STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
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RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

October 14, 2016

Mr. Larry Karsteadt, Executive Director
North Coast EMS Agency
3340 Glenwood Avenue
Eureka, CA 95501

Dear Mr. Karsteadt:

This letter is in response to North Coast EMS Agency's 2016 EMS Plan Update submission to the EMS Authority on August 18, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of North Coast EMS Agency's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

North Coast EMS Agency received its last full plan approval for its 1999 plan submission, and its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from North Coast EMS Agency for the following years:

- 1999
- 2003
- 2005-2007
- 2009-2012
- 2014

Health and Safety Code (HSC) § 1797.254 states:

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

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to North Coast EMS Agency's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

   - Based on the documentation provided by North Coast EMS Agency, please find enclosed the EMS Authority's determination of the exclusivity of North Coast EMS Agency's ambulance zones.

E.	☒	☐	Facilities/Critical Care

1. Standard 5.13

   - Your successes on the STEMI System of Care in North Coast EMS Agency and the new designation of a STEMI Receiving Center have been recognized.

F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

The information provided on various standards within the Progress/Objectives Chart makes reference to other standards without providing updates within the designated sections. The EMS Authority would appreciate the information to be included in each of the individual sections.

IV. Conclusion:

Based on the information identified, North Coast EMS Agency's 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

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

V. Next Steps:

North Coast EMS Agency's next annual EMS Plan Update will be due on or before October 31, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Del Norte County															
Del Norte County	X														
Humboldt County															
Zone 1 - North		X	Non-Competitive Process	X				X	X			X	X		
Zone 2 - East	X														
Zone 3		X	Non-Competitive Process	X				X	X			X	X		
Zones 4 – Fortuna/Garberville	X														
Lake County															
Kelseyville Fire District	X														
Lake County Fire District	X														
Lakeport	X														
Northshore Fire Protection District	X														
South Lake County Fire District	X														

Regional EMS Plan Annual Update
Executive Summary
August 18, 2016

North Coast EMS has served as the EMS agency since 1974 and the local EMS agency for the Counties of Del Norte, Humboldt and Lake since 1981.

The North Coast EMS Joint Powers Governing Board will review and approve the enclosed Regional EMS Plan at the next meeting following review by regional EMS constituents.

Since the last EMS Plan was approved, the following key changes have occurred:

1. Completed and submitted to EMSA the Humboldt County Transportation Plan to establish Exclusive Operating Areas for ambulance services via grandfathering in Humboldt County. Received EMSA approval.
2. Developed and updated the online 5150 Handbook (see northcoastems.com)
3. Submitted the Regional EMS Trauma Plan update
4. Completed designation review of Emergency Departments Approved for Pediatrics at all seven hospitals.
5. Designated St Joseph Hospital as a STEMI Receiving Center and re-activated the Humboldt Cardiac Coordinating Committee.
6. Completed the federal HRSA EMS for Children Regionalization grant with UC – Davis Medical Center (UCDMC) and received new four year grant with UCDMC to continue and expand program to the S-SV EMS region.
7. Continued the CDPH HPP Disaster grant.
8. Submitted the North Coast EMS Quality Improvement Plan update and plan to revise soon.
9. Conducted Trauma Center site-visit at Sutter-Lakeside Hospital and plan to participate in survey of Sutter-Lakeside Hospital this coming year.
10. Continued use of Image Trend e-PCR program throughout the region.
11. Submitted EMSA required CEMSIS- EMS data and Core Measures report.
12. Received request from St Joseph Hospital to initiate formal Trauma Center designation process.
13. Collected pediatric outcome data at five of seven hospitals as part of EMSC grant, and expect to complete process soon.
14. Implemented Public Safety regulations and plan to upgrade First Responder training program this year.
15. Initiated process to develop North Coast EMS Fiscal Restructuring Plan to increase staff size and provide competitive salaries for existing personnel.

Please note the attached EMS Plan System Assessment update addresses all sections where progress has been made since the last submission and/or new objectives were identified. No changes occurred in any other Standard since the last update.

A. SYSTEM ORGANIZATION AND MANAGEMENT

xp = partially met

Last Updated 8/2016	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Agency Administration					
1.01 LEMSA Structure		X		x	x
1.02 LEMSA Mission		X		x	x
1.03 Public Input		X		x	x
1.04 Medical Director		X		x	x
Planning Activities					
1.05 System Plan		X		x	x
1.06 Annual Plan Update		X		x	
1.07 Trauma Planning*		X		x	x
1.08 ALS Planning*		X		x	x
1.09 Inventory of Resource		X		x	x
1.10 Special Populations		X		x	x
1.11 System Participants		X		x	x
Regulatory Activities					
1.12 Review and Monitoring		x		x	x
1.13 Coordination		X			
1.14 Policy & Procedures Manual		x		x	x
1.15 Compliance w/ Policies		x		x	x
System Financing					
1.16 Funding Mechanism		X		x	x
Medical Direction					
1.17 Medical Direction*		X		x	x
1.18 QA/QI		X		x	x
1.19 Policies, Procedures, Protocols		x		x	x
1.20 DNR Policy		X			
1.21 Determin. of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X		x	x
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X		x	x
1.25 On-Line Med. Dir.		X		x	x
Enhanced Level: Trauma Care System					
1.26 Trauma System Plan		X		x	x
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
1.27 Pediatric System Plan		X		x	x
Enhanced Level: Trauma Care System					
1.28 EOA Plan		X		x	x

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

3.10 Integrated Dispatch		X		x	x

D. RESPONSE/TRANSPORTATION

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

D. FACILITIES/CRITICAL CARE

Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan

Universal Level					
5.01 Assess. of Capabilities		X		x	x
5.02 Triage/Transfer Protocols*		X x		x	
	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
5.03 Transfer Guidelines*		X		x	
5.04 Specialty Care Facilities*		X		x	x
5.05 Mass Casualty Management		X		x	x
5.06 Hospital Evacuation*		X		x	x
Enhanced Level: Advanced Life Support					
5.07 Base Hospital Designation		X		x	x
Enhanced Level: Trauma Care System					
5.08 Trauma System Design		X		x	x
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
5.10 Pediatric System Design		X		x	
5.11 Emergency Depts.		X		x	
5.12 Public Input		x		x	
Enhanced Level: Other Specialty Care Systems					
5.13 Specialty System Design		x		x	x
5.14 Public Input		x		x	x
5.15 Subsystem Evaluation and Data		x		x	x

E. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
6.01 QA/QI Program		x		x	x
6.02 Prehospital Records		x		x	x
6.03 Prehospital Care Audits		x		x	x
6.04 Medical Dispatch		x		x	x
6.05 Data Management System*		x		x	x
6.06 System Design Evaluation		x		x	x

6.07 Provider Participation		x		x	x
6.08 Reporting		x		x	x
Enhanced Level: Advanced Life Support					
6.09 ALS Audit		x		x	x
Enhanced Level: Trauma Care Syste					
6.10 Trauma System Evaluation		x		x	x
6.11 Trauma Center Data		x		x	x

F. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
7.01 Public Information Materials		x		x	x
7.02 Injury Control		x		x	x
7.03 Disaster Preparedness		x		x	x
7.04 First Aid, CPR Training		x		x	x

H. DISASTER MEDICAL RESPONSE

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
8.01 Disaster Medical Planning		x		x	x
8.02 Response Plans		x		x	x
8.03 HazMat Training		x		x	x
8.04 Incident Command System		x		x	x
8.05 Distribution of Casualties*		x		x	x
8.06 Needs Assessment		x		x	x
8.07 Disaster Communications*		x		x	x
8.08 Inventory of Resources		x		x	x
8.09 DMAT Teams		x		x	x
8.10 Mutual Aid Agreements*		x		x	x
8.11 CCP Designation*		x		x	x
8.12 Establishment of CCPs		x		x	x
8.13 Disaster Medical Training		x		x	x
8.14 Hospital Plans		x		x	x

8.15 Interhospital Communications		x		x	x
8.16 Prehospital Agency Plans		x		x	x
Enhanced Level: Advanced Life Support					
8.17 ALS Policies		x		x	x
Enhanced Level: Specialty Care Systems					
8.18 Specialty Center Roles		x		x	x
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations					
8.19 Waiving Exclusivity		x		x	x

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
August 4, 2016

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	NCEMS continued as the LEMSA on behalf of Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board. NCEMS currently has 5.0 FTE positions: Executive Director, Associate Director/Regional Disaster Coordinator, Fiscal Manager (0.8), EMSC TACTICAL Project Manager (0.2). NCEMS has numerous part time contractors: Regional Medical Director, EDAP and Trauma RN, ePCR Programmer, Office IT, Auditor, ICEMA – Image Trend, Lancet – Trauma Registry, Mental Health RN, County Disaster Liaisons, Policy Specialists, STEMI Coordinator, County Counsel, etc NCEMS complete the federal EMSC TACTICAL grant with UC Davis Medical Center	Continue to convene JPA meetings to ensure oversight of NCEMS and utilize existing committees to ensure region-wide input. See quarterly General Fund reports, Trauma Plan annual revision, HPP Disaster Mid-Year and Final Work Plan Progress Reports, EMSC TACTICAL reports, and QIP Plan annual revision for similar updates found in this annual EMS Plan revision.

					(UCDMC), continued the HPP Disaster grant with CDPH, and completed a Health Information Exchange Discovery grant from EMSA. We also received a new four-year federal EMSC Regionalization grant with UCDMC to continue and expand this project. NCEMS continued to utilize or participate in numerous committees and as needed, local and state specialty resources to ensure technical and clinical expertise in our decision making process.	
1.02	LEMSA Mission	X	X	X	The mission of NCEMS is to enhance the EMS system consistent with California state laws and continuous quality improvement principles, through the pursuit of personnel excellence, effective leadership and positive working relationships. See 1.01 above.	Continue mission.
1.03	Public Input	X	X	X	Staff attended numerous committees: Medical Advisory (MAC), Trauma Advisory (TAC), Emergency Medical	Continue to attend and utilize existing EMCC, TAC HCCC, EMSC, Disaster and MAC committees and create

					Care Committee (EMCC), EMS for Children, Inter-facility Transfer, Disaster, Child Death Review, Injury Prevention, Firs Chiefs Association, and other local committees to ensure region-wide input into the planning, policy and procedure development processes utilized by NCEMS. We also reconvened the Humboldt Cardiac Coordinating Committee (HCCC).	or participate in new committees as needed.
1.04	Medical Director	X	X	X	Dr. Ken Stiver continued as Regional Medical Director. Dr. Stiver has over three decades of Emergency Department and EMS system experience.	Secure additional funding for Medical Director to assume additional medical oversight responsibilities.
1.05	EMS Plan	X	X	X	The last NCEMS Regional Plan revision was approved by the EMSA on August 5, 2015.	Continue to work with EMSA and EMSAAC to develop useful, streamlined State EMS System Standards and Guidelines and integrated LEMSA EMS Plans and regional reports to EMSA.
1.06	Annual EMS Plan Update	X	X		EMSA approved the 2014-15 Plan update.	Secure EMSA approval of 2015-16 Regional EMS Plan annual update
1.07	Trauma Planning	X	X	X	See Regional Trauma Plan Update	See Regional Trauma Plan Update

1.08	ALS Planning	X	X	X	Continued modification of ALS scope of practice and policies as needed.	Modify ALS policies as needed. Work with counties and providers to assess need for additional ALS non-transporting or ambulances if needed. Monitor progress of Community Paramedic Program development in California and assess feasibility for the north coast.
1.09	Inventory of Resources	X	X	X	EMSA required inventory included as part of this Regional Plan update.	
1.10	Special Populations	X	X	X	North Coast EMS continued needs assessment of children as part of the EMSC TACTICAL project. We continued ties with cultural communities, developed a cultural awareness handbook, prepared receiving hospital informational packets for families of transferred children, provided car seat training, etc. A Native American historical overview presentation was developed	Continue and expand with new federal UCDMC grant the EMSC program. Re-establish as needed of the Trauma Committee within Humboldt County to provide local and region-wide specialty physician expertise as we proceed with development and implementation of a formal Trauma Care System in Humboldt County..

						Evaluate potential impact of new Stroke certification at Sutter-Lakeside Hospital on catchment area, and assess potential development of a regional Stroke program.
1.12	Review & Monitoring	X	X	X	NCEMS continued to submit CEMSIS – EMS data to EMSA; quarterly QIP Plans were received from hospitals and providers and were reviewed as staff time allowed; inter-facility transfer data was received from Lake County; a compliant was reviewed and response prepared specific to Lake County inter-facility transfers. Training programs were monitored as limited staff time allowed. NCEMS reviewed a few patient care related cases, Patient Care Records, data reports, patient charts and other records to help evaluate and enhance the EMS System.	Continue to submit CEMSIS EMS data to EMSA & evaluate for system improvement; continue to review STEMI data as part of HCCC; monitor, review and summarize submitted QIP reports from hospitals and providers as stsff time Conduct site visits to approved training programs, designated hospitals and ALS Providers as needed and as staff time allows. Continue to monitor EMD programs. Continue to review and monitor EMS system operations as needed, including evaluation of patient care throughout the region. Prepare a North Coast EMS Fiscal Restructuring Plan for

						JPA Board approval to increase funding, adopt competitive wages and increase staff size to enhance monitoring and compliance assessment of designated hospitals, ALS Providers, EMD programs, the Exclusive Operating Area program in Humboldt County, training programs and to review and prepare quarterly QIP reports.
1.14	Policy and Procedures Manual	X	X	X	The NCEMS Policy and Procedures Manual was periodically updated and expanded through an ongoing process of region-wide review, including revision and expansion of EMS System, EMT-I, EMT-P and other policies, protocols and procedures. Added Aspirin to EMT-I scope of practice. Initiated a process to request continuation of optional paramedic scope items with EMSA. Developed Public Safety training program approval policies (no programs have	Continue to revise and add new policies as needed and as staff time allows through the region-wide public input process, including: additional EMS System, EMT-I, EMT-P modifications as needed, Upgrade the First Responder training program to be congruent with the national Emergency Medical Responder training progra Work with counties to assess need for the addition of epinephrine to EMT-I scope of practice rather than pursuit of Advanced EMT program.

					applied).	Monitor progress of pilot Community Paramedic programs in California.
1.15	Compliance with Policies	X	X	X	See 1.12, Section F and Trauma Plan update. Site visits were conducted at all EDAPs, a Trauma Center survey was conducted at Sutter-Lakeside Hospital, and a site survey was conducted at St Joseph Hospital prior to designation as a STEMI Receiving Center.	Secure additional funding and staff to enhance compliance monitoring. Participate in the Trauma Center site survey conducted by Oregon.
1.16	Funding Mechanism	X	X	X	Continue state GF contract, federal EMSC TACTICAL subcontract with UCDMC and HPP Disaster contract with CDPH. Local funds were received as projected, with ongoing Maddy Funds and continuation of county shares by all three JPA member counties. New JPA Board approved STEMI Receiving Center Fee was received and an annual fee approved. EMT-P accreditation fee was increased by JPA Board. Aero Medical Provider fee adopted.	Continue efforts to increase and stabilize funding, such as: secure additional grants;; JPA approval of Trauma Center designation fees by the JPA Board if Humboldt County hospitals decide to move forward. Secure additional funding for Medical Director to increase medical oversight responsibilities and staff to help monitor program compliance. Prepare a North Coast EMS Fiscal Restructuring Plan for JPA Board approval to increase funding, adopt competitive wages and increase staff size to enhance

						monitoring and compliance assessment of designated hospitals, ALS Providers, EMD programs, the Exclusive Operating Area program in Humboldt County, training programs and to review and prepare quarterly QIP reports.
1.17	Medical Direction	X	X	X	Six of seven hospitals within the region are designated as Modified Base Hospitals and one as a Base Hospital with MICNs – all provide medical direction to EMT-Ps.	Increase funding for Medical Director and increase staff size to ensure designated Base Hospitals are compliant with contracts.
1.18	QA/QI	X	X	X	See 1.12, 1.15, Section 6 and annual QI Plan update.	See 1.12, 1.15, Section 6 and annual QI Plan update.
1.19	Policies, Procedures, Protocols	X	X	X	See 1.14	See 1.14
1.20 & 1.21	DNR and Determination of Death	X			NCEMS updated policy to include recognition of the POLST form a few years ago.	Monitor federal and state changes if any to DNR standards.
1.23	Interfacility Transfer	X	X	X	As part of the EMSC TACTICAL grant adopted national pediatric IFT guidelines. See 1.12 above. Developed 5150 Handbook. Attended IFT meetings in Lake County.	See 1.12.
1.24	ALS Systems	X	X	X	See 1.08 and 1.11. All providers utilizing paramedics	See 1.08 and 1.11.

					are authorized ALS Providers by NCEMS via ongoing contracts.	Assess need in Lake County to approve out-of-county ALS providers that routinely transfer patients from within Lake County.
1.25	On-line Medical Control	X	X	X	See 1.15 & 1.17. All seven hospitals within the region are NCEMS designated Base or Modified Base via ongoing contracts.	See 1.15, 1.17 & 1.24.
1.26	Trauma System Plan	X	X	X	See annual Regional Trauma Plan update.	See annual Regional Trauma Plan update.
1.27	Pediatric System Plan	X	X	X	See 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E. Designated Jerold Phelps Community Hospital as an EDAP. Continued to dispense Maddy (Richie's) funding to designated EDAPs for purchase of pediatric supplies and equipment, and MD and RN pediatric training. Submitted support letters for SB862 (Roth) to continue Maddy (Richie's Fund). NCEMS completed fourth year of a four-year federal EMSC Regionalization grant via a subcontract with UCDMC and initiated a new four grant with UCDMC and S-SV EMS..	Continue to distribute accrued Maddy (Richie's) Funds proportionally within each county to designated EDAPs upon request with periodic reminders. Evaluate forthcoming draft EMSC regulations. Initiate first year of of new EMSC TACTICAL Regionalization grant with UCDMC to further enhance the EMSC system, expand to S-SV EMS and implement new EMSC regulations when available.

1.28	EOA Plan		X	X	Developed and submitted Humboldt County Transportation Plan (HCTP) requesting EOA grandfathering of two providers, City Ambulance of Eureka and Arcata Mad River Ambulance, and received EMSA approval. .	Implement the HCTP after development of the Fiscal Restructuring Plan.

North Coast Emergency Medical Services (NCEMS)
Regional EMS Plan Update- Section 2- System Assessment
August 4, 2016

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01	Assessment of Needs	X	X	X	NCEMS assessed EMS system needs through a variety of mechanisms and targeted best practices and current EMS system enhancements. See above	Continue to assess EMS system needs, implement best practices and EMS system enhancements. Work with EMS and county representatives to assess need for the addition of Narcan and Epinephrine to the EMT-I scope of practice. See above.
2.02	Approval of Training	X	X	X	NCEMS continued approval of EMD, First Responder, EMT, paramedic, MICN, FTO and other training programs according to state regulations, guidelines and local policy. Monitoring of training programs and CE Providers was limited by available staff time. New state EMT-I regulations were adopted. Sponsored with EMSC TACTICAL grant pediatric trainings and workshops.	. Approve additional EMD, MICN, EMT and Paramedic training programs as needed after compliance verification. See above.

					See above.	
2.03	Personnel	X	X	X	See 2.02 The total number of NCEMS certified,accredited and authorized personnel is 739.	See 2.02
2.04	Emergency Medical Dispatch (EMD) Training	X	X	X	See 1.12 & 2.02	See 1.12 and 2.02 Monitor EMD Program as staff time allows.
2.05	First Responder Training	X	X	X	See 2.01 & 2.02 NCEMS currently has 12 approved First Responder training programs.	See 2.01 & 2.02
2.07	First Responder Medical Control	X			See 1.04, 1.12, 1.15, 1.17, 1.24 & 1.25. All non-transporting ALS Providers are authorized by NCEMS and are assigned to a designated base hospital that oversees medical control by contract.	
2.08	EMT-I Training	X			See 2.01, 2.02 and 2.03. NCEMS currently has five approved EMT-I training programs. All county permitted or contracted ambulances predominantly utilize at least one currently certified EMT-I and one NCEMS accredited	See 2.01, 2.02 and 2.03

					paramedic. Occasional exceptions occur within the region for BLS only ambulances and non-EMT drivers according to state statute and regulation.	
2.10 2.11 2.13	Advanced Life Support Accreditation Process Base Hospital Personnel	X X X	X X X	X X X	See 1.08, 1.12, 1.15, 1.17, 1.24 1.25. 2.02 & 2.07. Accreditation process, set by state regulations, is followed.	See 1.08 1.12, 1.15, 1.17, 1.25, 2.02 & 2.07.
3.01	Communication Plan	X	X	X	NCEMS developed a Communications Plan and purchased a Med Net Communications system in the mid-1970s for field to base hospital medical control communications. Ownership and maintenance/replacement responsibility was transferred to each county for the Mt-Top Repeaters, to each hospital for the hospital radios and to each provider (transporting and ALS) in the 1980's. All Med Net Equipment was replaced with narrow band compatible equipment within the last several years, and Humboldt and Lake Counties enhanced the system for MCIs (WIDE-AREA) and medical surge respectively. NCEMS maintained an MCI Plan and Lake County received EMSA	Continue to review WIDE-AREA testing on periodic basis. Continue to work with all three counties to identify and resolve Med Net System issues as needed.

					approval for use of a surge frequency and adopted a medical surge procedure. In Humboldt County, CAL-FIRE continued periodic testing of the WIDE-AREA Med-Network and reported results to NCEMS, who included that information in periodic mailings and for discussion as needed at monthly MAC meetings. At this time, the Med Net Systems in all three counties are narrow banded and additional JPA Board approved enhancements are underway.	
3.02, 3.03, 3.04, 3.05, 3.06, 3.09, 3.10	Radios, IFTs, Dispatch Center, Hospitals, MCI/Disaster Communications, Dispatch Triage, Integrated Dispatch	X	X	X	See 2.04, 3.01. Each of the three counties continued to utilize a single dispatch center for all emergency ambulances, with the exception of dispatch of Hoopa (K'ima:w) Ambulance by the Hoopa Tribal Dispatch Center. Communications testing for MCIs and disasters continued	See 2.04, 3.01. Continue to monitor the developments in Del Norte and Humboldt County relative to the potential impact of termination of critical radio towers on Red Mt. Monitor EMD programs in Humboldt as needed and as staff time allows.

					in all three counties. Humboldt and Lake County have redundant Med Net Repeaters that allow WIDE-AREA hospital to hospital and medical surge communications respectively. NCEMS continued designation of two EMD providers, CAL FIRE in Fortuna and Eureka PD, and conducted meetings to ensure coordinated practices.	
4.01	Service Boundaries	X	X	X	Based upon traditional practices, each county has long established ground ambulance transportation service areas. The service area in Del Norte County includes the entire county and a portion of southwestern Oregon. Ambulance service boundaries are set in the Humboldt County BOS adopted county ambulance ordinance, and in Lake County, service areas are included as an addendum to the BOS approved ordinance. The service area in eastern	Continue to work with county, hospitals, providers, committee and other representatives to help ensure ongoing provision of an adequate number of appropriately staffed ambulances as needed throughout the region. See 1.28 above.

					Humboldt has long been covered by K'ima:w (Hoopa) Ambulance with ALS units in Hoopa and Willow Creek. The Hoopa Valley Tribal Council has subsidized the ambulance service for decades and requested financial assistance over the last several years. The Humboldt County BOS again earmarked funds to help ensure continuation of current service levels while short and long-term options are being explored. See 1.28 above.	
4.02	Monitoring	X	X	X	See 4.01. NCEMS continued to monitor authorized ALS Providers and work with JPA member counties as needed to help monitor ambulance services through the existing QI and data collection programs.	See 4.01.
4.06	Ambulance Staffing	X	X	X	See 1.08, 1.24, 1.28, 2.03, 2.08	See 1.08, 1.24, 1.28, 2.03, 2.08
4.07	First Responder Agencies	X	X	X	See 2.01, 2.02, 2.05 & 2.07 NCEMS currently has 53 first responder, non-transport agencies and nine ambulance services.	See 2.01, 2.02, 2.05 & 2.07..
4.08 &	Medical & Rescue Aircraft	X	X	X	See 1.08, 3.04 & 3.06.	See 1.08, 3.04 & 3.08

4.09	Air Dispatch Center		X	X	X		
4.10	Aircraft Availability		X			See 4.08. REACH aero medical unit continued to be located in Lake County, now with by written confirmation of oversight with Coastal Valley's EMS. Continued ALS approval of CAL-ORE Life Flight by NCEMS for IFT only in Humboldt and Del Norte Counties. All aero medical providers routinely operating within the region have written agreements with NCEMS.	See 4.08..
4.12, 4.13, 4.14, 4.15	Disaster Response, Intercounty Response, ICS & MCI Plans		X	X	X	See Section 8. Continued the HPP Disaster contract with CDPH. The Associate Director is also the Regional Disaster Coordinator and each county has an NCEMS County EMS Disaster Liaison.	See Section 8. .
4.16	ALS Staffing		X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06
4.17	ALS Equipment		X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 and 4.16.	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 & 4.16
4.19	Transportation Plan		X	X	X	Transportation Plan approved by EMSA	HCTP and EMSA approval.
4.20	"Grandfathering"		X	X	X	Received EOA grandfathering approval from EMSA	"Grandfather" providers.
4.21	EOA Compliance			X	X	Received EOA grandfathering approval from EMSA	Implement EOA compliance measures pursuant to HCTP

							and EMSA Approval.
4.22	EOA Evaluation			X	X	Received EOA grandfathering approval from EMSA	Implement EOA evaluation process pursuant to HCTP and EMSA Approval.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Facilities Capabilities	X	X	X	See 1.07, 1.17, 1.25, 1.26 & 1.27 and Trauma Plan update.. Designated St Joseph Hospital in Eureka as a STEMI Receiving Center effective March 3, 2016 after conducting an extensive review process and utilizing an outside site visit team. Represented EMSAAC on process to develop state STEMI regulations.	See 1.07, 1.17, 1.25, 1.26 & 1.27 Review, comment and implement forthcoming state STEMI, Stroke & EMSC regulations when available. Monitor the Humboldt County STEMI program and review management options for non-STEMI cardiac patients. Assess base hospitals and EDAPs as needed and as staff time allows.
5.02	Triage & Transfer Protocols	X	X		See 1.08 and 1.23. Revised STEMI Patient Destination Policy in	See 1.08 and 1.23. Revise Trauma Triage protocols as needed.

					Humboldt County..	Expand scope practice as appropriate with training and protocols
5.03	Transfer Guidelines	X	X	X	See 1.23	See 1.23.
5.04	Specialty Care Facilities	X	X	X	See 5.01	See 5.01
5.05 5.06	Mass Casualty Management Hospital Evacuation	X	X	X	See Section 8.	See Section 8.
5.07	Base Hospital Designation	X	X	X	See 1.07, 1.12, 1.15, 1.17, 2.10 & 5.01	See 1.07, 1.12, 1.15, 1.17, 1.25, 2.10 & 5.01
5.08	Trauma System Design	X	X	X	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan	See 1.07, 1.26, 5.01, 5.02 & Revised Trauma System Plan
5.10 5.11 5.12	Pediatric System Design Emergency Departments Approved for Pediatrics Public Input	X	X		See 1.03, 1.27 & 5.01	See 1.03, 1.27 & 5.01
5.13	**Specialty System Design – Cardiac Plan**: A) 31 System Participants & Roles include: Del Norte & Lake Counties – 8 ALS Providers & 3 Hospitals to coordinate rapid patient ID, transport &/or transfer of STEMI patients to 5 outside STEMI Centers. Humboldt County: The AHA – grant administrative oversight, Cardiac Plan implementation assistance; Humboldt Area Foundation – dispensation of funds; 2 Cardiac Contractors – coordinate acquisition of 12-leads, training, draft triage and STEMI center criteria; North Coast EMS – oversee development of Cardiac System, develop policies: triage, training,	X	X	X	See 4.17 & 5.01. Del Norte County – continued STEMI program. Lake County – additional ALS Providers acquired 12-leads with transmission capability; Sutter-Lakeside Hospital periodically approving direct transport of STEMI patients to distance STEMI Receiving Centers. Humboldt County – Designated St Joseph Hospital as a STEMI Receiving Center effective March 3, 2016 and	See 4.17 & 5.01. Implement state STEMI regulations,when available, monitor Cardiac Program and modify as needed. .

	STEMI Center criteria & designation contracts, designate STEMI Center in Eureka; evaluate program, etc; Humboldt Cardiac Coordinating Committee, the Humboldt-Del Norte Medical Advisory Committee and Lake EMCC – advise AHA and North Coast EMS, secure Disclosure Protection, Conduct Case Review & assist in Quality Review and Improvement of Cardiac Program, etc; 4 ALS Providers – cost-share acquisition of 12-leads to maximize use of funds, ensure training of medics, participate in planning; 4 Hospitals – participate in process to develop Cardiac Program; St. Joseph Hospital – demonstrate compliance to STEMI standards and secure designation; All – evaluate and improve Cardiac System. B. Design of Catchment Areas: Del Norte County – all cardiac patients will be transported to Sutter-Coast Hospital for rapid ED assessment & treatment, and as appropriate, transfer usually to Medford, Oregon. Lake County – field identified STEMI patients will generally be transported by air from within the St. Helena Clearlake Hospital catchment area directly to surrounding STEMI centers, and from within the Sutter-Lakeside Hospital catchment area, to the ED for rapid assessment, as needed treatment by on-call Cardiologists and/or direct				activated the STEMI System of Care.	

	transport or transfer to surrounding STEMI Centers in Coast Valleys EMS or Sacramento County. Humboldt County – final catchment area will be determined, but field identified STEMI patients will generally bypass closest hospitals for direct transport to the designated STEMI center at St. Joseph Hospital. C. Targeted Patients for Triage or Transfer to a Designated STEMI Center are those whose signs, symptoms and 12-lead reading indicate a potential ST Elevation Myocardial Infarction; the volume and mix of STEMI patient transports within the region has not yet been determined (estimate around 100 per year in region). D. Role of Non-Designated Hospitals – all 7 hospitals within the region will continue to function as Base Hospitals & provide pre-hospital oversight and medical control. All Non-designated STEMI Centers that receive STEMI patients will rapidly assess, treat and transfer to a designated STEMI center as medically appropriate, or will allow direct aero medical transport (Lake County) or direct ground transport to a designated center (Humboldt County). E. Plan for Monitoring & Evaluating the Subsystem: ensure that medics document and flag all STEMI patient PCRs; request and receive outcome					

	data from each STEMI receiving center; review times to PCI, outcome and other relevant information; assess over-triage and under-triage if possible, utilize Disclosure Protected Lake County Medical Advisory Committee (MAC) and HCCC to evaluate quality, outcome and enhance system as needed. Establish similar committee in Del Norte County or use Humboldt/Del Norte MAC.					
5.14	Specialty Planning Public Input	X	X	X	See 1.03 The existing Lake County EMCC, Humboldt-Del Norte EMCC, MAC & TAC committees & Informational Mailing process continued to provide public input. Established and convened Pediatric Regional Council, MAC-North Committee and Cultural Diversity list serve..	See 1.03 Utilize Specialty Planning committees and solicit input. Re-reconvene HCCC, MAC-N and Pediatric Regional Council; ensure cultural, Cardiologist and Pediatrician input.
5.15	Subsystem Evaluation and Data Collection Program: A. Patient Registry – a North Coast EMS PCR will be completed on each field transported STEMI patient and faxed to North Coast EMS. In Lake County, Coastal Valleys EMS will help ensure the return of outcome information. In Del Norte County, will work	X	X	X	See 1,12, 4.02, 5.01, 5.13 & Section 6. A ePCR copy is requested for each STEMI patient directly transported by air from Lake County to a surrounding STEMI Center. Continued to submit Trauma Registry and Image Trend	See 1.12, 4.02, 5.01, 5.13 & Section 6.. Implement HIE Discovery grant. Complete revision of QIP Plan. Ensure that NCEMS Core Measures are submitted to

	with Sutter-Coast and the Medford STEMI Receiving Center to secure outcome information. In Humboldt County, we will receive & review cardiac registry information. Throughout region, we will assess methods of acquiring STEMI patient data from Non-STEMI Centers. B. Identification of Over and Under-triage: Review of data will help determine under and over-triage. C. Develop a Process to Identify Improvements: The Cardiac Subsystem will be evaluated with input from participating partners and Cardiac System enhancements will be implemented when possible.				data to EMSA. EMSA approved Hospital Information Exchange Discovery program grant proposal.	EMSA via ICEMA and Image Trend.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and Annual QIP Plan update. As staff time allowed, reviewed & summarized QIP Reports from all base	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and annual QIP Plan update. Secure additional funds to increase staff FTE to help review & summarize

					hospitals and ALS providers; reviewed PCRs, EPCIS data and investigated cases; administered the NCEMS QA/QI program. Associate Director continued as member of the EMSAAC QI Coordinators group which developed a QI Template. Revised annual, submitted and received approval of annual QIP Plan.	quarterly QIP Reports, review PCRs, EPCIS data, REACH records, and cases as needed. Update and submit annual QIP Plan.
6.02	Prehospital Records	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. North Coast EMS continues to ulitize the Image Trend program administered by ICEMA. Core measures data was submitted as required.	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15. Continue to transmit data to EMSA. Continue to participate in EMSA Core Measures program.
6.03	Prehospital Care Audits	X	X	X	All ALS Providers and Base Hospitals continue to conduct audits on PCRs.. See 6.01 & 6.02. Associate Director identifies quarterly QIP focused audits.	See 6.01 & 6.02
6.04	Medical Dispatch	X	X	X	See 2.04 and 3.02	See 2.04 & 3.02.

6.05	Data Management System	X	X	X	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02	See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02
6.06	System Design Evaluation	X	X	X	See 1.07, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05	See 1.12, 1.12, 1.26, 5.13, 5.14, 6.01, 6.02, 6.03, 6.04, 6.05
6.07	Provider Participation	X	X		See 6.01, 6.02, 6.03, 6.05 & 6.06. QIP Plans approved for all providers. Provider and Base Hospital Quarterly QI Reports reviewed & summarized by NCEMS as staff time allows.	Secure additional funds for increased staff help to continue to receive, monitor and summarize QIP Reports and utilize disciplinary process as needed for cause
6.08	Reporting	X	X	X	See Section 1, 5.14, 5.15, 6.01, 6.02, 6.06 JPA Governing Board and EMCC members are included in the Information Mailings, quarterly reports, EMS, Trauma and QIP Plan review, etc.	See Section 1, 5.14, 5.15, 6.01, 6.02, 6.06
6.10, 6.11	Trauma System Evaluation	X	X	X	See annual Trauma Plan update & 1.07. .	See annual Trauma Plan update & 1.07. Continue trauma & EMS data transfer to EMSA.
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X	X	Continued limited participation in PIE Activities, mostly related to EMSC. Secured EMSC funds for Car Seat Safety training programs in each county.	Continue participation as staff time allows. See quarterly GF reports for more information.

					See quarterly General Fund reports for more information..	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01 8.02 8.03 8.04 8.05 8.06 8.07 8.08 8.09 8.10 8.11 8.12 8.13 8.14 8.15 8.16 8.17 8.18	Disaster Medical Planning, Response Plans, HazMat Training, ICS, Casualty Distribution, Needs Assessment Disaster Communications, Inventory of Resources, DMAT Teams, Mutual Aid Agreements, CCPs, Training, Plans, Communications, Policies, Roles	X	X	X	See 3.01, 3.02, 4.15 and CDPH Disaster Project Work Plans and mid-year progress report submitted by each JPA member county prepared collaboratively with each NCEMS County Disaster Liaison. Continued to support and work collaboratively with MHOACs in each county. Participated in County Disaster Medical planning & drills. Completed third and fourth year of Regional HPP Disaster project with CDPH funding. Continued Associated Director as the Regional Disaster Coordinator and member of state, regional and local disaster committees, and	See 3.01, 3.02 ,4.15 & CDPH HPP Disaster Work Plan. Continue to participate in and help coordinate medical disaster activities. Continue Regional HPP Disaster Project. Continue HPP program with focus on planning of the regional medical disaster response system in collaboration with EMSA, CDPH, EMSAAC, JPA-member counties, EMS partners and the MHOAC program. Continue to help identify future HPP LEMSA deliverables and accomplish targeted deliverables as part of the HPP grant through CDPH.

					continued subcontracts with three County HPP Disaster Liaisons. Worked collaboratively with EMSA, CDPH, OES, JPA Member counties, providers and others to address CDPH targeted deliverables, such as: identifying MHOAC and LEMSA responsibilities, incorporating MHOAC into county disaster plans, review of existing policies and plans; disaster meeting attendance; training of staff and contractors; disaster drill and exercise participation, MCI case review, support of data linkage during events, etc.	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2016

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

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

County: Del Norte, Humboldt, Lake

A. Basic Life Support (BLS)	%
B. Limited Advanced Life Support (LALS)	0 %
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: Joint Powers Governing Board

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

Implementation of exclusive operating areas (ambulance franchising)	underway
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	
Enforcement of ambulance service contracts	
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	EMD ONLY
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 425,998.00
Contract Services (e.g. medical director)	122,200.00
Operations (e.g. copying, postage, facilities)	58,620.00
Travel	22,884.00
Fixed assets	8,000.00
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other: Obligated Reserve	93,024.00
Other: Audit	6,700.00
Other: _____	
TOTAL EXPENSES	$ 737,426.00

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	
State general fund	242,026.00
County general fund (mednet)	1,500.00
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	63,053.00
Certification fees	12,000.00
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	10,000.00
Type: STEMI Receiving Center	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)(Richie&Maddy)	117,500.00
Other grants: UC DAVIS	54,507.00
Other fees: CDPH	56,127.00
Other (specify): Class Registrations & Misc(PCR's)	10,000.00
Other (specify): Interest	250.00
TOTAL REVENUE	$ 566,963.00

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

Purchase of Equipment and Increase in accrued Salaries and Benefits.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. **Fee structure**

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$ NA
EMS dispatcher certification	NA
EMT-I certification	40/20
EMT-I recertification	40/20
EMT-defibrillation certification	NA
EMT-defibrillation recertification	NA
AEMT certification	NA
AEMT recertification	NA
EMT-P accreditation	150
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	$80
MICN/ARN recertification	$50
EMT-I training program approval	None at this time
AEMT training program approval	None at this time
EMT-P training program approval	None at this time
MICN/ARN training program approval	None at this time
Base hospital application	None at this time
Base hospital designation	None at this time
Trauma center application	None at this time
Trauma center designation	None at this time
Pediatric facility approval	None at this time
Pediatric facility designation	None at this time
Other critical care center application Type: STEMI	Initial $15,000 Annual $10,000
Other critical care center designation Type: _____	
Ambulance service license	County Function
Ambulance vehicle permits	County Function
Other: _____	_____
Other: _____	_____
Other: _____	_____

FY 2016-2017 NORTH COAST EMS PERSONNEL ORGANIZATIONAL CHART

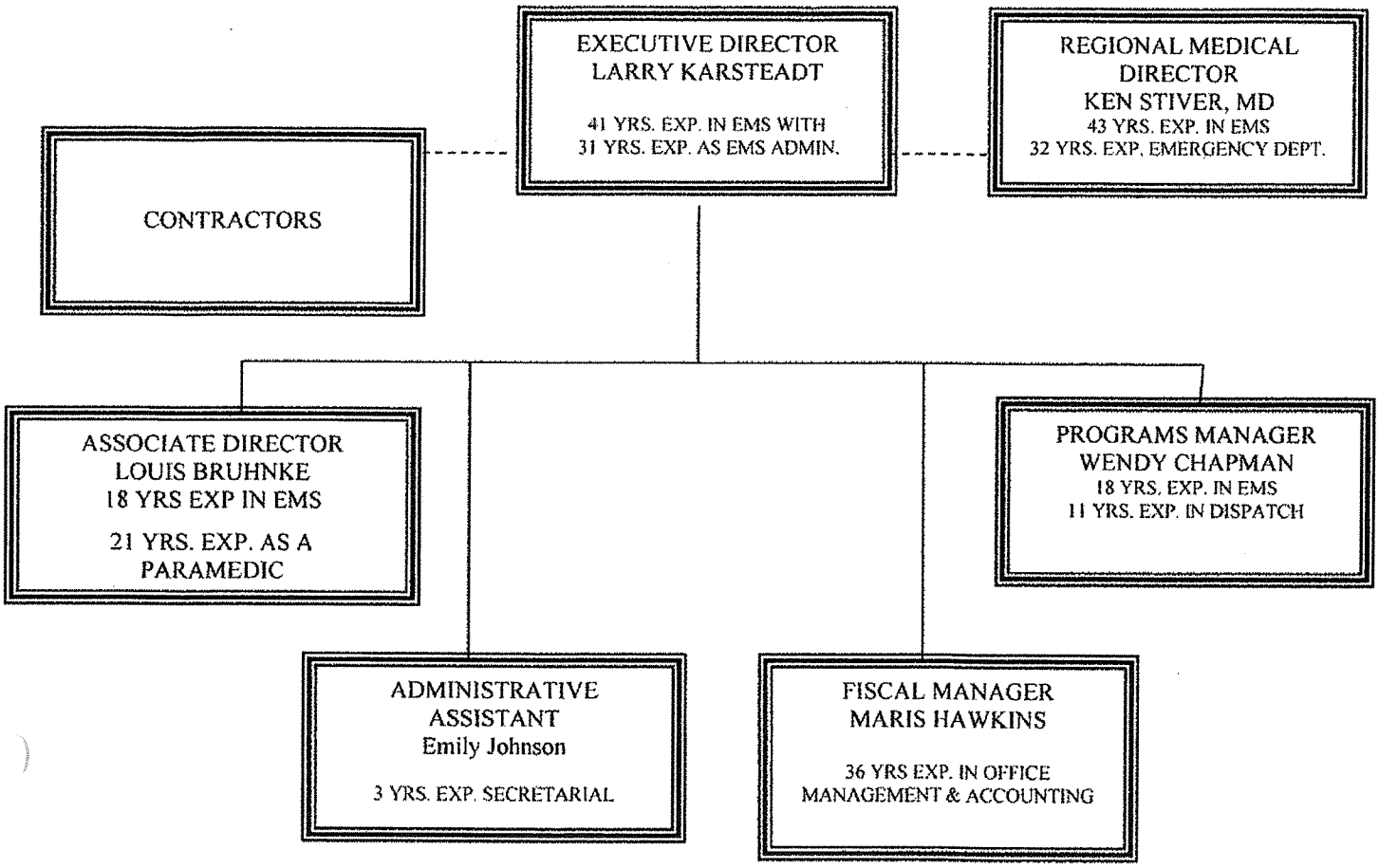

TABLE 3: STAFFING/TRAINING

Reporting Year: 2016

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	502	NA	154	32
Number newly certified this year	NA	NA	NA	NA
Number recertified this year	NA	NA	NA	NA
Total number of accredited personnel on July 1 of the reporting year	548	NA	142	31
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	0	0	0	0

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs: 548
   b) Number of public safety (defib) certified (non-EMT-I): NA

2. Do you have an EMR training program= First Responder ☒ yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Del Norte

Reporting Year: 2016

1.	Number of primary Public Service Answering Points (PSAP)	1
2.	Number of secondary PSAPs	0
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	0
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Del Norte Sheriff Dispatch Center	
7.	Who is your primary dispatch agency for a disaster? Del Norte Sheriff Dispatch Center	
8.	Do you have an operational area disaster communication system?	☒ Yes ☐ No
	a. Radio primary frequency 155.175	
	b. Other methods Cell Phone	
	c. Can all medical response units communicate on the same disaster communications system?	☒ Yes ☐ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	☒ Yes ☐ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	☒ Yes ☐ No
	1) Within the operational area?	☒ Yes ☐ No
	2) Between operation area and the region and/or state?	☒ Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Humboldt

Reporting Year: 2016

1.	Number of primary Public Service Answering Points (PSAP)	6
2.	Number of secondary PSAPs	1
3.	Number of dispatch centers directly dispatching ambulances	2
4.	Number of EMS dispatch agencies utilizing EMD guidelines	2
5.	Number of designated dispatch centers for EMS Aircraft	1

6. Who is your primary dispatch agency for day-to-day emergencies?
   Humboldt County Sheriff
   Eureka Police Department
   Cal Fire Humboldt-Del Norte Unit
   CHP
   Fortuna Police Department
   Arcata Police Department
   Humboldt State University

7. Who is your primary dispatch agency for a disaster?
   Humboldt County Sheriff
   Eureka Police Department
   Cal Fire Humboldt-Del Norte Unit
   Fortuna Police Department
   Arcata Police Department
   Humboldt State University

8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
   a. Radio primary frequency Med Net Tx 467.950→468.175 Rx 462.950→463.175

   b. Other methods Short Wave Tx 146.910 Rx 146.310 Calcord Tx 156.075 Rx 156.075 Cell Phone ☒ Yes ☐ No

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

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

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

1) Within the operational area? ☒ Yes ☐ No

2) Between operation area and the region and/or state?

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Lake

Reporting Year: 2016

1. Number of primary Public Service Answering Points (PSAP) — 1
2. Number of secondary PSAPs — 0
3. Number of dispatch centers directly dispatching ambulances — 9-1-1
4. Number of EMS dispatch agencies utilizing EMD guidelines — 0
5. Number of designated dispatch centers for EMS Aircraft — 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   Lake County Sheriff's Office
7. Who is your primary dispatch agency for a disaster?
   Lake County Sheriff's Office
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
   a. Radio primary frequency Med Net

   b. Other methods Redundant Programmable Portable Repeaters, Ham Radios, Mobile Command Communications Vehicle.

   ☒ Yes ☐ No

   c. Can all medical response units communicate on the same disaster communications system?

   ☒ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)?

   ☒ Yes ☐ No

e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?

☒ Yes ☐ No

1) Within the operational area? ☒ Yes ☐ No

2) Between operation area and the region and/or state?

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2016

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 50

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Does not exceed 5 minutes	Does not exceed 15 minutes	As quickly as possible	5 minutes to as quickly as possible
Early defibrillation responder	Does not exceed 5 minutes	As quickly as possible	As quickly as possible	5 minutes to as quickly as possible
Advanced life support responder	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible
Transport Ambulance	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 3rd Quarter CY 2015 - 3rd Quarter CY 2016

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	N/A
2. Number of major trauma victims transported directly to a trauma center by ambulance	N/A
3. Number of major trauma patients transferred	N/A
4. Number of patients meeting triage criteria who were not treated at a trauma center	N/A

Emergency Departments

Total number of emergency departments	7
1. Number of referral emergency services	0
2. Number of standby emergency services	2
3. Number of basic emergency services	5
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	7
2. Number of base hospitals with written agreements	7

North Coast EMS Data Summary

8-1-16

Total Patient Reports Generated= 24,314
Total Trauma Patient= 3,251
Total Cardiac Patients= 444
Total Medical Patients= 20,946
Total Pediatric Patients= 703

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2016

County: Del Norte

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

SYSTEM RESOURCES

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

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS is in the process of drafting guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

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 team? ☐ Yes ☒ No

   b. At what HazMat level are they trained?_____

   c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

   d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

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

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

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. All 58 counties are part of the State Muster Mutual Aid Agreement

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

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 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2016

County: Humboldt

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

SYSTEM RESOURCES

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

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS is in the process of drafting guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

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

3. Medical Response Team

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

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 team? ☒ Yes ☐ No

b. At what HazMat level are they trained? Decontamination

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

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

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

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. None with individual counties except through State 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? Disasters: Dr. Donald Baird, Humboldt County Health Officer

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2016

County: Lake

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

SYSTEM RESOURCES

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

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS is in the process of drafting guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

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

3. Medical Response Team

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

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 team? ☐ Yes ☒ No

b. At what HazMat level are they trained?_____

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

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

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

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. None

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

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

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

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

9. If not, to whom do you report? Lake County Health Services

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

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: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Del Norte **Provider:** Del Norte Ambulance, Inc. **Response Zone:** Del Norte County

Address: Post Office Box 306
Crescent City, CA 95531

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (707) 487-1116

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

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

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

Transporting Agencies

2,967	Total number of responses	2,941	Total number of transports
2,062	Number of emergency responses	94	Number of emergency transports
905	Number of non-emergency responses	2,847	Number of non-emergency transports

Air Ambulance Services

0	Total number of responses	0	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Humboldt **Provider:** Arcata-Mad River Ambulance **Response Zone:** 1

Address: Post Office Box 4948
Arcata, CA 95521

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (707) 822-3353

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

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

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

Transporting Agencies

2,967	Total number of responses
2,062	Number of emergency responses
905	Number of non-emergency responses

2,516	Total number of transports
78	Number of emergency transports
2,438	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Humboldt **Provider:** City Ambulance of Eureka Inc. **Response Zone:** 3 & 4

Address: 135 W/ Seventh Street
Eureka, CA 95501

Number of Ambulance Vehicles in Fleet: 10

Phone Number: (707) 445-4907

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

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

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

Transporting Agencies

8,572	Total number of responses	7,810	Total number of transports
6,388	Number of emergency responses	174	Number of emergency transports
2,184	Number of non-emergency responses	7,636	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Humboldt **Provider:** K'ima:w Ambulance **Response Zone:** 2

Address: Post Office Box 1288
Hoopa, CA 95546

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (530) 625-4261

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

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

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☐ Fire ☐ Law ☒ Other Explain: Hoopa Valley Tribe.	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1,076	Total number of responses	802	Total number of transports
1,053	Number of emergency responses	43	Number of emergency transports
23	Number of non-emergency responses	759	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Humboldt **Provider:** Humboldt Bay Fire Authority **Response Zone:** _____

Address: 533 C St
Eureka, CA 95501

Number of Ambulance Vehicles in Fleet: NA

Phone Number: (707) 441-4000

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

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

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

Transporting Agencies

5,988	Total number of responses	0	Total number of transports
4,748	Number of emergency responses	0	Number of emergency transports
1,240	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Lake **Provider:** Kelseyville Fire Dept. **Response Zone:** Kelseyville Fire District

Address: Post Office Box 306
Kelseyville, CA 95451

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (707) 279-4268

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

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

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

Transporting Agencies

821	Total number of responses
795	Number of emergency responses
26	Number of non-emergency responses

761	Total number of transports
96	Number of emergency transports
665	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Lake **Provider:** Lake County Fire Dept. **Response Zone:** 65/70 (1-2-3)

Address: 14815 Olympic Drive
Clearlake, CA 95422

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (707) 994-2170

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2 (ALS) & 1 (IFT)

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

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

Transporting Agencies

3,087	Total number of responses	2,761	Total number of transports
3,003	Number of emergency responses	146	Number of emergency transports
84	Number of non-emergency responses	2,615	Number of non-emergency transports

Air Ambulance Services N/A

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Lake **Provider:** Lakeport Fire Dept. **Response Zone:** Lakeport

Address: 445 Main Street
Lakeport, CA 95453

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (707) 263-4396

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

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

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

Transporting Agencies

1,496	Total number of responses
1,405	Number of emergency responses
91	Number of non-emergency responses

1,296	Total number of transports
78	Number of emergency transports
1,218	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Lake **Provider:** Northshore Fire Protection District **Response Zone:** Northshore Fire Dirstrict

Address: Post Office Box 1199
Lucerne, CA 95458

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (707) 274-3100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

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

Transporting Agencies

2,040	Total number of responses	1,508	Total number of transports
1,883	Number of emergency responses	122	Number of emergency transports
157	Number of non-emergency responses	1,386	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Lake **Provider:** South Lake County Fire **Response Zone:** South Lake Fire District

Address: Post Office Box 1360
Middletown, CA 95461

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (707) 987-9478

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

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

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

Transporting Agencies

562	Total number of responses	451	Total number of transports
553	Number of emergency responses	38	Number of emergency transports
9	Number of non-emergency responses	413	Number of non-emergency transports

Air Ambulance Services

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

Larry Karsteadt

From: Galindo, Lisa@EMSA <lisa.galindo@emsa.ca.gov>
Sent: Wednesday, August 03, 2016 6:39 AM
To: Larry Karsteadt
Subject: RE: Notification: EMS Plan, Trauma Plan and QI Plan Annual Updates

Hi Larry,

Completely understandable! I appreciate the update...please provide it to me when you can.

Thanks!

Lisa Galindo

EMS Plans Coordinator
Emergency Medical Services Authority
(916) 431-3688 Direct

From: Larry Karsteadt [mailto:Larry@northcoastems.com]
Sent: Tuesday, August 02, 2016 4:53 PM
To: (Mail Only), Director@EMSA; Smiley, Dan@EMSA; McGinnis, Tom@EMSA; Galindo, Lisa@EMSA; Sinz, Bonnie@EMSA
Cc: Emily Johnson; Bruhnke, Louis@North Coast EMS; Wendy Chapman; Ken Stiver (krs1147@aol.com)
Subject: Notification: EMS Plan, Trauma Plan and QI Plan Annual Updates

Hi – as you are aware, the EMS Plan, Trauma Plan and QI Plan Annual updates are due from North Coast EMS this Friday, 8-5-16.

Please be advised that these submissions will be late by approximately two weeks. These documents should be ready to send out to EMS constituents for a quick two week review later this week.

The delay has occurred in part as a result of the recent CAL ORE plane crash and our attendance at tomorrow's memorial.

Thank you for your understanding.

Sincerely, Larry

Table 9: Resources Directory

Facilities

County: Humboldt

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Mad River Community Hospital Telephone Number: (707) 822-3621
Address: P.O. Box 1115
Arcata, CA 95521

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

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ Level 0
EDAP[2]	☒ Yes ☐ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

Table 9: Resources Directory

Facilities

County: Humboldt

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Redwood Memorial Hospital Telephone Number: (707) 725-7382
Address: 3300 Renner Drive
Fortuna, CA 95540

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

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ Level 0
EDAP[2]	☒ Yes ☐ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

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

Table 9: Resources Directory

Facilities

County: Lake

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: St. Helena Hospital Clearlake Telephone Number: (707) 994-6486
Address: Post Office Box 6710
Clearlake, Ca 95422

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

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ Level 0
EDAP[2]	☒ Yes ☐ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

Table 9: Resources Directory

Facilities

County: Humboldt

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: St. Joseph Hospital Telephone Number: (707) 445-8121
Address: 2700 Dolbeer Street
Eureka, CA 95501

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

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ Level 0
EDAP[2]	☒ Yes ☐ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐No	☐ Yes ☒ No

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

Table 9: Resources Directory

Facilities

County: Del Norte

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Sutter Coast Hospital Telephone Number: (707) 464-8888
Address: 800 E. Washington
Cresent City, CA 95531

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

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

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

Table 9: Resources Directory

Facilities

County: Lake

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Sutter Lakeside Hospital
Address: 5176 Hill Road East
Lakeport, Ca 95451

Telephone Number: (707) 262-5008

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

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☒ Yes ☐ No	☐ Level I ☐ Level II ☐ Level III ☒ Level IV ☐ Level 0
EDAP[2]	☒ Yes ☐ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Del Norte **Reporting Year:** 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Del Norte Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:* Open to general public	Cost of Program Basic $ NA Refresher $ 40	**Program Level: EMT-I Number of students completing training per year: Initial training: 30 Refresher: 15 Cont. Education: Yes Expiration Date: 8/31/17 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: Yes

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Humboldt **Reporting Year:** 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Virginia Plambeck (707) 476-4236; (707) 476-4214
Student Eligibility:*	Cost of Program Basic: Tuition + fees, plus books, uniform and immunization. Refresher: $125	**Program Level: EMT-I Number of students completing training per year: Initial training: 64 Refresher: 22 Cont. Education: Yes Expiration Date: 8/31/17
		Number of courses: Fall & Spring (semesters) Initial training: 2 Refresher: 2 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Dave Nakamura (707) 826-3357
Student Eligibility:* Open to the general public	Cost of Program HSU Students Basic: $235 Refresher: $125	**Program Level: EMT-I, Refresher Number of students completing training per year: Initial training: 67 Refresher: 26 Cont. Education: Yes Expiration Date: 8/31/17
		Number of courses: 2 Initial training: 2 Refresher: 2 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

Training Institution Name/Address

North Coast Paramedic Program 7351 Tompkins hill Road Eureka, Ca. 95501		Allison Stull (707) 476-4236
Student Eligibility:* Must be currently certified EMT-I	Cost of Program Basic Tuition, fees, books, uniform and immunizations Refresher N/A	**Program Level: EMT-P Number of students completing training per year: Initial training: 12 Refresher: Cont. Education: YES Expiration Date: 2/28/15 Number of courses: 1 Initial training: 1 Refresher: Cont. Education: yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Lake **Reporting Year:** 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Willie Sapeta (707) 994-2170 ext 37
Student Eligibility:* Open to general public	Cost of Program Basic $140 Refresher $0	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: Yes Expiration Date: 9/30/17 Number of courses: 0 Initial training: 0 Refresher: 0 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Debbie Arrington (707) 275-0538
Student Eligibility:* Open to general public	Cost of Program Basic $130 Refresher $100	**Program Level: EMT-I, Refresher Number of students completing training per year: Initial training: 14 Refresher: 8 Cont. Education: Yes Expiration Date: 8/31/17 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Del Norte **Reporting Year:** 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Del Norte Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:* Open to general public	Cost of Program Basic $ NA Refresher $ 40	**Program Level: EMT-I Number of students completing training per year: Initial training: 30 Refresher: 15 Cont. Education: Yes Expiration Date: 8/31/17 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Humboldt **Reporting Year:** 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Virginia Plambeck (707) 476-4236; (707) 476-4214
Student Eligibility:*	Cost of Program Basic Tuition + fees, plus books, uniform and immunization. Refresher $125	**Program Level: EMT-I Number of students completing training per year: Initial training: 70-35/courses Refresher: 20 Cont. Education: Yes Expiration Date: 8/31/17
		Number of courses: Fall & Spring (semesters) Initial training: 2 Refresher: 2 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Dave Nakamura (707) 826-3357
Student Eligibility:* Open to the general public	Cost of Program HSU Students Basic $235 Refresher $125	**Program Level: EMT-I, Refresher Number of students completing training per year: Initial training: 80 Refresher: 60 Cont. Education: Yes Expiration Date: 8/31/17 Number of courses: 2 Initial training: 2 Refresher: 2 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

Training Institution Name/Address

North Coast Paramedic Program 7351 Tompkins hill Road Eureka, Ca. 95501		Allison Stull (707) 476-4236
Student Eligibility:* Must be currently certified EMT-I	Cost of Program Basic Tuition, fees, books, uniform and immunizations Refresher N/A	**Program Level: EMT-P Number of students completing training per year: Initial training: 30 Refresher: Cont. Education: YES Expiration Date: 2/28/19 Number of courses: 1 Initial training: 1 Refresher: Cont. Education: yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Lake **Reporting Year:** 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Willie Sapeta (707) 994-2170 ext 37
Student Eligibility:* Open to general public	Cost of Program Basic $140 Refresher $0	**Program Level: EMT-I Number of students completing training per year: Initial training: 25 Refresher: 20 Cont. Education: Yes Expiration Date: 9/30/17 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: Yes

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Debbie Arrington (707) 275-0538
Student Eligibility:* Open to general public	Cost of Program Basic $130 Refresher $100	**Program Level: EMT-I, Refresher Number of students completing training per year: Initial training: 25 Refresher: 20 Cont. Education: Yes Expiration Date: 8/31/17 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: Yes

* 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 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Humboldt **Reporting Year:** 2016

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Humboldt County Sheriff
Primary Contact: Cheri Williams
Address: 826 4th Street
Eureka, CA 95501
707-445-7251
Telephone Number: 707-445-7251

Written Contract: ☐ Yes ☐ No
Medical Director: ☐ Yes ☐ No
☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
___ EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS __9__ Other

Ownership: ☒ Public ☐ Private
If Public: ☐ Fire ☒ Law ☐ Other
Explain: ____
If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

Name: Eureka Police Department
Primary Contact: Michelle Reynosa- Sanchez
Address: 604 C Street
Eureka CA, 95501
Telephone Number: 707-441-4334

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
__11__ EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS ____ Other

Ownership: ☒ Public ☐ Private
If Public: ☒ Fire ☒ Law ☐ Other
Explain:
If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Cal Fire Humboldt- Del Norte Unit
Primary Contact: Laura Colman
Address: 118 South Fortuna Boulevard
Fortuna, CA 95540
Telephone Number: 707-725-4413

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:
11 EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS ____ Other

Ownership: ☒ Public ☐ Private

If Public: ☒ Fire ☐ Law ☐ Other
Explain:

If Public: ☐ City ☐ County ☒ State ☐ Fire District ☐ Federal

Name: CHP
Primary Contact: Claire Norton
Address: 255 East Samoa Blvd
Arcata, CA 95521
Claire Norton
Telephone Number: 707-268-2000

Written Contract: ☐ Yes ☐ No
Medical Director: ☐ Yes ☐ No
☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:
____ EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS 13 Other

Ownership: ☒ Public ☐ Private

If Public: ☐ Fire ☒ Law ☐ Other
Explain: _____

If Public: ☐ City ☐ County ☒ State ☐ Fire District ☐ Federal

Name: Fortuna Police Department Primary Contact: Sgt. Charles Ellebrecht
Address: 621 11th Street
Fortuna, CA 95540
Telephone Number: 707-725-7550

Written Contract: ☐ Yes ☐ No
Medical Director: ☐ Yes ☐ No
☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
___ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS 5 Other

Ownership: ☒ Public ☐ Private
If Public: ☒ Fire ☒ Law ☐ Other
Explain:
If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Arcata Police Department Primary Contact: Sgt. Ryan Peterson
Address: 736 F Street
Arcata, CA 95521
Telephone Number: 707-822-2428

Written Contract: ☐ Yes ☐ No
Medical Director: ☐ Yes ☐ No
☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
___ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS 6 Other

Ownership: ☒ Public ☐ Private
If Public: ☐ Fire ☒ Law ☐ Other
Explain: _____
If Public: ☒ City ☐ County ☐State ☐ Fire District ☐ Federal

Name: Humboldt State University Police

Address: 1 Harpst Street
Arcata, CA 95521

Telephone Number: 707-822-5555

Primary Contact: Angelica Presidio-Nessen

Written Contract:
☐ Yes ☐ No

Medical Director:
☐ Yes ☐ No

☒ Day-to-Day
☒ Disaster

Number of Personnel Providing Services:
___ EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS 5 Other

Ownership:
☒ Public ☐ Private

If Public:
☐ Fire
☒ Law
☐ Other
Explain: _____

If Public: ☐ City ☐ County ☒ State ☐ Fire District ☐ Federal

Date: 2016

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: North Coast EMS

Area or Subarea (Zone) Name or Title: Humboldt County – Zone 1 North

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Arcata-Mad River Ambulance Service (exclusive provider since at least 1962)

Area or Subarea (Zone) Geographic Description: Humboldt County – see map

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.

Exclusive

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

Emergency Ambulance Service, 9-1-1, 7-digit, BLS non-emergency and Standby Service

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

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

The existing ambulance service in this zone will be granted exclusive operating rights under 1797.224.

Arcata-Mad River Ambulance Service has provided ambulance service in Humboldt County – Zone 1 North in the same scope and manner since the June 1, 1981 under 1797.224, H&SC. There have been no other ambulance services operating within this area.

Arcata-Mad River Ambulance Service was sold in 1983. The sale included the physical assets and the name under which the prior owner conducted the business such that the service continued without interruption.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast Emergency Medical Services

Area or subarea (Zone) Name or Title:
Humboldt County, Zone 2, East

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
K'ima:w Medical Center Rescue Ambulance, 29 years of operation

Area or subarea (Zone) Geographic Description:
Eastern Humboldt County, Zone 2
Extends from the North Humboldt County Line to the South at Redwood Creek Bridge Hwy. 299. East on Humboldt County Line. West to School House Peak on Bald Hills Road.

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

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

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

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

Date: 2016

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: North Coast EMS

Area or Subarea (Zone) Name or Title: Humboldt County – Zone 3

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
City Ambulance of Eureka, Inc. (exclusive provider since approximately 1964)

Area or Subarea (Zone) Geographic Description: Humboldt County – see map

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.

Exclusive

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

Emergency Ambulance Service, 9-1-1, 7-digit, BLS non-emergency and Standby Service

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

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

The existing ambulance service in this zone will be granted exclusive operating rights under 1797.224.

City Ambulance of Eureka, Inc. has provided ambulance service in Humboldt County – Zone 3 in the same scope and manner since the June 1, 1981 under 1797.224, H&SC. There have been no other ambulance services operating within this area.

City ambulance of Eureka, Inc, was incorporated in 1975. While there have been changes in stock ownership of the corporation, the entity has continued to provide service continued without interruption.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast EMS

Area or subarea (Zone) Name or Title:
Humboldt County, Zones 4, Fortuna/Garberville

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
City Ambulance of Eureka, Inc., 34 years of operation

Area or subarea (Zone) Geographic Description:
Zone 4 begins North at Hookton Road and Hwy. 101. South to Dyerville Bridge and Hwy. 101 and Alderpoint Blocksburg Road 7 miles south of SR 36. East Showers Pass Humboldt County Line. West to the Pacific Ocean.

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

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

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast Emergency Medical Services

Area or subarea (Zone) Name or Title:
Del Norte County

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone.

Area or subarea (Zone) Geographic Description:
Del Norte County (entire county)

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

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

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AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:
Kelseyville Fire District

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

Area or subarea (Zone) Geographic Description:
Kelseyville Fire District

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

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

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AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:
Lake County Fire District

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

Area or subarea (Zone) Geographic Description:
Lake County Fire District

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

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
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The Lake County Fire Protection District (LCFPD) provide EMS services over a 165-square mile service area to include the City of Clearlake and the Town of Lower Lake with an average call volume of approximately 5,200 annually. The LCFPD operates two ALS ambulances and one BLS engine 24/7/365. At peaks calls times the LCFPD has an automatic aid agreement with the remaining Lake County Fire Service agencies. Throughout the County of Lake the Fire Districts of Lake County have a fleet of 27 equipped ambulances. Out of those 27 ambulances 13 of those run 911 calls for service 24/7/365 with an additional 5 are set for IFT operations leaving 9 ambulances as reserves or to be staffed in the event of an MCI as when Lake County responded to the Lone Star MCI in Colusa County in 2008 with 9 ambulances while maintaining 12 ambulances for 911 service.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:
Lakeport

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

Area or subarea (Zone) Geographic Description:
Lakeport Fire District

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

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
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AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:
Northshore Fire Protection District

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

Area or subarea (Zone) Geographic Description:
Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department

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

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:
South Lake County Fire District

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

Area or subarea (Zone) Geographic Description:
South Lake County Fire District

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

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

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

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