

EMERGENCY MEDICAL SERVICES AUTHORITY

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March 30, 2018

Ms. Cindy Murdaugh, Interim Executive Director
Mountain Valley EMS Agency
1101 Standiford Avenue, Suite D1
Modesto, CA 95350

Dear Ms. Murdaugh:

This letter is in response to Mountain Valley EMS Agency's 2016 EMS Plan Update submission to the EMS Authority on March 1, 2018.

I. Introduction and Summary:

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

II. History and Background:

Mountain Valley EMS Agency received its last full plan approval for its 2005 plan submission, and its last annual plan update for its 2015 plan submission.

Historically, we have received EMS Plan submissions from Mountain Valley EMS Agency for the following years:

- 1996
- 1999-2002
- 2004-2005
- 2007-2011
- 2015

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 Mountain Valley 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

Progress/Objectives

- Standard 1.09 does not currently meet the minimum standard. In the next plan submission, please continue to include an update on the progress made to meet the standard.

B. Staffing/Training

C. Communications

D. Response/Transportation

Ambulance Zones

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

E. Facilities/Critical Care

Progress/Objectives

- Standard 5.06 does not currently meet the minimum standard. In the next plan submission, please continue to include an update on the progress made to meet the standard.

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

IV. Conclusion:

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

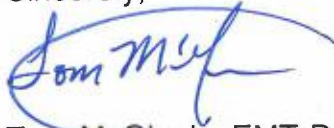
Pursuant to HSC § 1797.105(b):

"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:

Mountain Valley EMS Agency's next annual EMS Plan Update will be due on or before March 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure



2016 EMS Annual Plan Update

February 28, 2018



Executive Summary

The Mountain-Valley EMS Agency (MVEMSA) is a regional multi-county Joint Powers Authority (JPA) that serves as the Local EMS Agency (LEMSA) for the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The member counties have delegated all California Health and Safety Code, Division 2.5 and California Code of Regulations responsibilities for a LEMSA to the MVEMSA.

The Governing Board of Directors for the JPA consists of a County Supervisor from each of the member counties. The EMS system in these counties have been developed through a partnership between the EMS Agency, 9-1-1 Public Services Answering Points (PSAPS), EMS dispatch centers, Basic Life Support (BLS) Fire Department First Responders, Advanced Life Support (ALS) Fire Department First Responders, ambulance providers, base hospitals and specialty centers.

The five counties encompass an area of some 5,300 square miles with a resident population of approximately 632,161 people. The region ranges from remote rural areas to large urban areas. Extremes of weather are characteristic of the area, which encompasses the Sierra Nevada Mountains and the heat of the San Joaquin Valley region. Highway 99, runs through Stanislaus County from Merced County border to San Joaquin County Boarder and Interstate 5 touches the Western portion of Stanislaus County. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the counties. Some of the areas are densely populated and others are fairly remote with less population. Highway 49 runs through Alpine, Amador, Calaveras and Mariposa Counties. Highway 88 also traverses through Amador and Alpine Counties through farmlands to wilderness areas.

The mission of the Mountain-Valley EMS Agency is to ensure the appropriate provision of quality pre-hospital care services to the public in a cost effective manner as an integrated part of the overall health care

system and to provide the framework for quality emergency medical services to the citizens of Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

MVEMSA, to date, has designated two (2) Level II trauma centers, which are located in Stanislaus County, three (3) STEMI Receiving Centers and three (3) Stroke Receiving Centers. MVEMSA conducts quarterly Trauma Advisory Committees (TAC) and quarterly STEMI/Stroke QI meetings for all system participants. An objective for the Agency, as presented in the System Assessment Form, is to designate a Level III Trauma Center in one of our Mountain Counties.

Approval of CE Programs and EMT Training Programs continue throughout the region along with renewals of the programs every four years. MVEMSA is conducting audits of the approved CE Provider Programs throughout the region. Our agency is currently submitting provider's ePCR data to ImageTrend as it complies with the EMSA statewide data system.

The agency has worked closely with the EMS providers to implement the electronic patient care reporting (ePCR) systems. The prehospital transport agencies utilize proprietary ePCR systems are compliant to the required CEMSIS/NEMSIS versions, which has permitted a more complete submittal of Core Measures data.

The Agency is working with member counties to complete the inventory of resources and hospital evacuation requirements listed in the System Assessment.

Specifics of the Mountain-Valley EMS Agency EMS Plan are contained within the annual EMS Plan update.

The System Assessment Forms to include current status, needs, objectives and time frames are essentially unchanged from the 2015 EMS Plan Update.



2016 EMS Plan Update

Table 1

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	Yes	Long-Range	<p>Communications started. The process was to work with the Health Care Coalition to identify the Resource Inventory of the HPP purchases. Barriers Alpine & Mariposa – Staffing at the local Public Health offices delayed the project however now that those issues have been resolved the Agency has an identified contact and the project will be worked through the Coalition schedule.</p>	Designate a LIII in Mountain Counties
1.09	Inventory of Resources	No	Long-Range	<p>The Stanislaus County Health Care Coalition has implemented the use of the ASPIR on-line evacuation tool as a needs assessment. An April 2018 table top is scheduled with coalition stakeholders. The after action report from the April 2018 tabletop will be presented to the mountain county coalitions (Amador, Calaveras & Mariposa)</p>	Need Inventory of Resources for Alpine, Mariposa
5.06	Hospital Evacuation	No	Long-Range		Develop plan in 2018-19



2016 EMS Plan Update

Table 2

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: CY 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: Alpine

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

County: Amador

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

County: Calaveras

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

County: Mariposa

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

County: Stanislaus

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

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

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

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

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>886,996</u>
Contract Services (e.g. medical director)	<u>135,565</u>
Operations (e.g. copying, postage, facilities)	<u>387,974</u>
Travel	<u>6,294</u>
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	<u>4,832</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____
 TOTAL EXPENSES	 \$ <u>1,421,661</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	<u>343,028</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>281,074</u>
Certification fees	<u>54,750</u>
Training program approval fees	<u>2,200</u>
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	<u>200,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Other critical care center application fees	<u>15,000</u>
Type: <u>Primary Stroke Center</u>	
Other critical care center designation fees	<u>96,000</u>
Type: <u>STEMI Receiving Center</u>	
Ambulance service/vehicle fees	<u>330,633</u>
Contributions	<u> </u>
EMS Fund (SB 12/612)	<u> </u>
Other grants: <u>CHCF, CDPH HPP LEMSA</u>	<u>64,416</u>
Other fees: <u>Local Funds Interest</u>	<u>13,719</u>
Other fees: <u>Training Books and Class Fees</u>	<u>4,832</u>
Other (specify): <u>Pass Through</u>	<u>33,596</u>
 TOTAL REVENUE	 \$ <u>1,439,248</u>

The difference in Revenue and Expenses is primarily due to the receipt of \$15,000 in Primary Stroke Center Application Fees. The designation process for these specialty centers occurred in 2017.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u> 30</u>
EMS dispatcher certification	<u> </u>
EMT-I certification	<u> 125</u>
EMT-I recertification	<u> 87</u>
EMT-defibrillation certification	<u> </u>
EMT-defibrillation recertification	<u> </u>
AEMT certification	<u> 150</u>
AEMT recertification	<u> 87</u>
EMT-P accreditation	<u> 100</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u> 100</u>
MICN/ARN recertification	<u> 50</u>
EMT-I training program approval	<u> 500</u>
AEMT training program approval	<u> </u>
EMT-P training program approval	<u> 10,000</u>
MICN/ARN training program approval	<u> 750</u>
Base hospital application	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Level I	<u> 25,000</u>
Level II	<u> 25,000</u>
Level III	<u> 5,000</u>
Level IV	<u> 5,000</u>
Trauma center designation	<u> </u>
Level I	<u>100,000</u>
Level II	<u>100,000</u>
Level III	<u> 3,000</u>
Level IV	<u> 1,500</u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	<u> </u>
Type: <u>Primary Stroke Center</u>	<u> 5,000</u>

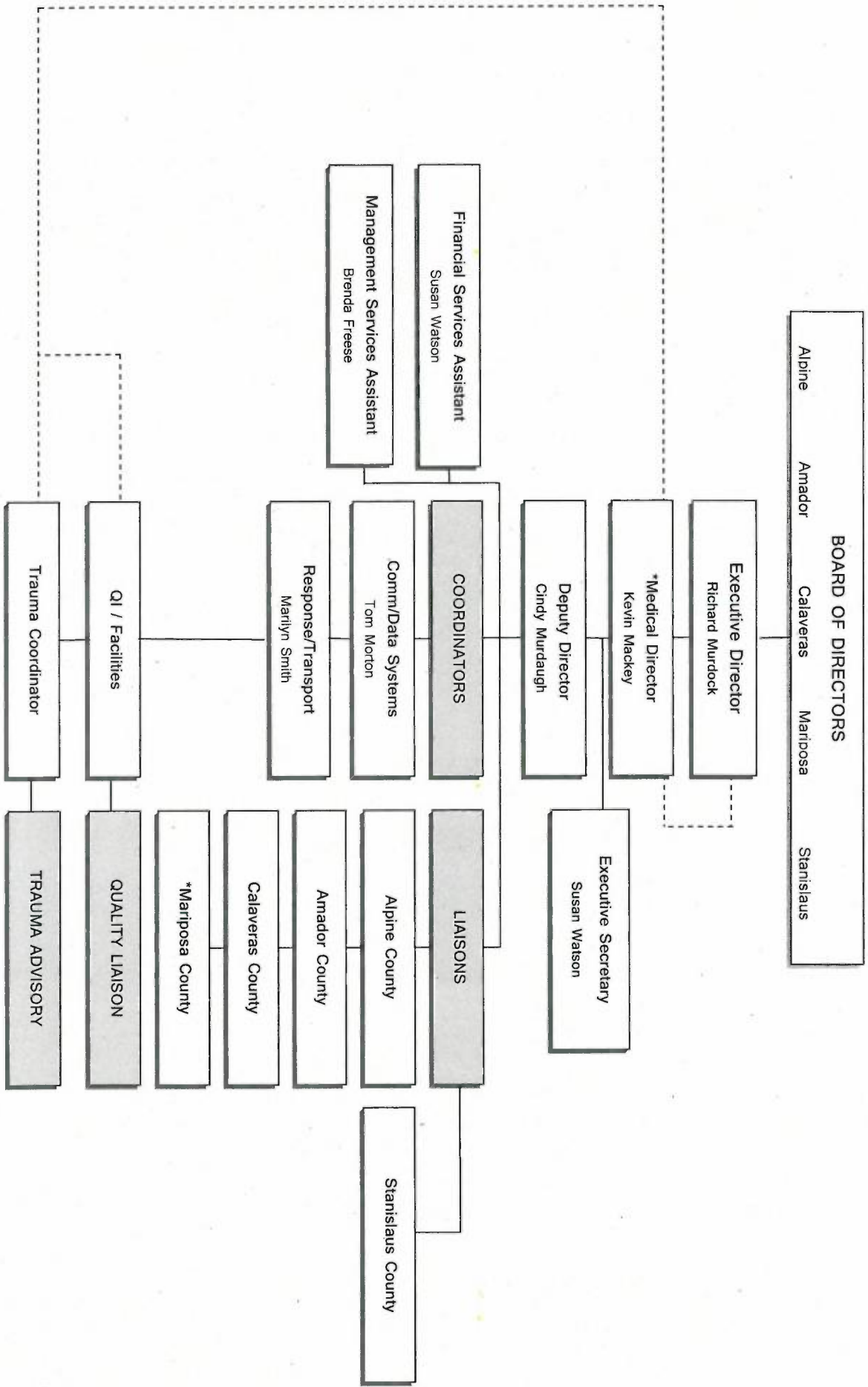
Other critical care center designation	<u>32,000</u>
Type: <u>STEMI Receiving Center</u>	
Ambulance service license	_____
Ambulance vehicle permits	_____
Other: <u>Air Ambulance Authorization (in Region)</u>	<u>5,000</u>
Other: <u>Air Amulance Authorization (out of Region)</u>	<u>1,000</u>
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	\$54.74		
Asst. Admin./Admin.Asst./Admin. Mgr.	Deputy Director	1.0	\$42.61		
ALS Coord./Field Coord./Trng Coordinator	EMS Critical Care Coordinator	1.0	\$36.68		
Program Coordinator/Field Liaison (Non-clinical)	Response & Transport Coordinator	0.63	\$32.63		
Trauma Coordinator	Trauma Coordinator	0.5	\$44.95		
Medical Director	Medical Director		\$75,000		Independent Contractor
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Communications/Data Systems Analyst	1.0	\$30.95		
QA/QI Coordinator	QI Coordinator	0.5	\$44.95		
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.5	\$24.79		
Other Clerical	Financial Services Assistant	0.5	\$24.79		
Data Entry Clerk	Management Services Assistant	1.0	\$21.82		

Other

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





2016 EMS Plan Update

Table 3

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	1255			347
Number newly certified this year	153			31
Number recertified this year	491			123
Total number of accredited personnel on July 1 of the reporting year			322	
Number of certification reviews resulting in:				
a) formal investigations	4			
b) probation	2			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	2			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

1255

127

2. Do you have an EMR training program

X yes no



2016 EMS Plan Update

Table 4

TABLE 4: COMMUNICATIONS

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

County: Alpine County

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 0
- 4. Number of EMS dispatch agencies utilizing EMD guidelines 0
- 5. Number of designated dispatch centers for EMS Aircraft 0
- 6. Who is your primary dispatch agency for day-to-day emergencies?
Alpine County Sheriff Department
- 7. Who is your primary dispatch agency for a disaster?
Alpine County Sheriff Department
- 8. Do you have an operational area disaster communication system? X Yes No
 - a. Radio primary frequency 154.100/153.800
 - b. Other methods RACES
 - c. Can all medical response units communicate on the same disaster communications system? X Yes No
 - d. Do you participate in the Operational Area Satellite Information System X Yes No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services X Yes No
 - 1) Within the operational area? X Yes No
 - 2) Between operation area and the region and/or state? X Yes No

TABLE 4: COMMUNICATIONS

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

County: Amador County

Reporting Year: CY 2016

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Amador County Sheriff Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Amador County Sheriff Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>467.975/462.975</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: COMMUNICATIONS

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

County: Calaveras County

Reporting Year: CY 2016

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Calaveras County Sheriff's Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Calaveras County Sheriff's Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>468.950/462.950</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

TABLE 4: COMMUNICATIONS

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

County: Mariposa County

Reporting Year: CY 2016

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>CalFire ECC</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>CalFire ECC</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>159.390/151.460</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: COMMUNICATIONS

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

County: Stanislaus County

Reporting Year: CY 2016

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>4</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Valley Regional Emergency Communications Center (VRECC)</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Valley Regional Emergency Communications Center (VRECC)</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>157.6125/463.00</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |



2016 EMS Plan Update

Table 5

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: CY 2016

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 36

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

AMADOR COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12:00/16:00	20:00/30:00	ASAP	N/A

CALAVERAS COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	20:00/26:00	20:00/26:00	N/A	N/A

MARIPOSA COUNTY

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8:00	12:00/20:00	ASAP	N/A

STANISLAUS COUNTY

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



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Table 6

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2016

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>N/A*</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>2356</u>
3. Number of major trauma patients transferred to a trauma center	<u>514</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>6</u>
4. Number of comprehensive emergency services	<u>2</u>

Receiving Hospitals

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

* Trauma Centers do not capture this



2016 EMS Plan Update

Table 7

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016 _____

County: Alpine

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Woodsfords Fire Dept and Turtle Creek
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? Yes No
2. CISD
Do you have a CISD provider with 24 hour capability? Yes No
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016_____

County: Amador

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? American Legion Hall post 108, Sutter Creek
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

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

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016 _____

County: Calaveras _____

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Frogtown Fairgrounds
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

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

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

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

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

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

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

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

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016

County: Mariposa

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Coulterville and Mariposa Airport
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

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

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016

County: Stanislaus

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Turlock Fairgrounds and Hammond Senior Center Patterson
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

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

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

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

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

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

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

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

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



2016 EMS Plan Update

Table 8

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: Amador Provider: American Legion Ambulance Response Zone: 1-15

Address: PO Box 100 Number of Ambulance Vehicles in Fleet: 11

Sutter Creek, CA 95685

Phone Number: (209) 223-2963 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<p>Ownership:</p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			

Transporting Agencies

7029 Total number of responses 5883 Total number of transports
 5413 Number of emergency responses 4267 Number of emergency transports
 1616 Number of non-emergency responses 1616 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.

Country: Calaveras Provider: American Legion Ambulance Response Zone: North, South

Address: PO Box 100 Number of Ambulance Vehicles in Fleet: 8

Sutter Creek, CA 95685

Phone Number: (209) 223-2963 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
<p>Ownership:</p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>
<p>Transporting Agencies</p>			
<p>4688 Total number of responses</p> <p>3903 Number of emergency responses</p> <p>785 Number of non-emergency responses</p>	<p>4428 Total number of transports</p> <p>785 Number of emergency transports</p> <p>3643 Number of non-emergency transports</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>	

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.

Country: Calaveras Provider: Ebbetts Pass Fire District Response Zone: East

Address: PO Box 66 Number of Ambulance Vehicles in Fleet: 5
Arnold, CA 95223

Phone Number: (209) 795-7646 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
--	--	---	---

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	--	---	--

Transporting Agencies

<u>742</u>	Total number of responses	<u>742</u>	Total number of transports
<u>742</u>	Number of emergency responses	<u>742</u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	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: Mariposa Provider: Mercy Medical Transport Response Zone: County EOA

Address: PO Box 5004 Number of Ambulance Vehicles in Fleet: 5

Mariposa, CA 95338

Phone Number: (209) 966-5762 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Three

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<p>Ownership:</p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2532 Total number of responses 2052 Total number of transports
 2532 Number of emergency responses Number of emergency transports
 Number of non-emergency responses 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: Stanislaus Provider: Oak Valley Ambulance Response Zone: 4, D

Address: 350 Oak Street Number of Ambulance Vehicles in Fleet: 5

Oakdale, CA 9561

Phone Number: (209) 847-3011 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<p>Ownership:</p> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6163 Total number of responses 4277
 Number of emergency responses
 Number of non-emergency responses

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: Stanislaus **Provider:** Air Methods/Mercy Air **Response Zone:** _____
Address: 5500 S Quebec Street #300 **Number of Ambulance Vehicles in Fleet:** 1
Patterson, CA 95363
Phone Number: (303) 792-7400 **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			

Transporting Agencies

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 _____

Air Ambulance Services

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

240 Total number of transports
 240 Number of emergency transports
 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: Stanislaus Provider: American Medical Response Response Zone: 1, 3, 8

Address: 4846 Stratos Way Number of Ambulance Vehicles in Fleet: 34

Modesto, CA 95355

Phone Number: (209) 567-4030 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<p>Ownership:</p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<p>Transporting Agencies</p>			<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

55377 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

42290 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

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

County: Stanislaus Provider: Modesto Fire Department Response Zone: Modesto City

Address: 600 11th Street Number of Ambulance Vehicles in Fleet: 0

Modesto, CA 95354

Phone Number: (209) 572-9590 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

16298 Total number of responses
 16298 Number of emergency responses
 Number of non-emergency responses

Air Ambulance Services

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

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: Stanislaus Provider: Patterson District Ambulance Response Zone: 5

Address: 875 E Street Number of Ambulance Vehicles in Fleet: 4

Patterson, CA 95363

Phone Number: (209) 892-2618 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<p>Ownership:</p> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2466 Total number of responses 1543 Total number of transports
 Number of emergency responses Number of emergency transports
 Number of non-emergency responses Number of non-emergency transports

Air Ambulance Services

 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: Stanislaus Provider: Patterson Fire Department Response Zone: Patterson City

Address: 344 W Las Palmas Avenue
Patterson, CA 95363

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (209) 895-8130

Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<p>Ownership:</p> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<p>If Public:</p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<p>If Public:</p> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			

Transporting Agencies

1174 Total number of responses

1174 Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

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

Country: Stanislaus Provider: PHI Air Medical Response Zone: _____

Address: 801 Airport Way #A Number of Ambulance Vehicles in Fleet: 1

Modesto, CA 95354

Phone Number: (209) 550-0881 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> iFT
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<p>Ownership:</p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

Air Ambulance Services

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

201 Total number of transports
 201 Number of emergency transports
 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: Stanislaus Provider: Pro-Transport 1 Response Zone: C

Address: 2633 Tully Road Number of Ambulance Vehicles in Fleet: 4
Hughson, CA 95326

Phone Number: (800) 650-4003 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<p>Ownership:</p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1307 Total number of responses 940 Total number of transports

Number of emergency responses
 Number of non-emergency responses

Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

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

County: Stanislaus Provider: Westside Community Ambulance Response Zone: A

Address: 151 S. Highway 33 Number of Ambulance Vehicles in Fleet: 3

Newman, CA 95361

Phone Number: (209) 862-2951 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<p>Ownership:</p> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<p>If Public:</p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<p>Transporting Agencies</p> <p>1241 Total number of responses</p> <p>Number of emergency responses</p> <p>Number of non-emergency responses</p>			<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Air Ambulance Services

859 Total number of transports

Number of emergency transports

Number of non-emergency transports

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: Calaveras Provider: Copperopolis Fire Protection District Response Zone: South

Address: PO Box 131-370 Main Street Number of Ambulance Vehicles in Fleet: 0

Copperopolis, CA 95228

Phone Number: (209) 785-2393 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p>Written Contract:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Medical Director:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>System Available 24 Hours:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Level of Service:</p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<p>Ownership:</p> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<p>If Public:</p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<p>If Public:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<p>If Air:</p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<p>Air Classification:</p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

Air Ambulance Services

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:
Mountain-Valley EMS Agency
Area or subarea (Zone) Name or Title:
Alpine County
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>
The current provider of emergency ground ambulance services in this zone is Alpine County EMS. This provider has provided emergency ambulance services, as a first responder, without interruption since June, 1998. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties and either rendezvous with the Alpine County EMS ambulance, arrive on scene, or be canceled.
Area or subarea (Zone) Geographic Description:
Alpine County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small>
There is no ALS or emergency ambulance service exclusivity in Alpine County.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small>
Type of Exclusivity: Non-Exclusive
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small>
Not Applicable

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Amador County

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

GRIDS BY RESPONSE AREA

URBAN

B141, B151-152, B161-162, B209-210, B218-220, B229, B238, D108-109, D121-125, D133-139, D142-143, D146-151, D155, D157, D162-164, D168-D170, D174, D182-183, D186, D195-196, E107-109, E112-116, E122-123, E129-131, E138-140, E142-145, E149-151

SUBURBAN

A152-154, A172-173, B105-106, B115, B124, B133, C167, D106-107, D115, D118-120, D128-132, D141, D144, D156, D161, D171-173, D175-177, D184-185, D197-198, E110-111, E118

RURAL

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