2363

Office Pager No.: (707) 264-1045

FAX No.: (707) 262-4095

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

Alternate's Name:

Willie Sapeta

Work Telephone No.: (707) 262-4091

Home Telephone No.: (707) 994-2424

Office Pager No.: (707) 264-3137

FAX No.: (707) 262-4095

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

**County EMS Disaster Medical Services
Coordinator:**

Chris McMillian

Work Telephone No.: (707) 263-8929

Home Telephone No.: (707) 485-0270

Office Pager No.: (707) 272-5173

FAX No.: (707) 263-1662

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

Alternate's Name:

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 264-3811

FAX No.: (707) 263-1662

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

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

EMS System: North Coast EMS County: Lake Date: 2009

County Health Officer's Name:

Craig McMillian

Alternate's Name:

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-8929

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 485-0270

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 272-5173

Office Pager No.: (707) 264-3811

FAX No.: (707) 262-4280

FAX No.: (707) 263-1662

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

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

Medical/Health EOC Telephone No.:
(707) 263-8929

Medical/Health EOC FAX No.
(707) 263-1662

Amateur Radio contact name:
Alan Vanderwarker

Medical/Health radio frequency used:
MedNet 463.000

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

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

TABLE 11B: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2009

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (510) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

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

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

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Ron Sandler

none

Work Telephone No.: (707) 437-1116

Work Telephone No.: _____

Home Telephone No.: (707) 464-5591

Home Telephone No.: _____

Office Pager No.: (707) 951-6904

Office Pager No.: _____

FAX No.: (707) 487-3116

FAX No.: _____

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

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

established at the time of incident

established at the time of incident

Amateur Radio contact name:

Medical/Health radio frequency used:

request from logistics

Med-Net Tx 468.100; Med-Net Rx 463.100; open

PL

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

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

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

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

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

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

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: _____

Home Telephone No.: (510) 370-5010

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: (925) 646-4379

FAX No.: _____

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

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

RDMHC (510) 803-7800

RDMHC (510) 803-7878

Amateur Radio contact name:

Medical/Health radio frequency used:

Clem Cantu

MedNet Horse Mt. Repeater: Tx 468.025

Rx 463.025 & PLL code 103.5

2 meter: Tx 146.410 & Rx 146.310

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

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

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

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

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

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

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: _____

Home Telephone No.: (510) 370-5010

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: (925) 646-4379

FAX No.: _____

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

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

(707) 263-8929

(707) 263-1662

Amateur Radio contact name:

Medical/Health radio frequency used:

Alan Vanderwarker

MedNet 463.000

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

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Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 1, Arcata/McKinleyville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, 43years in operation
Area or subarea (Zone) Geographic Description: Northwestern Humboldt County, Zone #1
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 2, Hoopa/Willow Creek
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 25 years of operation
Area or subarea (Zone) Geographic Description: Eastern Humboldt County, Zone #2
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zones 3 and 4, Eureka/Fortuna/Garberville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 29years of operation
Area or subarea (Zone) Geographic Description: Central/Southern Humboldt County, Zones 3 and 4
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Kelseyville Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Kelseyville Fire District
Area or subarea (Zone) Geographic Description: Kelseyville Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
Area or subarea (Zone) Geographic Description: Lakeport Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
Area or subarea (Zone) Geographic Description: Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Northshore Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Northshore Fire Protection District
Area or subarea (Zone) Geographic Description: Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: South Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
Area or subarea (Zone) Geographic Description: South Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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MAR 17 2010

EMERGENCY MEDICAL SERVICES AUTHORITY

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



March 22, 2010

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

Dear Mr. Karsteadt:

We have completed our review of *North Coast EMS Agency's 2009 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your annual update will be due on March 22, 2011. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 322-4336, extension 423 or by email ssalaber@emsa.ca.gov.

Sincerely,

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

R. Steven Tharratt, MD, MPVM
Director

RST:ss