

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:

Not
Approved 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.

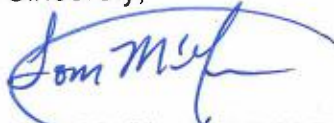
Pursuant to HSC § 1797.105(b):

"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 Mountain Valley EMS Transportation Plan
Approved

[illegible]



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	Communications started	Designate a LIII in Mountain Counties
1.09	Inventory of Resources	No	Long-Range	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.	Need Inventory of Resources for Alpine, Mariposa
5.06	Hospital Evacuation	No	Long-Range	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)	Develop plan in 2018-19

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

5. EXPENSES

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

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	343,028
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	281,074
Certification fees	54,750
Training program approval fees	2,200
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	200,000
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>

32,000

5,000

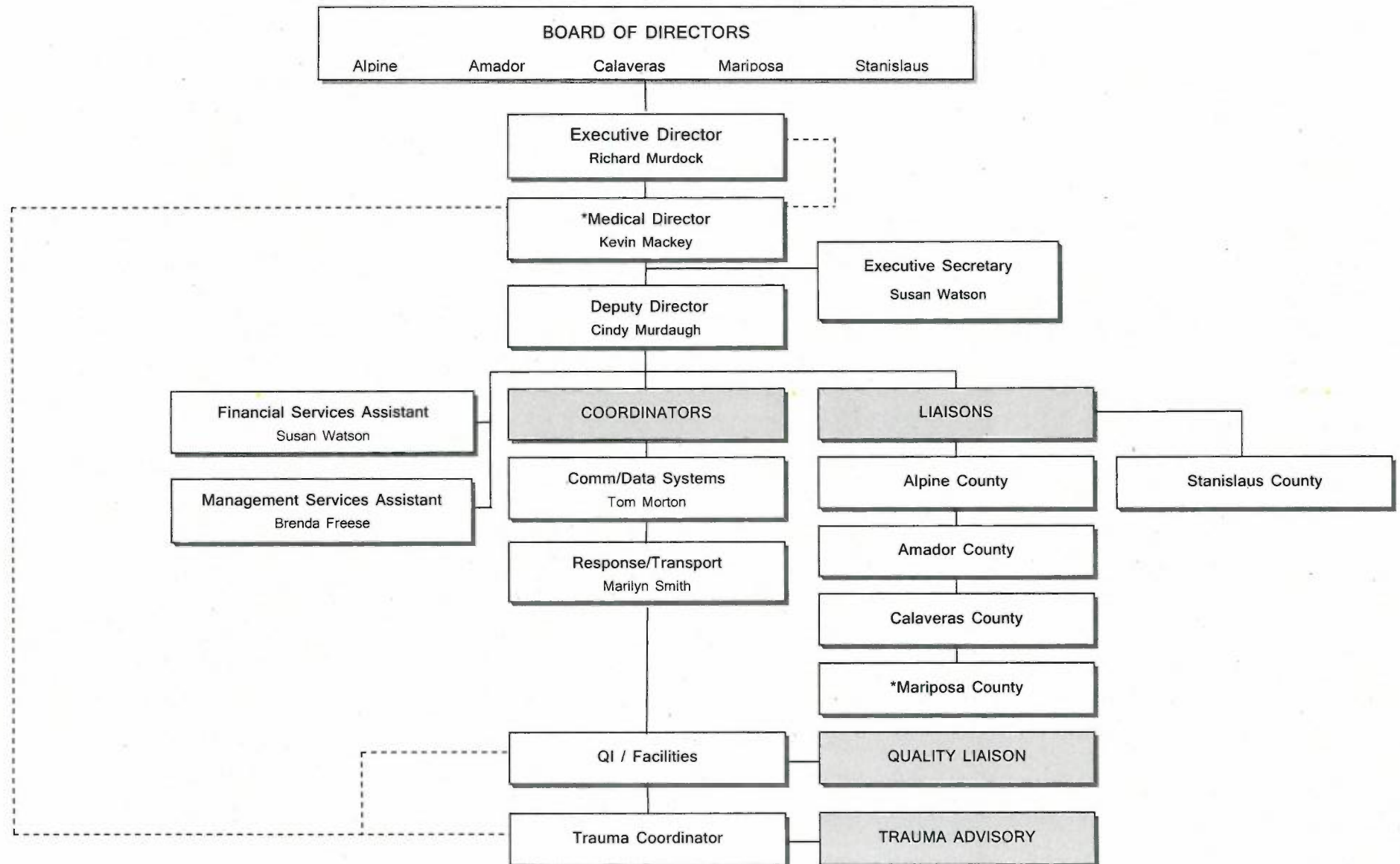
1,000

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

1255

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

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) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</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>Alpine County Sheriff Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Alpine 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>154.100/153.800</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: 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 |
| | <hr/> |

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/TRANSPORTATIONReporting 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



2016 EMS Plan Update

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
2. Number of major trauma victims transported directly to a trauma center by ambulance
3. Number of major trauma patients transferred to a trauma center
4. Number of patients meeting triage criteria who weren't treated at a trauma center

N/A*

2356

514

Unknown

Emergency Departments

Total number of emergency departments

8

1. Number of referral emergency services

0

2. Number of standby emergency services

0

3. Number of basic emergency services

6

4. Number of comprehensive emergency services

2

Receiving Hospitals

1. Number of receiving hospitals with written agreements

0

2. Number of base hospitals with written agreements

8

* 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? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X 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? X 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
 5413 Number of emergency responses
 1616 Number of non-emergency responses

5883 Total number of transports
 4267 Number of emergency transports
 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.

County: 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4688 Total number of responses

3903 Number of emergency responses

785 Number of non-emergency responses

4428 Total number of transports

785 Number of emergency transports

3643 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 DirectoryReporting Year: 2016**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Calaveras Provider: Ebbetts Pass Fire District Response Zone: EastAddress: PO Box 66 Number of Ambulance Vehicles in Fleet: 5
Arnold, CA 95223Phone Number: (209) 795-7646 Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 3

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

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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 Agencies742 Total number of responses
742 Number of emergency responses
Number of non-emergency responses742 Total number of transports
742 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 DirectoryReporting 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
2532 Number of emergency responses
 _____ Number of non-emergency responses

2052 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 DirectoryReporting 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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 type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
 _____ Number of emergency responses
 _____ Number of non-emergency responses

4277 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 DirectoryReporting 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
Patterson, CA 95363**Number of Ambulance Vehicles in Fleet:** 1**Phone Number:** (303) 792-7400**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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

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 DirectoryReporting 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
Modesto, CA 95355 **Number of Ambulance Vehicles in Fleet:** 34**Phone Number:** (209) 567-4030 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 16

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
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 DirectoryReporting 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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

16298 Total number of responses

16298 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 DirectoryReporting 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:** 4Patterson, CA 95363**Phone Number:** (209) 892-2618 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
 _____ Number of emergency responses
 _____ Number of non-emergency responses

1543 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 DirectoryReporting 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 **Number of Ambulance Vehicles in Fleet:** 0
Patterson, CA 95363

Phone Number: (209) 895-8130 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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

<u>1174</u> Total number of responses	<u> </u> Total number of transports
<u>1174</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

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: 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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 DirectoryReporting 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: CAddress: 2633 Tully Road
Hughson, CA 95326Number of Ambulance Vehicles in Fleet: 4Phone Number: (800) 650-4003Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
 _____ Number of emergency responses
 _____ Number of non-emergency responses

940 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 DirectoryReporting 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
Newman, CA 95361**Number of Ambulance Vehicles in Fleet:** 3**Phone Number:** (209) 862-2951**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<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	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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
1241 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

859 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 DirectoryReporting 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:** 0Copperopolis, CA 95228**Phone Number:** (209) 785-2393 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

Transporting Agencies

248 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

____ 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

**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):

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

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

Area or subarea (Zone) Geographic Description:

Alpine County

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: 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.

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

A106, A117-118, A123-124, A130, A136-139, A142-144, A148-150, A155-158, A161, A164-170, A174-175, B100-102, B104, B107-108, B110, B112-114, B116, B119, B125, B134, B136, B145-146, B149-150, B155-156, B165-166, B172-173, B175, B178, B181, B185, B188-191, B193-194, B201-205, B208, B211-215, B217, B221-224, B228, B230-233, B237, C101, C103, C106-110, C113-119, C122, C124-127, C129-130, C132, C134-141, C145-149, C151, C153, C157-166, C168-171, D101, D104-105, D110-112, D114, D145, D152, D158, D165, D178, D181, D187-190, D199, D204, D209-210, D213-214, D222, E102, E105-106, E119-121, E126, E134-137, E145-147, E152-153, E155

WILDERNESS

A100-103, A105, A107-116, A119-122, A125-129, A131-135, A140-141, A145-147, A151, A159-160, A162-163, A171, A176-178, B103, B109, B111, B117-118, B120-123, B126-132, B135, B137-140, B142-144, B147-148, B153-154, B157-160, B163-164, B167-171, B174, B176-177, B179-180, B182-184, B186-187, B192, B195-200, B206, B216, B225-227, B234-236, B239-248, C102, C105, C111-112, C120-121, C123, C128, C131, C133, C142-144, C150, C152, C154-156, D102-103, D113, D116-117, D126-127, D153-154, D166-167, D179-180, D191-194, D200-203, D205-208, D211, D215-221, D223, D231, E100-101, E103-104, E117, E124-125, E127-128, E132-133, E141, E148, E154, E156, F100-297

DIFFICULT TO ACCESS AREAS

D108, D162, D174, D186, E107-109, E112-E116, E122, E129, E143

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: Emergency Ambulance, All ALS ambulance (9-1-1 and IFT), BLS Non-Emergency Services, Standby Service with Transportation Authorization

"Emergency ground ambulance" is used to differentiate between air and ground services, as found in Health and Safety Code, Division 2.5, Section 1797.85

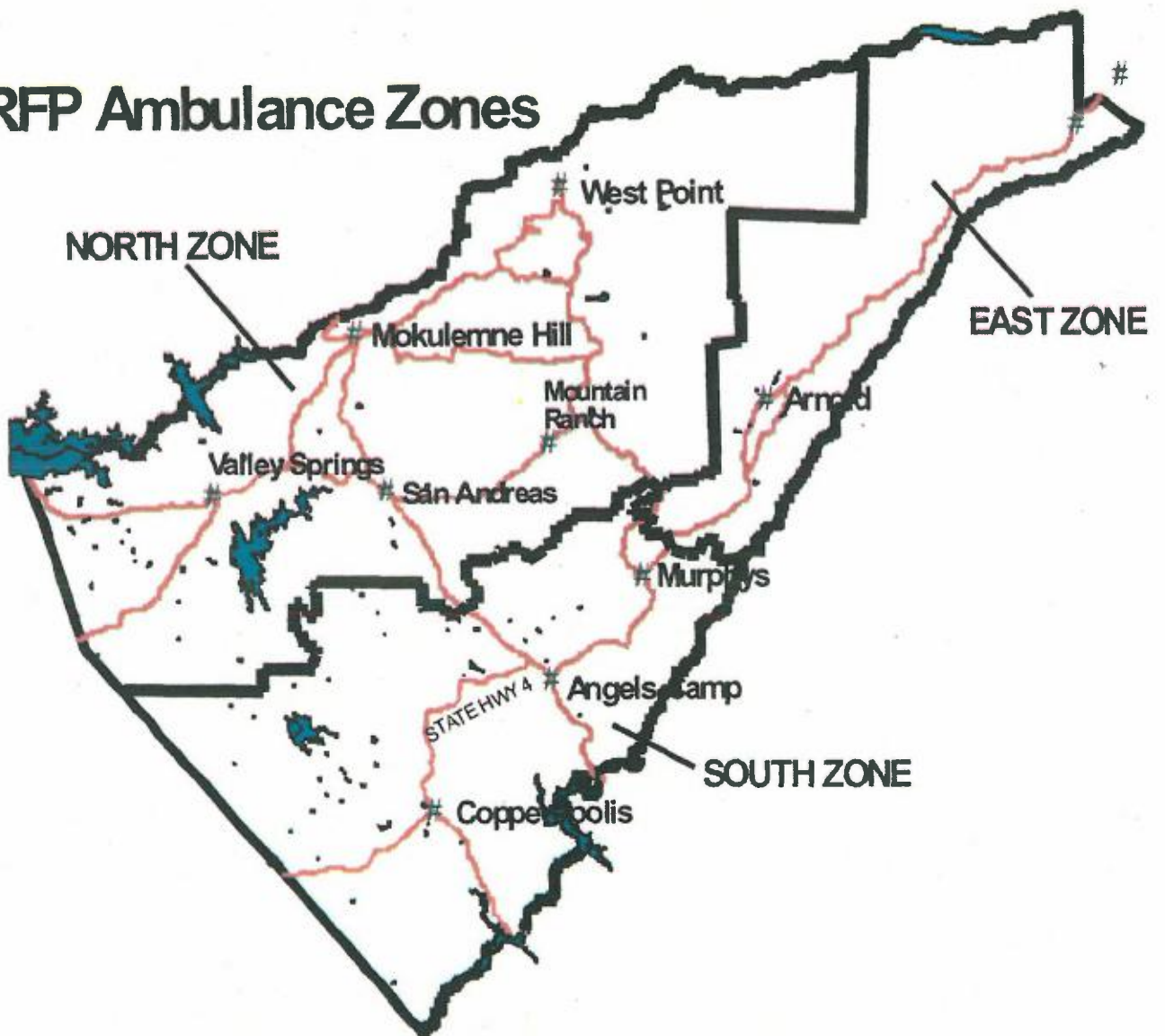
Method to achieve Exclusivity, if applicable (HS 1797.224):

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.

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

RFP Ambulance Zones



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, north by Amador county line, and the west generally on the line beginning at the point due north of the Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road

Name of Current Provider(s):

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

Ebbett's Pass Fire Protection District

Area or subarea (Zone) Geographic Description:

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, the north by the Amador county line, and the west generally on a line beginning at a point due north of Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy. 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road.

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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency Service & InterFacility Transfer (IFT), Standby Service with Transport Authorization.

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.

Competitive Bid Process determined by RFP

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

North Zone – Calaveras County

Name of Current Provider(s):

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

American Legion Post Number 108 began providing service in the North Zone on July 1, 2005, after winning a competitive bid process. American Legion Ambulance was the successful bidder through a competitive bid process conducted in 2014 and continued providing service under a new agreement beginning July 1, 2015.

Area or subarea (Zone) Geographic Description:

The North Zone is generally the north and northwest portions of the county, including the towns of West Point, Valley Springs, Mokulemne Hill, Jenny Lind, and San Andreas. It is bordered on the north and west by Amador San Joaquin, and Stanislaus county lines, the southeast by the border of the Ebbett's Pass Fire District, and on the south by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency & Inter-Facility Transport (IFT), Standby Service with Transport Authorization

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.

Competitive Bid Process determined by RFP

**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:

South Zone – Calaveras County

Name of Current Provider(s):

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

American Legion Post Number 108 began providing service in the South Zone on July 1, 2005, after winning a competitive bid process. American Legion Ambulance was the successful bidder through a competitive bid process conducted in 2014 and continued providing service under a new agreement beginning July 1, 2015.

Area or subarea (Zone) Geographic Description:

The South Zone is generally the southwestern portion of the county, including the towns of Murphys, Copperopolis, Altaville, Milton, and the City of Angels Camp. It is bounded on the northeast by the Ebbett's Pass Fire District, southeast by the Stanislaus county line, southwest by the Tuolumne county line, and the north by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency Service & InterFacility Transfer (IFT), Standby Service with Transport Authorization.

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.

Competitive Bid Process determined by RFP

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Mariposa County

Area or subarea (Zone) Name or Title:

Mariposa County

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

Mariposa 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.).

Type of Exclusivity: 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.

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:

Zone 1

Name of Current Provider(s):

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

American Medical Response, Inc. provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Area or subarea (Zone) Geographic Description:

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

D441 – D442, D541 – D544, D641 – D644, E134 – E146, E234 – E251, E333 - E351, E432 – E452, E536- E553, E635 - E646, E652, F135 - F142, F144 - F146, F235, F241 – F242

SUBURBAN

D443-D444, D536, D633 – D636, E133, E232 - E233, E331 – E332, E352, E431, E531 - E535, E453 E634, E653 - E654, F134, F234,

RURAL

D533 - D535, D626 - D632, E126 - E132, E225 – E231, E326, E426, E526, E353, E626 - E633, E651, F126 - F133, F151 - F152, F231 – F233, F 331 - F334, F432

WILDERNESS

D341 - D343, D432-D433, D435 – D436, D532, E124 - E125, E222 – E224, E322 – E325, E422– E425, E522 – E525, E622 - E625, F124 - F125, F225 - F226

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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.

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

**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:

Zone 3

Name of Current Provider(s):

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

American Medical Response, Inc. provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Area or subarea (Zone) Geographic Description:

Zone 3 is in the central area of Stanislaus County encircling the City of Ceres. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at Carpenter and Taylor Roads; then easterly on Taylor Road to Moffet Road; then northerly on Moffett Road to Keyes Road; then easterly on Keyes Road to Washington Road; then northerly on Washington Road to Service Road; then westerly on Service Road to Faith Home Road; then northerly on Faith Home Road to the Tuolumne River; then westerly along the Tuolumne River to a point just northwest of Broyle Road; then south to Grayson Road; then easterly on Grayson Road to Laird Road; then southerly on Laird Road to Keyes Road; then easterly on Keyes Road to Carpenter Road; then southerly on Carpenter Road to Taylor Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

E642-E643, F136, F142-F146, F235-F246, F341-F346, F442-F451, F542-F551

SUBURBAN

F335-F336, F436 - F441, F541, F642-F645, G145

RURAL

F332 - F334, F432 - F435, F532 - F536, F641

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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.

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 8

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 Zone 8 is American Medical Response (AMR).

Turlock Ambulance Service, Inc (TAS) provided service without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995.

Area or subarea (Zone) Geographic Description:

Zone 8 is in the south central area of Stanislaus County encircling the City of Turlock. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F552, F646 – F653, F661, G152 – G162, G252 – G261, G352 – G361, G451 – G461, G552 – G556, G652- G656

SUBURBAN

F461 - F462, F561 – F562, F645, F654 – F656, F662, G143 – G151, G163, G243 – G251, G262, G343 - G351, G362, G443 - G446, G462, G544- G551, G561, G644 - G651, H144– H154

RURAL

F363, F463, F563, F663 - F666, G164 - G171, G263 – G266, G363 - G365, G463, G542 - G543, G642 - G643, H142 - H143, H242 – H245, H251, H344 - H345

WILDERNESS

F671 - F676, G172 - G174, G271 – G272 G366, G464, G562, H246, H252, H342 - H343, H346, H442 – H444

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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.

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone B

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Juncture.

AMERICAN MEDICAL RESPONSE GRID RESPONSIBILITY

SUBURBAN

G142, G242, G342, G442

RURAL

G542, G642, H142, H242

DEL PUERTO HOSPITAL DISTRICT RESPONSE GRID RESPONSIBILITY

RURAL

F632 – F636, G132 - G141, G241, G341, G441, G541, G641, H141, H241

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: 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.

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 5

Name of Current Provider(s):

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

Del Puerto Health Care District has provided Paramedic level emergency ground services since 1978

Area or subarea (Zone) Geographic Description:

Zone 5 is in northwestern Stanislaus County encircling the City of Patterson. It is depicted on the map that follows this AZF and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T. Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTION

URBAN

G331 – G332, G426-G434, G525-G533, G625 – G633, H133

SUBURBAN

G226 – G232, G326, G333 - G334, G425, G435, G524, G534, G624, G634, H125 – H132, H134, H233

RURAL

E615 - E622, F115 – F122, F213 - F222, F231, F314-F322, F331 – F332, F415-F432, F515 – F532, F615-F632, G122-G132, G223- G225, G233 -G236, G323 – G325, G335 - G336, G423 – G424, G436, G523, G535 - G536, G623, G635-G641, H 124, H135 - H141, H225 – H232, H234 – H242, H333-H342, H416 – H421, H433 - H442, H533 – H541, H634 - H636

WILDERNESS

E416 - E421, E515 - E522, E614, E623 – E624, F113 – F114, F123 – F125, F212 , F223 – F226, F311-F313, F323-F326, F410-F414, F509-F514, F608-F614, G107-G121, G206-G222, G305-G322, G404-G422, G505 – G522, G605-G622, H106 – H123, H205 – H224, H305 – H332, H406- H432, H508-H532, H608 - H633

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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.

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

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and was staffed at the EMT level. In 1978, their medical scope of practice changed to Paramedic. Del Puerto Healthcare District has been the sole provider of ALS and BLS services in Zone 5. IFTs were provided by Del Puerto Healthcare District until such time that the hospital located within Zone 5 was closed. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present. The emergency response system is activated through 9-1-1 Emergency Response.

**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:

Zone 4

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

Zone 4 is in the northern apex of the Stanislaus County encircling the City of Oakdale.

Commencing on the border of Stanislaus County at the apex adjacent to Amador County and San Joaquin County; the line proceeds southerly and then westerly along the Stanislaus and San Joaquin borders to a point just northwest of the City of Riverbank; then proceeding southerly along Oakdale Road; then easterly along Claribel Road; then southeasterly along the Santa Fe tracks to Milnes Road; then east along Milnes Road to Crow Road; then north along Crow Road to Clarabel Road; then easterly along Claribel Road to Tim Bell Road; then northeasterly along Tim Bell Road to Warnerville Road; then easterly along Warnerville Road/Cooperstown Road to the border of Stanislaus County to the apex adjacent to Amador and San Joaquin County.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

C551, C651 - C652, D151-D164, D251 - D263, D351- D361, D445-D461, D545-D552, D561, D645- D652, E146 - E151, E251

SUBURBAN

C451, C552, C653 - C665, D165, D264, D362 - D363, D462, D553 - D556, D562, D653, D661, E152, E252

RURAL

C151 - C153, C251 - C253, C351 - C353, C452-C456, C471 - C472, C553- C573, C666-C672, D166, D265, D364, D463, D563 D654-D656, D662, E153 - E161, E253-E261

WILDERNESS

A051, A151-A152, A251 - A253, A351 - A354, A451- A455, A551 - A556, A651 - A656, B151-B161, B251- B262, B351-B364, B451-B464, B551-B565, B651-B666, C154-C166, C254 - C271, C354-C372, C461 - C466, C473, C574, C673-C675, D171-D176, D266-D281, D365-D383, D464-D483, D564-D582, D 663 - D671, D675

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response, ALS Transport

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.

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone D

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Warnerville Road; then westerly along Cooperstown/Warnerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road; then southerly along Hickman Road to Keyes Road; then easterly along Keyes Road to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

E463, E562-564, E661 - E664, F164

SUBURBAN

E363, E453, E462, E464, E554 - E561, E565, E654 - E656, E665, F162 - F163, F165, F264

RURAL

E162, E262 - E263, E266, E353 - E362, E364 - E371, E454 - E461, E465-E471, E566-E571, E666-E673, F154 - F161, F166 - F174, F263, F265 - F266, F364 - F365, F464 F465, F564 - F565

WILDERNESS

D482 - D484, D572-D585, D671-D686, E163-E191, F264-E265, E271 - E292, E372-E393, E472- E494, E572 - E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484, F566-F582

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

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

Type of Exclusivity: 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.

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone C

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

Zone C is in the east central area of Stanislaus County encircling the City of Hughson. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F153, F253 - F254, F351-F355, F452-F455, F553-F554

SUBURBAN

E653 - E654, F251 - F252, F255, F356-F362, F456, F555 - F556

RURAL

F151 - F152, F154 - F162, F256 - F262

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: 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.

Zone C will become an exclusive operating area following a competitive bid process. Prior to 1990, parts of Zone C were served by providers adjacent to the zone: Waterford Community Ambulance, Turlock Ambulance Service and 911 Emergency Medical Services.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone A

Name of Current Provider(s):

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

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

Area or subarea (Zone) Geographic Description:

Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows:

Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

I144, I336 – I342, I436 – I442,

SUBURBAN

I236 – I242, I335, I343, I435, I536 – I541,

RURAL

H342, H441 – H442, H536 – H542, H635 – H644, I134 – I142, I233 – I235, I243, I333 – I334, I434, I535, I635 – I636,

WILDERNESS

H443, H543, I108 – I133, I208 – I232, I244, I309 – I332, I408 – I433, I506 – I534, I606 – I634, J106 – J135, J206 – J234, J306 – J333, J407 – J432, J508 – J531, J608 – J626, K109 – K125, K209 – K210, K212 – K214, K 216 – K224, K309 – K310, K321 – K323, K422

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

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

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

Type of Exclusivity: 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.

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

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



2016 EMS Plan Update

Table 9

TABLE 9: FACILITIES

County: Stanislaus

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

Facility: Emanuel Medical Center Telephone Number: (209)667-4200
 Address: 825 Delbon Ave
Turlock, Ca 95380

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: FACILITIES

County: Stanislaus

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

Facility: Doctors Medical Center Telephone Number: (209)578-1211
 Address: 1441 Florida Ave
Modesto, Ca 95350

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

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

Facility: Kaiser Modesto **Telephone Number:** (209)735-5000
Address: 4601 Dale Rd
Modesto, Ca 95350

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> Yes X No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No
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⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

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

Facility: Oak Valley Hospital Telephone Number: (209)847-3011
 Address: 350 S. Oak Street
Oakdale, Ca 95361

<u>Written Contract:</u>	<u>Service:</u>		<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹² No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u>	<u>Stroke Center:</u>
Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

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

Facility: Memorial Medical Center Telephone Number: (209)526-4500
 Address: 1700 Coffee Rd
Modesto, Ca 95350

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Amador

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

Facility: Sutter Amador Hospital Telephone Number: (209)223-7500
 Address: 200 Mission Blvd
Jackson, Ca 95642

<u>Written Contract:</u>	<u>Service:</u>		<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency X Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸ No	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u>	<u>Stroke Center:</u>
Yes X No	<input type="checkbox"/> Yes X No

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Calaveras

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

Facility: Mark Twain Medical Center Telephone Number: (209)754-3521
 Address: 768 Mountain Ranch Rd
San Andreas Ca 95249

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹ No	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> Yes X No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Mariposa

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

Facility: John C Fremont Telephone Number: (209)966-0850
 Address: 5189 Hospital Rd
Mariposa, Ca 95338

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² EDAP²³ PICU²⁴ No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



2016 EMS Plan Update

Table 10

TABLE 10: APPROVED TRAINING PROGRAMS

County: Amador County

Reporting Year: 2016

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

Training Institution:		<u>Jackson Fire Department</u>		Telephone Number:	<u>(209) 304-2781</u>
Address:		<u>33 Broadway</u>			
		<u>Jackson, CA. 95642</u>			
Student Eligibility*:	<u>Open/ as needed</u>	**Program Level	<u>EMT-I</u>		
	Cost of Program:				
	Basic: <u>900</u>	Number of students completing training per year:			
	Refresher: <u>Varies</u>	Initial training: <u>0</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			
		Expiration Date: <u>03/2017</u>			
		Number of courses:			
		Initial training: <u>0</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			

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

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

Training Institution:		<u>Ione Fire Department</u>		Telephone Number:	<u>(209) 304-7945</u>
Address:		<u>P.O. Box 1628</u>			
		<u>Ione CA. 95640</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT-I</u>		
	Cost of Program:				
	Basic: <u>750</u>	Number of students completing training per year:			
	Refresher: <u>250</u>	Initial training: <u>58</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			
		Expiration Date: <u>6/2019</u>			
		Number of courses:			
		Initial training: <u>2</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			

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

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

Training Institution: <u>Ione Fire Department</u>		Telephone Number: <u>(209) 304-7945</u>	
Address: <u>P.O. Box 1628</u>			
<u>Ione CA. 95640</u>			
Student Eligibility*:	<u>Varies</u>	**Program Level	<u>EMR</u>
Cost of Program:			
	Basic: <u> </u>	Number of students completing training per year:	
	Refresher: <u> </u>	Initial training:	<u>45</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>6/2019</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

Training Institution: <u>Sutter Creek Fire District</u>		Telephone Number: <u>(209) 274-4548</u>	
Address: <u>350 Hanford St</u>			
<u>Sutter Creek, CA. 95685</u>			
Student Eligibility*:	<u>Open/ as needed</u>	**Program Level	<u>EMR</u>
Cost of Program:			
	Basic: <u>Varies</u>	Number of students completing training per year:	
	Refresher: <u> </u>	Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	
		Expiration Date:	<u>03/2017</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u> </u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Calaveras County

Reporting Year: 2016

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

Training Institution:		<u>Murphys Fire Department</u>		Telephone Number: <u>(209) 728-3864</u>	
Address:		<u>37 Jones Street</u>			
		<u>Murphys, CA. 95247</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT-I</u>		
	Cost of Program:				
	Basic: <u>350</u>	Number of students completing training per year:			
	Refresher: _____	Initial training:		<u>58</u>	
		Refresher:		<u>0</u>	
		Continuing Education:			
		Expiration Date:		<u>10/2020</u>	
		Number of courses:			
		Initial training:		<u>2</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u> </u>	

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

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

Training Institution:		<u>Copperopolis Fire Protection District</u>		Telephone Number: <u>(209) 785-2393</u>	
Address:		<u>370 Main Street</u>			
		<u>Copperopolis CA. 95228</u>			
Student Eligibility*:	<u>Varies</u>	**Program Level	<u>EMR</u>		
	Cost of Program:				
	Basic: <u>varies</u>	Number of students completing training per year:			
	Refresher: _____	Initial training:		<u>8</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	
		Expiration Date:		<u>01/2019</u>	
		Number of courses:			
		Initial training:		<u>1</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Mariposa County

Reporting Year: 2016

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

Training Institution: <u>Mariposa County Fire Department</u>		Telephone Number: <u>(209) 966-4880</u>	
Address: <u>P.O. Box 162</u>			
<u>Mariposa, CA. 95338</u>			
Student Eligibility*: <u>Open</u>	Cost of Program:	**Program Level <u>EMT-I</u>	
	Basic: <u>500</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>65</u>
		Refresher:	<u>0</u>
		Continuing Education:	_____
		Expiration Date:	<u>10/2018</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	_____

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

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

Training Institution: <u>Mariposa County Fire Department</u>		Telephone Number: <u>(209) 966-4880</u>	
Address: <u>P.O. Box 162</u>			
<u>Mariposa, CA. 95338</u>			
Student Eligibility*: <u>Open</u>	Cost of Program:	**Program Level <u>EMR</u>	
	Basic: _____	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>32</u>
		Refresher:	<u>16</u>
		Continuing Education:	_____
		Expiration Date:	<u>10/2018</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	_____

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

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

Training Institution:		Mariposa County SAR		Telephone Number:		209-966-3689	
Address:		P.O. Box 276					
		Mariposa, CA. 95338					
Student Eligibility*:	Closed			**Program Level	EMR		
		Cost of Program:					
		Basic:		Number of students completing training per year:			
		Refresher:		Initial training:		12	
				Refresher:		0	
				Continuing Education:			
				Expiration Date:		07/2020	
				Number of courses:			
				Initial training:		1	
				Refresher:		0	
				Continuing Education:			

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Stanislaus County

Reporting Year: 2016

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

Training Institution: <u>Academy of Professional Development</u>		Telephone Number: <u>(209) 300-7822</u>	
Address: <u>144 Woodrow Ave, Suite 1</u>			
<u>Modesto, CA. 95350</u>			
Student Eligibility*: <u>Open</u>	**Program Level <u>EMT-I</u>		
Cost of Program:			
Basic: <u>TBD</u>		Number of students completing training per year:	
Refresher: _____		Initial training: <u>0</u>	
		Refresher: <u>0</u>	
		Continuing Education: <u>0</u>	
		Expiration Date: <u>11/2019</u>	
		Number of courses:	
		Initial training: <u>0</u>	
		Refresher: <u>0</u>	
		Continuing Education: <u>0</u>	

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

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

Training Institution: <u>Abrams College</u>		Telephone Number: <u>(209) 577-7777</u>	
Address: <u>P.O. Box 307</u>			
<u>Ceres, CA. 95307</u>			
Student Eligibility*: <u>Open</u>	**Program Level <u>EMT-I</u>		
Cost of Program:			
Basic: <u>875</u>		Number of students completing training per year:	
Refresher: _____		Initial training: <u>262</u>	
		Refresher: <u>26</u>	
		Continuing Education: <u>624</u>	
		Expiration Date: <u>06/2020</u>	
		Number of courses:	
		Initial training: <u>7</u>	
		Refresher: <u>6</u>	
		Continuing Education: <u>6</u>	

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

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

Training Institution: <u>Ceres Unified School District - Adult Education</u>		Telephone Number: <u>(209) 556-1557</u>
Address: <u>P.O. Box 307</u>		
<u>Ceres, CA. 95307</u>		
Student Eligibility*: <u>Open</u>	**Program Level <u>EMT-I</u>	
Cost of Program:		
Basic: <u>450</u>	Number of students completing training per year:	
Refresher: _____	Initial training:	<u>124</u>
	Refresher:	<u>16</u>
	Continuing Education:	<u>384</u>
	Expiration Date:	<u>11/2018</u>
	Number of courses:	
	Initial training:	<u>2</u>
	Refresher:	<u>1</u>
	Continuing Education:	<u>2</u>

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

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

Training Institution: <u>Hughson Fire Department</u>		Telephone Number: <u>(209) 883-9177</u>
Address: <u>2300 Tully Rd</u>		
<u>Hughson CA. 95326</u>		
Student Eligibility*: <u>Varies</u>	**Program Level <u>EMT-I</u>	
Cost of Program:		
Basic: <u>varies</u>	Number of students completing training per year:	
Refresher: _____	Initial training:	<u>24</u>
	Refresher:	<u>0</u>
	Continuing Education:	
	Expiration Date:	<u>04/2017</u>
	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<u>0</u>
	Continuing Education:	

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

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

Training Institution:	Modesto Junior College		Telephone Number:	(209) 549-7030
Address:	1220 Fire Science Lane			
	Modesto, CA. 95351			
Student Eligibility*:	Open	**Program Level	EMT-I	
		Cost of Program:		
		Basic:	450	
		Refresher:		
		Number of students completing training per year:		
		Initial training:	86	
		Refresher:		
		Continuing Education:		
		Expiration Date:	11/2018	
		Number of courses:		
		Initial training:	2	
		Refresher:		
		Continuing Education:		

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

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

Training Institution:	Modesto Junior College		Telephone Number:	(209) 549-7030
Address:	1220 Fire Science Lane			
	Modesto, CA. 95351			
Student Eligibility*:	Open	**Program Level	EMR	
		Cost of Program:		
		Basic:	varies	
		Refresher:		
		Number of students completing training per year:		
		Initial training:	79	
		Refresher:		
		Continuing Education:		
		Expiration Date:	11/2018	
		Number of courses:		
		Initial training:	3	
		Refresher:		
		Continuing Education:		

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

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

Training Institution:		Mountain Valley EMS Agency		Telephone Number: (209) 529-5085	
Address:		1101 Standiford Ave Suite D-1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level	EMT-I		
		Cost of Program:			
		Basic:	TBD	Number of students completing training per year:	
		Refresher:		Initial training:	0
				Refresher:	0
				Continuing Education:	
				Expiration Date:	-
		Number of courses:			
		Initial training:		0	
		Refresher:		0	
		Continuing Education:			

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

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

Training Institution:		Mountain Valley EMS Agency		Telephone Number: (209) 529-5085	
Address:		1101 Standiford Ave Suite D-1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level	MICN		
		Cost of Program:			
		Basic:		Number of students completing training per year:	
		Refresher:		Initial training:	72
				Refresher:	-
				Continuing Education:	
				Expiration Date:	n/a
		Number of courses:			
		Initial training:		4	
		Refresher:		-	
		Continuing Education:			

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

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

Training Institution:		Salida Fire Department		Telephone Number: (209) 545-0635	
Address:		4820 Salida Boulevard			
		Salida, CA. 95368			
Student Eligibility*:	Closed/ As needed	**Program Level	EMR		
	Cost of Program:	Number of students completing training per year:			
	Basic: n/a	Initial training:		0	
	Refresher:	Refresher:			
		Continuing Education:			
		Expiration Date:		10/2019	
		Number of courses:			
		Initial training:		0	
		Refresher:			
		Continuing Education:			

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

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



2016 EMS Plan Update

Table 11

TABLE 11: DISPATCH AGENCY

County: Amador County

Reporting Year: 2016

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

Name:	Amador County Sheriff Department, Communications Center		Primary Contact:	Pam Benson	
Address:	700 Court Street				
	Jackson, CA. 95642				
Telephone Number:	209-223-6672				
Fax:	209-223-5281				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>12</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

Reporting Year: 2016

Name: Calaveras County Sheriff Department,
Communications Center Primary Contact: Wade Whitney
 Address: Government Center
San Andreas, CA. 95249
 Telephone Number: 209-754-6500
 Fax: _____

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

Number of Personnel Providing Services:
12 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

County: Mariposa County

Reporting Year: 2016

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

Name:	California Department of Forestry Emergency Communication Center		Primary Contact:	Tori Keith Ryan Davis	
Address:	5366 Highway 49 North Mariposa, CA. 95338				
Telephone Number:	209-966-3803				
Fax:					
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>12</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other				
	Explain: _____				

County: Stanislaus County

Reporting Year: 2016

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

Name:	Valley Regional Emergency Communication Center (VRECC)		Primary Contact:	Richard Silva	
Address:	4701 Stoddard Road			Cindy Woolston	
	Modesto, CA. 95367				
Telephone Number:	209-236-8302				
Fax:					
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>72</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			