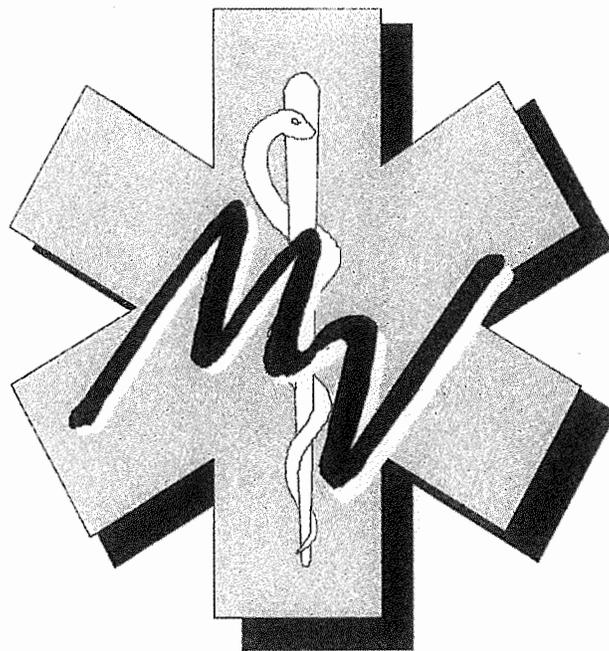


*Mountain-Valley
Emergency Medical Services Agency*

EMERGENCY MEDICAL SERVICES SYSTEM PLAN

Annual Update



2010/2011

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INTRODUCTION

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

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

Major changes have taken place in the EMS system since the MVEMSA first adopted an EMS plan in 1985. Among these changes are: the availability of advanced life support (paramedic) and 9-1-1 services in all parts of the EMS system, the development of specialized policies and services for critically ill and injured children, the formation of exclusive operating areas (EOAs) for ambulance service in Amador, Calaveras, and Stanislaus Counties, the implementation of Emergency Medical Dispatch in all counties, the implementation of first response AEDs region wide, the adoption of a regional Policy and Procedure Manual, and the designation of a formal trauma care system designed to triage and transport major trauma victims to designated trauma care hospitals.

The process of assessing system needs and developing plan objectives revealed that although major improvements have been made in EMS system since 1985, some components of the EMS system still remain underdeveloped. The Mountain-Valley EMS system currently meets or exceeds 117 of the State's 121 minimum standards and recommended guidelines. Those sections of the State EMS System Guidelines (EMSA 101) which require attention and upgrade include:

1.09 Development of a detailed inventory of EMS resources (*Update needed to EMS inventory*)

2.04 PSAP operators with medical responsibility shall have emergency medical orientation (*Develop orientation presentation for all new dispatchers in Stanislaus County*)

3.01 Communication Plan (*Update needed for MVEMSA communication plan/directory*)

4.13 LEMSA shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel. (*Update needed to agreements*)

5.01 LEMSA shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area. (*Update needed to Base Hospital Agreements*)

5.06 LEMSA shall have a plan for hospital evacuations, including its impact on other EMS system providers. (Needs to be developed)**5.04 Specialty Care Facilities (Designation of STEMI Centers)**

6.01 LEMSA QA/QI program plan. (Update needed to QI plan)

6.05 Data Management Systems (Data Repository Software Implementation)

6.08 LEMSA annual report to BOS, provider agencies, and EMCCs. (Annual reports need to be generated to all member counties)

6.09 Process to audit treatment provided by ALS shall evaluate both base hospital and Prehospital activities. (Update needed)

8.07 Disaster Communication (Interoperability)

8.08 LEMSA, in cooperation with OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters. (Updates and enhancements needed)

8.10 LEMSA shall ensure the existence of medical mutual aid agreements with other counties in its OES region as needed. (Updates needed)

8.11 LEMSA, in coordination with local OES and county health officers, shall designate casualty collection points (CCPs). (Updates needed).

8.12 LEMSA, in coordination with local OES, shall develop plans for establishing CCPs and a means for communicating with them. (Updates needed).

SUMMARY OF SYSTEM STATUS

TABLE 1: CHANGES MADE ON A STANDARD

Standard	EMSA objective	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.09	Inventory of Resources			√	Current inventory of EMS resources is outdated.	Need to evaluate current inventory and make additions/deletions as needed.
2.04	Dispatch Training	√		√	Currently dispatch agencies are required to provide orientation of EMS system to newly hired dispatchers. MVEMSA needs to implement a standard training plan for dispatch agencies to use.	Implement an orientation presentation for dispatch agencies.
3.01	Communication Plan	√	√		Currently MVEMSA has a communication plan in place that specifies the medical communication capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users	Need to make updates to communication plan
4.13	Inter-county response	√	√		Current agreements have not been reviewed or updated for several years	Need to make updates to agreements

Standard	EMSA objective	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Capabilities	√	√		Base Hospital Agreements need to be reviewed	Updates needed to Base Hospital Agreements
5.04	Specialty Care Facility (STEMI Center Designation)	√	√		Establish process to designate STEMI centers within the MVEMSA area of responsibility. STEMI Designation Site Review scheduled for 10/24-25, 2011	Designate qualified STEMI Centers within the EMS Region

Standard	EMSA objective	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	√	√		Updates needed for MVEMSA QI plan.	A new QI coordinator is in place and will update needed changes to current QI plan.
6.05	Data Management System	√	√	√	CEMSIS Data Dictionary released. MVEMSA implemented a Regional Repository "WEBCUR" for PCR data as Providers submit ePCR files	Maintain & Enhance PCR Data system that supports system wide planning & evaluation; to include system response and clinical (both prehospital and hospital) data.
6.08	Reporting		√		MVEMSA currently provides annual report to Stanislaus Co. Agency will provider annual reports to Alpine, Amador, Calaveras, and Mariposa Counties	Provide annual reports to all member counties (BOS, Providers and EMCCs).
6.09	ALS Audit	√	√		Current process in place, however process needs to be re-evaluated and updated as needed.	Update process to audit and evaluate treatment provided by ALS. Integrated data needs to be enhanced to include Prehospital, base hospital, and receiving hospital data.

Standard	EMSA objective	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.07	Disaster Communications <i>(Interoperability)</i>		√	√	Calaveras County: County-wide interoperability project in progress. Stanislaus County: Continued working with local communications groups to integrate medical communications priorities with overall county planning. Current inventories are outdated and need to be replaced.	Continue to work with local Fire, OES, and Public Health toward an integrated/interoperable communications system.
8.08	Inventory of Resources		√			Update inventories and make changes as needed.
8.10	Mutual Aid Agreements		√		Mutual aid agreements will be re-evaluated and update as necessary.	Update mutual agreements with bordering counties.
8.11	Casualty Collection Points (CCPs)		√		Re-evaluation of counties CCPs.	Update CCPs as needed in County Disaster Plan
8.12	Establishment of CCPs		√		Re-evaluation of counties CCPs.	Update CCPs as needed in County Disaster Plan

SUMMARY OF CHANGES

This section summarizes the progress made to the State's minimum standards and recommended guidelines since FY 2010/11.

§ The Agency is working towards updating inventory of EMS resources for member counties.

§ The Agency is working towards developing a standard EMS orientation process for dispatchers.

§ The Agency is working towards updating assessment of capabilities for MVEMSA base hospitals.

§ The Agency has completed a policy (560.10) for reporting child abuse, elder abuse, and suspected SIDS deaths.

§ The Agency is working towards updating the QI plan.

§ The Agency is working towards providing annual reports to all member counties, providers, and county EMS Committees.

§ The Agency will review its process to audit and evaluate treatment provided by ALS and will update changes as needed.

§ The Agency will review and update the inventory of resources with member counties.

§ The Agency is working towards re-evaluating mutual aid agreements with bordering counties and will update as needed.

§ The Agency will re-evaluate and make necessary changes to member counties CCPs.

§ The Agency has completed a one year STEMI Pilot Study that started December 1, 2009 targeting the Mountain-Valley EMS Region.

§ The Agency has begun the process of meetings with three local hospitals to establish a STEMI Center(s) within the EMS Region.

§ The Agency purchased WEBCURE ePCR data repository, July 2010 that supports current NEMSIS/CEMSIS data standards. Implementation completed in September 2010.

§ Continue to work with local Fire, OES, and Public Health agencies toward an integrated/interoperable communications system.

The following personnel, funding, and provider changes have occurred in the MVEMS System since the last update.

Staffing

§ In December 2010, Steve Andriese was terminated from his position as Executive Director by the MVEMSA JPA Board of Directors.

§ In December 2010, Richard Murdock was appointed Interim Executive Director by the MVEMSA JPA Board of Directors..

§ Effective December 1, 2010, Dr. Mackey resumed his position as Medical Director and renewed his contract. .

§ The Agency still maintains two additional staff vacancies.

§ Hughson Ambulance was in major breach of contract thus agreement was terminated with mutual agreement between MVEMSA and Hughson Ambulance.

Funding

§ Attempts to make progress on State General Fund augmentation for EMS regions in California during the year have again yielded no additional funding.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Mountain-Valley EMS Agency
Reporting Year: 2010

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

1) County Reports

County: Alpine

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

County: Amador

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

County: Calaveras

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

County: Mariposa

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

County: Stanislaus

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

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

5. **EMS agency budget for FY 2010-2011**

EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>687,766</u>
Contract Services (e.g. medical director)	<u>162,120</u>
Operations (e.g. copying, postage, facilities)	<u>199,751</u>
Travel	<u>17,783</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>Pass Through</u>	<u>18,732</u>

TOTAL EXPENSES **\$1,086,152**

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	
State general fund	<u>317,939</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>263,462</u>
Certification fees	<u>29,284</u>
Training program approval fees	<u>1,200</u>
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	<u>147,464</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Other critical care center designation fees	_____
Ambulance service/vehicle fees	<u>340,738</u>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: <u>CEMSIS, HPP</u>	<u>92,639</u>
Other fees: <u>Workshops/Misc</u>	<u>9,368</u>
Other (specify): <u>Pass Thru</u>	<u>20,320</u>
Other (specify): <u>Fund Interest</u>	<u>6,580</u>
SUBTOTAL	\$ <u>1,228,994</u>
 Net Income (Amount of Operating Reserve Required to Balance Budget)	
TOTAL REVENUE	\$<u>1,228,994</u>

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2010/11

We do not charge any fees

Our fee structure is:

First responder certification	<u>\$ 30.00</u>
EMS dispatcher certification	_____
EMT-I certification	<u>30.00</u>
EMT-I recertification	<u>30.00</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>75.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>50.00</u>
MICN/ARN recertification	<u>30.00</u>
EMT-I training program approval	<u>300.00</u>
EMT-II training program approval	_____
EMT-P training program approval	<u>5000.00</u>
MICN/ARN training program approval	<u>150.00</u>
Base hospital application	_____
Base hospital designation	_____
Trauma center application	<u>25,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: <u>Air Ambulance Authorization</u>	<u>5000.00</u>
Other critical care center designation Type: <u>Special Event Coverage</u>	<u>75.00</u>
Ambulance service license	<u>5.35/Transport (Emergency)</u> <u>2.00 /Transport (Non-Emer.)</u>
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 10/11.

Table 2 - System Organization & Management (cont.)

EMS System: Mountain-Valley EMS Agency

Reporting year 2010/11

*Salaries as of June 30, 2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1 FTE	34.60	37.5%	Interim effective 12/15/10
Asst. Admin./Admin. Asst./Admin. Mgr.	Deputy Director	1 FTE		37.5%	Vacant effective 12/15/10
ALS Coord./Field Coord./ Training Coordinator	Certification and Training /Communications Coordinator	1 FTE	27.58	37.5%	
Program Coordinator (Non-clinical)	Transportation Coordinator	1 FTE	31.05	37.5%	
Trauma Coordinator	Trauma/Medical Coordinator	0.3 FTE	43.63	N/A	
Medical Director	Medical Director	0.2 FTE	80.23	N/A	July 2010– June 2011
Disaster Medical Planner	Disaster Coordinator	0.46 FTE	45.42	N/A	July 2010 – June 2011
Field Liaison (Non-Clinical)	Field Liaison	0.75 FTE	16.00	N/A	July 2010 – June 2011

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
Data Evaluator/Analyst	Information Systems Analyst	1 FTE	23.10	37.5%	
QA/QI Coordinator	Quality Improvement and Facilities Coordinator	1 FTE	25.72	37.5%	Vacant effective 5/20/11
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.4 FTE	20.76	37.5%	Combined Financial Services Assistant effective 5/5/11
Other Clerical	Receptionist/Secretary 1	1 FTE	17.13	37.5%	
Data Entry Clerk	Data Registrar	1 FTE	20.69	37.5%	
Management Services Assistant	Financial Services Assistant	0.4 FTE	20.76	37.5%	Combined with Executive Secretary effective 5/5/11

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.

Mountain Valley Emergency Medical Services Agency

Organizational Chart

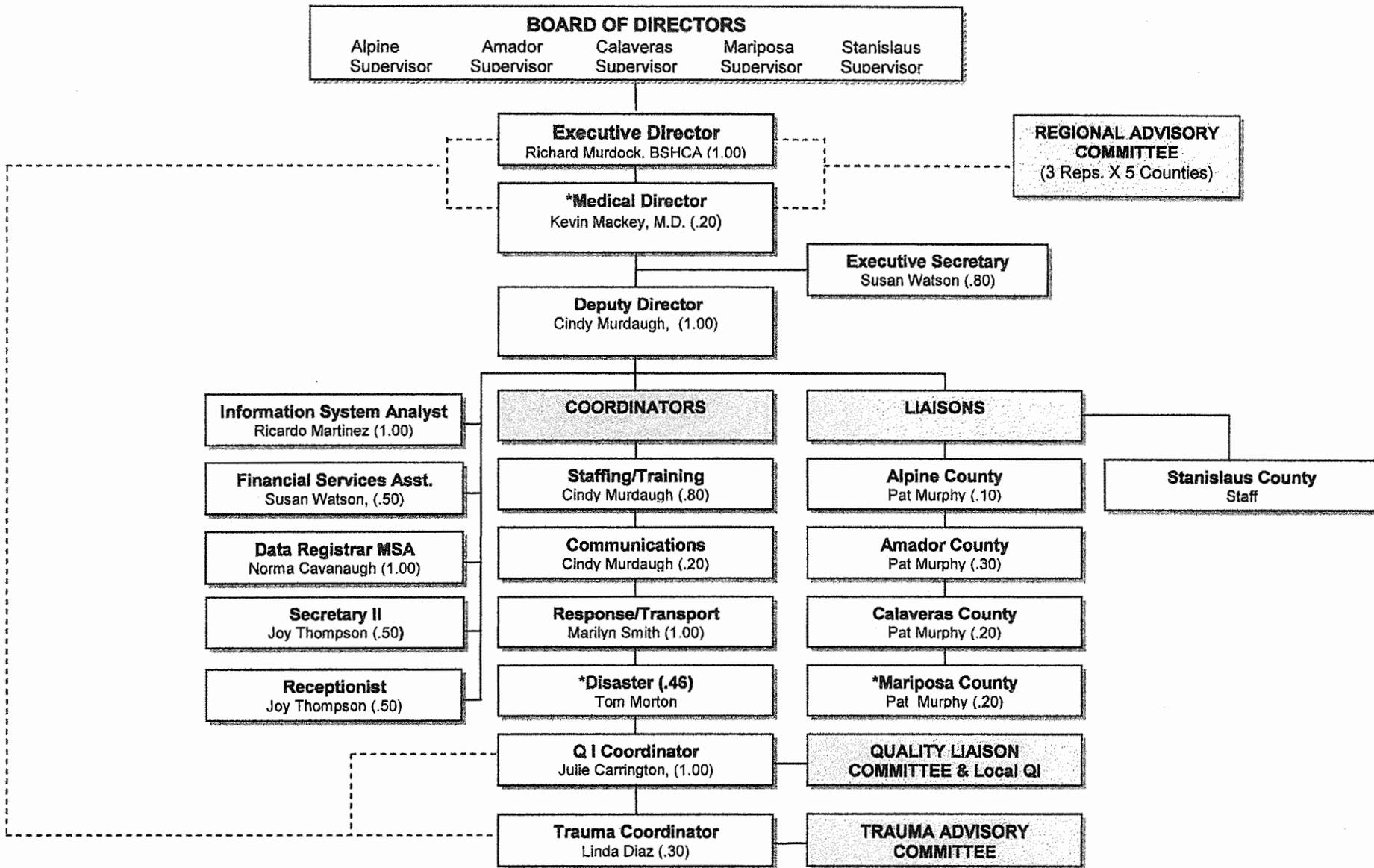


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Mountain-Valley EMS Agency

Reporting Year: FY 2010/2011

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1232	0	282	297
Number newly certified this year	142	0	23	36
Number recertified this year	421	0	118	100
Total number of accredited personnel on July 1 of the reporting year				
Number of certification reviews resulting in:				
a) formal investigations	0	0		0
b) probation	5	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	1	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 4
2. Early defibrillation:
 - a) Number of EMT (defib) certified _____
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Mountain-Valley EMS Agency

County: Alpine County

Reporting Year: FY 2010/11

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

- | | | |
|----|---|------------------------|
| 1. | Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. | Number of secondary PSAPs | <u>0</u> |
| 3. | Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. | Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 5. | Do you have an operational area disaster communication system? Yes <input checked="" type="checkbox"/> No | |
| | a. Radio primary frequency: | <u>154.100/153.800</u> |
| | b. Other methods: | <u>RACES</u> |
| | c. Can all medical response units communicate on the same disaster communications system?
Yes <input checked="" type="checkbox"/> No | |
| | d. Do you participate in OASIS? Yes <input checked="" type="checkbox"/> No | |
| | e. Do you have a plan to utilize RACES as a back-up communication system?
Yes <input checked="" type="checkbox"/> No | |
| | 1) Within the operational area? Yes <input checked="" type="checkbox"/> No | |
| | 2) Between the operational area and the region and/or state? Yes <input checked="" type="checkbox"/> No | |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? <u>Alpine County Sheriff</u> | |
| 7. | Who is your primary dispatch agency for a disaster? <u>Alpine County Sheriff</u> | |

EMS System: Mountain-Valley EMS Agency

County: Amador County

Reporting Year: FY 2010/11

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 No
a. Radio primary frequency: 467.975/462.975
b. Other methods: RACES
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 area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Amador County Sheriff
7. Who is your primary dispatch agency for a disaster? Amador County Sheriff

EMS System: Mountain-Valley EMS Agency

County: Calaveras County

Reporting Year: FY 2010/11

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 No
 - a. Radio primary frequency: 468.950/462.950
 - b. Other methods: RACES
 - 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 area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Calaveras County Sheriff
 7. Who is your primary dispatch agency for a disaster? Calaveras County Sheriff

EMS System: Mountain-Valley EMS Agency

County: Mariposa County

Reporting Year: FY 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
a. Radio primary frequency: 159.390 / 151.460
b. Other methods: NONE
c. Can all medical response units communicate on the same disaster communications system?
Yes 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 area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? CalFire Emergency Communications, Mariposa
7. Who is your primary dispatch agency for a disaster? CalFire Emergency Communications, Mariposa

EMS System: Mountain-Valley EMS Agency

County: Stanislaus County

Reporting Year: FY 2010/11

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

1. Number of primary Public Service Answering Points (PSAP) 4
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
a. Radio primary frequency: 157.6125/463.00
b. Other methods: RACES
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 area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? LifeCom Fire/EMS Dispatch
7. Who is your primary dispatch agency for a disaster? LifeCom Fire/EMS Dispatch

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: Mountain-Valley EMS Agency

Reporting Year: FY 2010/11

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 36

SYSTEM STANDARD RESPONSE TIMES IN MINUTES (90TH PERCENTILE)

Information provided is broken down by county. Each county has established slightly different response time requirements for each zone.

Alpine County	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	ASAP	ASAP	ASAP	ASAP

Amador County	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12/16	20/30	ASAP	N/A

TABLE 5: SYSTEM RESOURCES AND OPERATIONS (Cont)

Calaveras County	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	-	-	-	20

Mariposa County	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8	12/20	ASAP	N/A

TABLE 5: SYSTEM RESOURCES AND OPERATIONS (Cont)

Stanislaus County	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A

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

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2010

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>2176</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>2007</u>
c) Number of major trauma patients transferred to a trauma center	<u>266</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments	<u>8</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>6</u>
d) Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>8</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Alpine

Reporting Year: 10/11

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - 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 ___ No X

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 X No ___
 - c. Are they available for statewide response? Yes ___ No X
 - d. Are they part of a formal out-of-state response system? Yes ___ No X

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes ___ No X
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? Yes ___ no X
 - d. Do you have the ability to do decontamination in the field? Yes X no ___

OPERATIONS

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

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

3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes ___ no X
 - b. exercise? Yes X no ___

4. List all counties with which you have a written medical mutual aid agreement.
El Dorado, Douglas County, NV

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes ___ No X
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No X
7. Are you part of a multi-county EMS system for disaster response? Yes X No ___
8. Are you a separate department or agency? Yes X No ___
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes X No ___
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Amador

Reporting Year: 10/11

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Ione
 - b. How are they staffed? County staff/ mutual-aid
 - c. Do you have a supply system for supporting them for 72 hours? Yes X No

2. CISD

Do you have a CISD provider with 24 hour capability? Yes No X

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 teams? Yes No X
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? Yes X No
 - d. Do you have the ability to do decontamination in the field? Yes X No

OPERATIONS

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

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

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

4. List all counties with which you have a written medical mutual aid agreement.

-
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes X No ____
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes ____ No X
7. Are you part of a multi-county EMS system for disaster response? Yes X No ____
8. Are you a separate department or agency? Yes X No ____
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes X No ____
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Reporting Year: 10/11

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

SYSTEM RESOURCES

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

2. CISD

Do you have a CISD provider with 24 hour capability? Yes No

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? N/A
 - 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? 2

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.

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Reporting Year: 10/11

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - 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 ___ No X

- 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 teams? Yes ___ No X
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? Yes X No ___
 - d. Do you have the ability to do decontamination in the field? Yes X No ___

OPERATIONS

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

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

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

4. List all counties with which you have a written medical mutual aid agreement.

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

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

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

8. Are you a separate department or agency? Yes X No ____

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

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes X No ____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Reporting Year: 10/11

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - 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 ___ No X

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

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

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8

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

4. List all counties with which you have a written medical mutual aid agreement.

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Mountain-Valley EMS Agency **County:** Alpine

Reporting Year: FY 2010/11

Training Institution Name Alpine County EMS
Address - 75 B Diamond Valley Road
Markleeville, Ca. 96120

Contact Person telephone no. Lynn Doyal – (530) 694-2235

Student Eligibility: * OPEN	Cost of Program Basic <u>\$120</u> Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: 0 Refresher: _____ Cont. Education <u>n/a</u> Expiration Date: <u>1/31/2011</u> Number of courses: 1_____ Initial training: 1_____ Refresher: _____ Cont. Education: <u>n/a</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.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Mountain-Valley EMS Agency **County:** Amador

Reporting Year: FY 2010/11

Training Institution Name Cosumnes River College
Address - 11350 American Legion Drive
 Sutter Creek, CA. 95

Contact Person telephone no. Matthew McHugh (916) 691-7906

Student Eligibility: * OPEN	Cost of Program Basic <u>Varies</u> Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>0</u> Cont. Education <u>42</u> Expiration Date: <u>12/31/2011</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>1</u>
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Training Institution Name Jackson Rancheria Fire Department
Address - 12222 New York Ranch Road
 Jackson, CA. 95642

Contact Person telephone no. Bryan Smith (209) 304-1159

Student Eligibility: * Restricted to Fire Department personnel only	Cost of Program Basic Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>6</u> _____ Refresher: _____ Cont. Education <u>n/a</u> Expiration Date: <u>12/31/2015</u> Number of courses: <u>1</u> _____ Initial training: <u>1</u> _____ Refresher: _____ Cont. Education: <u>n/a</u>
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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: Mountain-Valley EMS Agency County: Calaveras

Reporting Year: FY 2010/11

Training Institution Name Murphys Fire Protection District

Contact Person telephone no. Steve Kovaks (209)

Address - 37 Jones Street, PO Box 1260
Murphys, CA. 95247

Student Eligibility: * OPEN	Cost of Program Basic Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>10/31/2012</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
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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 8: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Mountain-Valley EMS Agency **County:** Mariposa

Reporting Year: FY 2010/11

Training Institution Name Mountain-Valley EMS Agency –
Mariposa County
Address – 1101 Standiford Ave. Suite D-1
Modesto, CA. 95350

Contact Person telephone no. Cindy Murdaugh – 209-529-5085

Student Eligibility: * OPEN	Cost of Program Basic \$325.00 Refresher \$20.00	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: 0____ Refresher: 0____ Cont. Education 0____ Expiration Date: <u>11/30/2011</u>
---------------------------------------	--	---

Number of courses: 0____ Initial training: _____ Refresher: _____ Cont. Education: <u>0</u>

Training Institution Name Mountain-Valley EMS Agency –
Yosemite
Address 1101 Standiford Ave. Suite D-1
Modesto, CA. 95350

Contact Person telephone no. Cindy Murdaugh – 209-529-5085

Student Eligibility: *	Cost of Program Basic \$325.00 Refresher \$20.00	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>11/30/2011</u>
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Number of courses: <u>0</u> Initial training: _____ Refresher: _____ Cont. Education: _____

Training Institution Name Fresno Regional Occupational Program – Mariposa County
Address 1318 Shaw Ave.,
 Fresno, CA. 93710

Contact Person telephone no. Phil Whitson – 209-966-4880

Student Eligibility: *	Cost of Program Basic \$325.00 Refresher	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>43</u> Refresher: <u> </u> Cont. Education <u> </u> Expiration Date: <u>07/31/2013</u> Number of courses: <u>0</u> Initial training: <u>2</u> Refresher: <u> </u> Cont. Education: <u> </u>
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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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Mountain-Valley EMS Agency **County:** Stanislaus

Reporting Year: FY 2010/11

Training Institution Name Abrams College
Address 201 E. Rumble Rd.
 Modesto, CA. 95350

Contact Person telephone no. Dan Lucky 209-527-7777

Student Eligibility: * OPEN	Cost of Program Basic \$775.00 Refresher <u> </u>	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>310</u> Refresher: <u>38</u> Cont. Education <u>8</u> Expiration Date: <u>06/60/2012</u> Number of courses: <u>7</u> Initial training: <u>7</u> Refresher: <u> </u> Cont. Education: <u>7</u>
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Training Institution Name Ceres Unified Adult Education
ROP Program

Address - P.O. Box 307
Ceres, CA. 95307

Contact Person telephone no. Mike Gaston – 209-609-1554

Student Eligibility: *
OPEN

Cost of Program

Basic \$420.00

Refresher _____

****Program Level: EMT**

Number of students completing training per year:

Initial training: 186

Refresher: 2

Cont. Education 7

Expiration Date: 1/30/2014

Number of courses: 3 _____

Initial training: 2 _____

Refresher: 1 _____

Cont. Education: 1

Training Institution Name Hughson Fire District
Address 2315 Charles Ave.
 Hughson, CA. 95326

Contact Person telephone no. Michael Crabtree or Ron Callahan –
 209-883-2863

Student Eligibility: * OPEN	Cost of Program Basic Unknown Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>10</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>04/30/2013</u> Number of courses: <u>1</u> Initial training: <u>16</u> Refresher: _____ Cont. Education: _____
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Training Institution Name Modesto Junior College
Address 1220 Fire Science Lane
 Modesto, CA. 95351

Contact Person telephone no. John Sola 209-549-7030

Student Eligibility: * OPEN	Cost of Program Basic Varies -\$250-\$450 Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>96</u> Refresher: <u>32</u> Cont. Education _____ Expiration Date: <u>1/30/2014</u> Number of courses: <u>4</u> Initial training: <u>3</u> Refresher: <u>1</u> Cont. Education: _____
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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 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Mountain-Valley EMS Agency **County:** Amador

Reporting Year: FY 2010/11

Name, address & telephone: Amador County Sheriff Department, Communications Center		Primary Contact: Bryan Middleton 209-223-6369	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___ 12 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input checked="" 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	

EMS System: Mountain-Valley EMS Agency County: Calaveras

Reporting Year: FY 2010/11

Name, address & telephone: Calaveras County Sheriff Department, Communications Center Government Center, San Andreas, CA. 95249		Primary Contact: Rochelle Whiting 209-754-6500	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___12___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" 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

EMS System: Mountain-Valley EMS Agency County: Mariposa

Reporting Year: FY 2010/11

Name, address & telephone: California Department of Forestry, Emergency Comm. Center 5366 Highway 49 North, Mariposa, CA. 95338		Primary Contact: James Forga 209-966-3803	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___ 15 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

EMS System: Mountain-Valley EMS Agency County: Stanislaus

Reporting Year: FY 2010/11

Name, address & telephone: LifeCom Fire & EMS Communications 4701 Stoddard Rd. Modesto, CA. 95367		Primary Contact: Jared Bagwell 209-236-8302	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___72___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" 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

Ambulance Zone Summary Form

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Five

Name of Current Provider(s):

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

Del Puerto Health Care District has provided Paramedic level emergency ground ambulance services from 1978 to the present.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and staffed at the EMT level. In 1978, their medical scope of practice changed to Paramedic. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone One

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Medical Response, Inc. 911 Emergency Medical Services, Inc provided emergency ambulance services without interruption from 1958 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, that agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Three

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Medical Response Inc. 911 Emergency Medical Services, Inc., provided emergency ambulance services without interruption from 1972 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger in 1994 which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone C

Name of Current Provider(s):

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

The Provider in Zone C is Pro Transport-I, Inc. who began service in November 2008.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Zone C will become an exclusive operating area only following a competitive bid process.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

There is no ALS or emergency ambulance service exclusivity in Zone C.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Zone C will become an exclusive operating area following a competitive bid process. Prior to 1990, parts of Zone C were served by providers adjacent to the zone: Waterford Community

Ambulance, Turlock Ambulance Service and 911 Emergency Medical Services.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Four

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of

last competitive processed used to select provider or providers.

Oak Valley Hospital District was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone Eight

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Medical Response (AMR). Turlock Ambulance Service, Inc (TAS). provide service without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995, through the present.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone D

Name of Current Provider(s):

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

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital..

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Waterford Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

There is no ALS or emergency ambulance service exclusivity in Zone D.

Method to achieve Exclusivity, if applicable (HS1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service

to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Due to changes in ambulance providers that occurred in May 1996, this zone must be a non-exclusive area until such time as a competitive bid process is completed.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone A

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

There is no ALS or emergency ambulance service exclusivity in Zone A.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Memorial Hospital Association provided emergency ground ambulance services in Zone A between 1982 and 1985. West Side District Ambulance became the provider of emergency ground ambulance services in 1985. Zone A will only become an exclusive operating area following a competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Stanislaus County

Area or subarea (Zone) Name or Title:

Zone B

Name of Current Provider(s):

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

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

There is no ALS or emergency ambulance service exclusivity in Zone B.

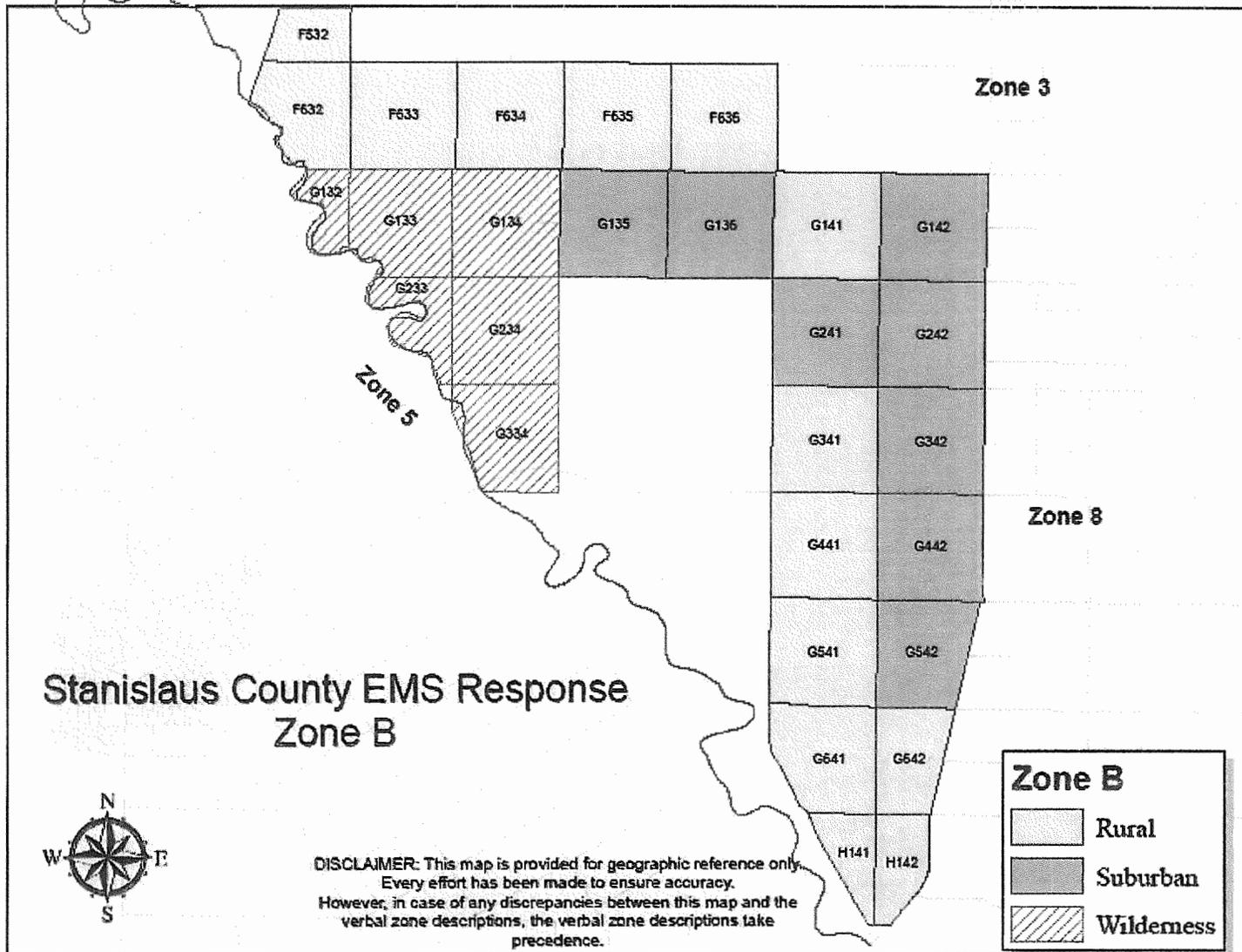
Method to achieve Exclusivity, if applicable (HS1797.224):

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

If competitively-determined, method of competition, intervals, and selection process. Attach

copy/draft of last competitive processed used to select provider or providers.

Turlock Ambulance Service and Mobile Life Support provided emergency ground ambulance services in different sections of Zone B prior to 1980 and until 1988. Del Puerto Hospital District became the provider of emergency ground ambulance services for the area of Zone B in 1988. In November 2007, American Medical Response became responsible for also responding to portions of Zone B. Zone B will only become an exclusive operating area following a competitive bid process.



**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Amador County

Area or subarea (Zone) Name or Title:

Amador County

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is American Legion Ambulance Service. This provider has provided emergency ambulance services without interruption since 1929.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The ambulance provider agreement between the LEMSA and American Legion Ambulance Service specifies that American Legion Ambulance Service is the exclusive operator of ALS ground ambulance and emergency ground ambulance services for that County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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

All emergency ground ambulance services and Advanced Life Support ground ambulance services. “Emergency ground ambulance services” shall mean all services originating in Amador County that require the use of an ambulance, including but not limited to interfacility transfers or scene calls whether Advanced Life Support, Basic Life Support, or Critical Care Transports as defined in the Amador County Ambulance Ordinance. The term “emergency ground ambulance services” is used to differentiate between air and ground ambulance services, and its meaning is equivalent to “emergency ambulance services” as found in the Health and Safety Code, Division 2.5, Section 1797.85.

Method to achieve Exclusivity, if applicable (HS1797.224):

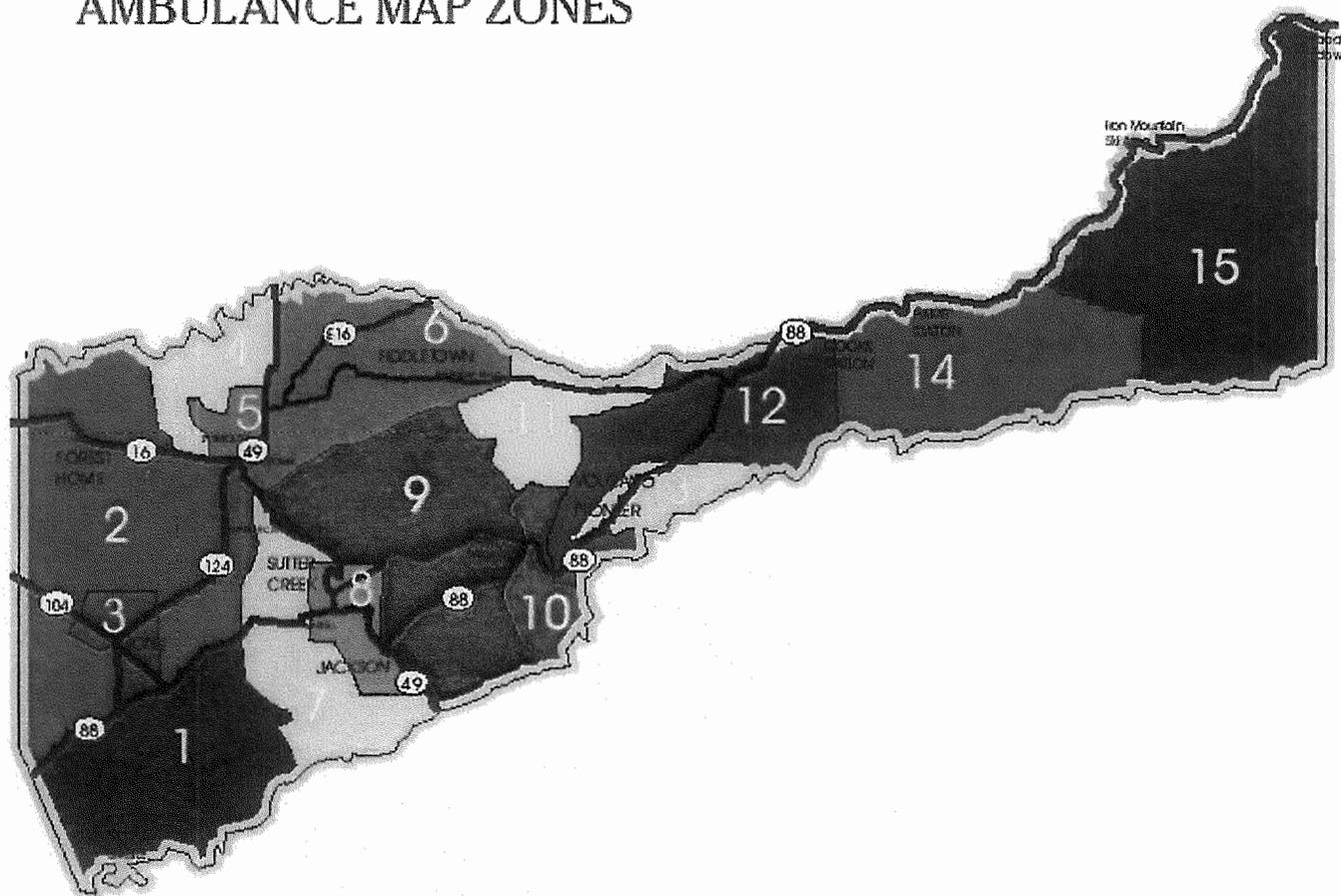
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership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

If competitively-determined, method of competition, intervals, and selection process. Attach

copy/draft of last competitive processed used to select provider or providers.

American Legion Ambulance was "Grandfathered" into Amador County as the sole provider of ALS and emergency ground ambulance services due to no changes in manner and scope of service to the area other than upgrading to LALS and then ALS services in the early 1990s. In November, 1999, the Amador County Board of Supervisors approved a county ambulance ordinance that further defined "emergency ground ambulance services" to reflect the maximum level of exclusivity allowed according recent court decisions. These court cases, "Schaefer v. San Bernadino County" and "Redwood Empire v Sonoma County" define "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85, to include all ambulance services.

AMADOR COUNTY AMBULANCE MAP ZONES



**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Alpine County

Area or subarea (Zone) Name or Title:

Alpine County

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Alpine County EMS. This provider has provided emergency ambulance services, as a first responder, without interruption since June, 1998. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties and either rendezvous with the Alpine County EMS ambulance, arrive on scene, or be canceled.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

There is no ALS or emergency ambulance service exclusivity in Alpine County.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

None

Method to achieve Exclusivity, if applicable (HS1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service.

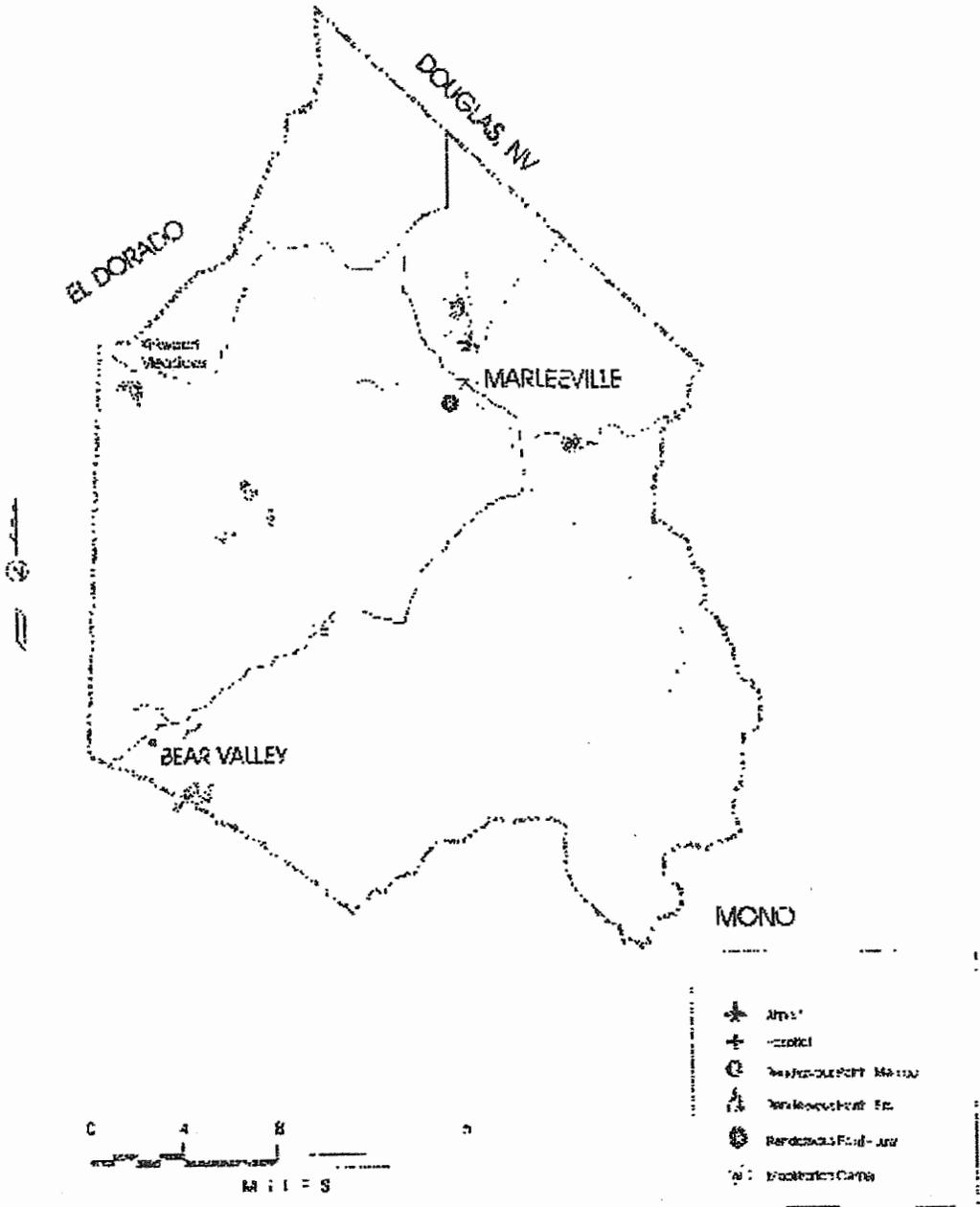
Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process.

Attach copy/draft of last competitive processed used to select provider or providers.

Not applicable.

ALPINE COUNTY



**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

South Zone

Name of Current Provider(s):

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

American Legion Post Number 108 began providing service in the South Zone on July 1, 2005, after winning a competitive bid process.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

Definition of Terms

"All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

“Interfacility Transfer” is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

“Scene Call” is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph’s Hospital.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Competitive Bid Process

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

East Zone

Name of Current Provider(s):

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

As of July 1, 2005, the provider of ALS service in the east zone is Ebbetts Pass Fire District. They earned the right to provide service through a competitive bid process.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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

Definition of Terms

“All Ambulance Services” is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be “emergency ambulance services” as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or

through Calaveras County from an area outside Calaveras County.

“Interfacility Transfer” is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

“Scene Call” is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph’s Hospital.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

North Zone.

Name of Current Provider(s):

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

American Legion Ambulance began providing service in the north zone on July 1, 2005. They obtained the right to provide exclusive service by being the winning bidder in a competitive bid process.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS1797.85):

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

Definition of Terms

“All Ambulance Services” is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be “emergency ambulance services” as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or

through Calaveras County from an area outside Calaveras County.

“Interfacility Transfer” is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

“Scene Call” is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph’s Hospital.

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Competitive bid process.

**EMS Plan
Ambulance Zone Summary Form**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Mariposa County

Area or subarea (Zone) Name or Title:

Mariposa County.

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.

Statement of Exclusivity, Exclusive or non-Exclusive (HS1797.6):

Include intent of local EMS Agency and Board action.

There is no ALS or emergency ambulance service exclusivity in Mariposa County.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS1797.85):

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

None

Method to achieve Exclusivity, if applicable (HS1797.224):

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

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

Not applicable

EMERGENCY MEDICAL SERVICES AUTHORITY

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



December 30, 2011

Richard Murdock
EMS Administrator
Mountain Valley EMS Agency
1101 Standiford Ave., Suite D1
Modesto, CA 95350

Dear Mr. Murdock:

We have completed our review of *Mountain Valley's 2010 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*. Following are comments on your EMS plan update:

Standard 1.09 - Inventory of Resources - Currently your inventory of EMS resources is outdated and your objective is to evaluate your current inventory and make necessary additions/deletions as needed. In your next EMS plan update please show what progress has been made in updating your inventory of resources.

Standard 1.22 - Reporting of Abuse - In your 2009 EMS plan update you stated that abuse policies need to be developed. Please work towards the development of policies for the reporting of child and elder abuse and suspected SIDS deaths and provide your progress for meeting this standard in your next update.

Standard 4.05 - Response Time Standards - In your 2009 EMS plan update your objective was to create a mechanism to measure response times from initial contact with each county PSAP to arrival on scene. Please provide your progress for meeting this standard in your next annual update.

Transportation Plan: Based on documentation you provided the EMS Authority has made the following determination related to the ambulance zones within your EMS system:

Mountain Valley 2010 EMS Plan Update

ZONE	EXCLUSIVITY			TYPE			LEVEL						
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	9-1-1 Emergency	All Emergency Ground Ambulance (9-1-1 & 7 digits)	All Ambulance Services (9-1-1, 7 digits, IFT)	ALS Ambulance Services	IFT	CCT	Air Ambulance
Alpine County	X												
Amador County		X	Non-Competitive	X					X	X			
Calaveras County:													
South Zone		X	Competitive	X					X	X		X	
East Zone		X	Competitive	X					X	X		X	
North Zone		X	Competitive	X					X	X		X	
Stanislaus County:													
Zone One		X	Non-Competitive	X				X			X		
Zone Three		X	Non-Competitive	X				X			X		
Zone Four		X	Non-Competitive	X				X			X		
Zone Five		X	Non-Competitive	X				X			X		
Zone Eight		X	Non-Competitive	X				X			X		
Zone A	X												
Zone B	X												
Zone C	X												
Zone D	X												
Mariposa County	X												

Your 2011 annual update will be due on December 30, 2012. Please submit Mountain Valley's EMS Agency's 2011 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,



Howard Backer, MD, MPH, FACEP
 Director