#### **EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400 RANCHO CORDOVA, CA 95670 (916) 322-4336 FAX (916) 322-1441



October 10, 2018

Ms. Victoria Pinette, Regional Executive Director Sierra-Sacramento Valley EMS Agency 5995 Pacific Street Rocklin, CA 95677

Dear Ms. Pinette:

This letter is in response to Sierra-Sacramento Valley EMS Agency's 2018 EMS Plan Update submission to the EMS Authority on July 3, 2018.

#### I. Introduction and Summary:

The EMS Authority has concluded its review of Sierra-Sacramento Valley EMS Agency's 2018 EMS Plan Update and is approving the plan as submitted.

#### II. History and Background:

Sierra-Sacramento Valley EMS Agency received its last full plan approval for its 2012 plan submission, and its last annual plan update for its 2017 plan submission.

Historically, we have received EMS Plan submissions from Sacramento County for the following years:

- 1997
- 2007
- 1999
- 2009-2012
- 2002
- 2014
- 2005
- 2017

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".

Ms. Victoria Pinette, Regional Executive Director October 10, 2018 Page 2 of 3

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 Sierra-Sacramento Valley EMS Agency's 2018 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:

ıqqA	roved	No Appro		
	$\boxtimes$			System Organization and Management
В.	$\boxtimes$			Staffing/Training
C.	$\boxtimes$			Communications
D.	$\boxtimes$			Response/Transportation
			•	Ambulance Zones
		30		<ul> <li>Based on the documentation provided by Sierra-Sacramento Valley EMS Agency, please find enclosed the EMS Authority's determination of the exclusivity of Sierra-Sacramento Valley EMS Agency's ambulance zones.</li> </ul>
E.	$\boxtimes$			Facilities/Critical Care
F.	$\boxtimes$			Data Collection/System Evaluation
G.	$\boxtimes$			Public Information and Education
Н.	$\boxtimes$			Disaster Medical Response

Ms. Victoria Pinette, Regional Executive Director October 10, 2018 Page 3 of 3

#### IV. Conclusion:

Based on the information identified, Sierra-Sacramento Valley EMS Agency's 2018 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:

Sierra-Sacramento Valley EMS Agency's 2019 EMS Plan Update will be due on or before October 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

ZONE		Е	XCLUSIVITY		TYPE					LEV	/FI		
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT ALS	Standby Service with Transport Authorization
Butte County													
Butte County		X	Competitive	X				X	Χ	X	Ĭ T	X	
Colusa County													
Zone 1 - Colusa County	X												
Glenn County											J		
Zone 1		Х	Non-Competitive	X				X			Г		
Zone 2	X									_			· ·
Nevada County							L I						
Zone 1 - Donner Summit		Χ	Non-Competitive	Χ				Χ					
Zone 2 - Nevada City/Grass Valley Zone 3 - Penn Valley		X	Non-Competitive Non-Competitive	X				X					
Zone 4 - Truckee	X	^	14011-Competitive	_^_	-			- X		Χ			
Placer County													
Zone 1 - Foresthill		Х	Non-Competitive	X	Ī			Χ					
Zone 2 - Granite Bay		X	Non-Competitive	X				X		X			
Zone 3 - Hwy 80 Corridor		X	Non-Competitive	X				X		X	-		
Zone 4 - North Tahoe		X	Non-Competitive	X				X		X			
Shasta County						J.				^			
Zone 1 - Falls River Mills	Х				_								
Zone 2 - Burney	Х					-+							
Zone 3 - Western Shasta	Х												

Siskiyou County								 			
Zone 1 - Butte Valley	X									T	
Zone 2 - Etna	X				1 1			 <del>                                     </del>			-
Zone 3 - Happy Camp	X										
Zone 4 - McCloud	X							<del>                                     </del>		+	
Zone 5 - Mount Shasta		Х	Non-Competitive	X		X		<del>                                     </del>	<del> </del>		
Zone 6 - Yreka	X							<del> </del>		+	_
Sutter County		-			:	 		 1	<u>.                                    </u>	<u> </u>	
Sutter County		X	Non-Competitive	X		X	X				
Tehama County									1		
Tehama County	X					T				$\top$	
Yuba County											
Yuba County		Х	Non-Competitive	X		X	X	-		<del> </del>	
Beale AFB	X										



SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY

5995 Pacific Street Rocklin, CA 95677

Phone: 916-625-1702 Fax: 916-625-1730 www.ssvems.com

Redding Office

2775 Bechelli Ln. Redding, CA 96002

Phone: 530-410-6008 Fax: 530-222-3007 July 6, 2018

Lisa Galindo EMS Systems Division

S-SV EMS Plan Update:

Lisa,

Attached for your review is the 2018 S-SV EMS Plan update to the plan submitted in 2017.

To aid you in your review, I have listed the tables below and indicated which items required updating:

- 1. EMS Plan Summary Updated.
- 2. Table 1 Reviewed with no update required.
- 3. Progress/Objectives Chart Reviewed with no update required.
- 4. Table 2 Reviewed and updated with current budget and fee schedules
- 5. Table 3 Reviewed and updated with current information.
- 6. Table 4 Reviewed and updated with current information.
- 7. Table 5 Reviewed with no updates needed.
- 8. Table 6 Reviewed and updated with current information.
- 9. Table 7 Reviewed with no updates needed.
- 10. Table 8 Reviewed with multiple updates for formatting and 911 information activity.
- 11. Table 9 Reviewed with multiple updates for formatting and information.
- 12. Table 10 Reviewed with no update needed.
- 13. Table 11 Reviewed with no update needed.
- 14. Ambulance Zone Summary Form No update needed.

The S-SV EMS Quality Improvement plan is also being submitted as part of this update.

Please let me know if your or any EMSA staff members have any questions regarding the EMS Plan update.

I would also like to thank you for working with me so closely on this plan update, your assistance is very much appreciated.

Sincerely,

John Christopher Lord, RN, BS-EMS, MICP Associate Director S-SV EMS

Serving the counties of:

Placer Yuba Sutter Nevada Colusa Butte Shasta Tehama Siskiyou

Glenn

cc: Vickie Pinette, Executive EMS Director

#### **Annual EMS System Report**

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Yuba, Colusa, Butte, Shasta, Siskiyou, Tehama and Glenn. The counties have delegated all California Health and Safety Code, Division 2.5 and Code of Regulations local EMS Agency responsibilities to the S-SV EMS Agency.

The Governing Board of Directors for the Joint Powers Agency consists of a County Supervisor from each of the member counties. The EMS system in these counties has been developed through a partnership between the EMS Agency, 9-1-1 public services answering points, EMS dispatch centers, first responder/basic life support (BLS) fire departments, advanced life support (ALS) fire departments and BLS and ALS private ambulance providers, base hospital and receiving hospitals, emergency medical technicians (EMT-I), paramedics, nurses and physicians who provide the care to the sick and injured within our system.

These ten counties encompass an area of some 22,000 square miles with a resident population of approximately 1,350,925 people. The region ranges from remote rural areas to large urban centers. Extremes of weather are characteristic of the area, which encompasses the Sierra Nevada Mountains, the Cascade Mountain range and the heat of the Sacramento Valley region. Interstate 5, traverses Sacramento through Colusa, Glenn, Tehama, Shasta and Siskiyou counties for 350 miles. This is a highly traveled interstate that runs north and south through the counties. Some of the areas are densely populated and others are fairly remote with less population. Interstate 80 runs through Placer and Nevada Counties to the east and Highway 49 also runs through Nevada County. Highway 99 & 70 also traverses through Butte, Sutter and Yuba Counties through farmlands to urban areas.

The mission of the Sierra-Sacramento Valley EMS (S-SV EMS) Agency is to provide local EMS agency services and EMS leadership through a cooperative teamwork approach to member counties. Local EMS agency services include the major responsibilities of system monitoring/oversight, medical control, policy/procedure development and implementation, monitor compliance of law/regulations, certification/accreditation of EMS personnel, EMS planning and education. Our mission is accomplished through the democratic consensus building process utilizing input from diverse representatives of EMS providers, hospitals, physicians and the public.

S-SV EMS updates its Pre-Hospital Care Policy Manual twice a year in January and June. We have our policy manual on our website and we also have a smaller printed version that is available for purchase. You can also download the policy manual application on your cell phone or tablet using Apple or Android applications.

S-SV EMS to date has designated seven trauma centers as Level II, Level III and Level IV throughout the region.

S-SV EMS has attached Policy #505-A which lists all of the hospitals in our ten county region with the level of care/designation. S-SV EMS has five designated STEMI centers and ten designated Stroke Receiving Centers. Rideout Hospital (now Adventist Health Rideout) was re-designated as a STEMI receiving center and was purchased by Adventist Health in 2018. In late 2017 Colusa Regional Medical Center was re-opened under new ownership and management. In early 2017 S-SV EMS was contacted by representatives from Glenn County indicating their desire to move county LEMSA responsibility to S-SV EMS. On July 1, 2017 following Glenn BOS direction and S-SV JPA Board approval, Glenn County joined the S-SV EMS LEMSA Region.

S-SV EMS conducts a series of clinical and Quality Improvement meetings as outlined below:

- 1. STEMI QI (twice per/year)
- 2. Medical Control Committee (six per/year)
- 3. Regional CQI (three per/year)
- 4. Trauma QI (twice per/year)
- 5. EMS Aircraft QI (three per/year)

S-SV is also an active participant in county EMCC and EMAG meetings which serves as advisory committee/groups to the LEMSA.

S-SV EMS has reorganized some of the EMS Agencies job assignments to address needs of the EMS region and cross training of some job responsibilities in the clinical investigation areas. The Redding S-SV Associate Director continues in his duel position as RDMHS. Approval of CE Programs and EMT and Paramedic Programs continue throughout the region along with renewals of the programs every four years. S-SV EMS is conducting audits of the approved CE Provider Programs randomly throughout the region. Our agency is currently using Image Trend as the prehospital data system as it complies with the EMSA statewide data system.

## 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			
1.02 LEMSA Mission		Х			
1.03 Public Input		Х			
1.04 Medical Director		Х	X		
Planning Activities:					
1.05 System Plan		Х	T		
1.06 Annual Plan Update		X			
1.07 Trauma Planning*	10	Х	X		
1.08 ALS Planning*		Χ		74	
1.09 Inventory of Resources		X			
1.10 Special Populations		Х	Х		
1.11 System Participants		X	Х		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		Х			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism	ll'i	X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	10		

# 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			
1.21	Determination of Death		Х			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		Χ			
Enha	nced Level: Advanced	Life Support				
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		Х	Х		
Enha	nced Level: Trauma Ca	re System:				
1.26	Trauma System Plan		Χ			
Enhar	nced Level: Pediatric E	mergency Medic	al and Critical	Care System:		
1.27	Pediatric System Plan		X	oure bystem.		
Enhar	nced Level: Exclusive C	perating Areas:				
1.28	EOA Plan		X			

#### B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Loca	al EMS Agency:					
2.01	Assessment of Needs		X			
2.02	Approval of Training		Х			
2.03	Personnel		X			
Disp	atchers:					
2.04	Dispatch Training		X			
First	Responders (non-tra	insporting):				
2.05	First Responder Training		Х	Х		
2.06	Response		Χ			
2.07	Medical Control		Х			
Trans	sporting Personnel:					
2.08	EMT-I Training		X	X		
Hosp	ital:	-				
2.09	CPR Training		X			
2.10	Advanced Life Support		Х	X		
Enhai	nced Level: Advance	d Life Support:				
2.11	Accreditation Process		X			
2.12	Early Defibrillation	,	X			
2.13	Base Hospital Personnel		X			

#### C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Com	munications Equipm	ent:				
3.01	Communication Plan*		X	Х		
3.02	Radios		X	X		(2)
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		Х			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public	c Access:					
3.07	9-1-1 Planning/ Coordination		X			
3.08	9-1-1 Public Education	1	Х			
Resou	ırce Management:					
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

#### D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Univ	versal Level:					
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests	n	Х			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	Х		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		Х			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		Х			
4.15	MCI Plans		Χ			
Enhan	iced Level: Advanced	Life Support:			, and the	
4.16	ALS Staffing		X		T	
4.17	ALS Equipment		X			
Enhan	ced Level: Ambulance	Regulation:				
1.18	Compliance		X			
Enhan	ced Level: Exclusive (	Operating Permi	ts:			
	Transportation Plan		X			
.20	"Grandfathering"		Х	6	†	
.21	Compliance		X	100		
.22	Evaluation		X			

## E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Uni	versal Level:					
5.01	Assessment of Capabilities		X	Х		
5.02	! Triage & Transfer Protocols*		X	£(		
5.03	Transfer Guidelines*		Х			
5.04	Specialty Care Facilities*		Х			
5.05	Mass Casualty Management		Х	Х		
5.06	Hospital Evacuation*		X			
Enha	anced Level: Advance	ed Life Support:				
5.07	Base Hospital Designation*		X			
Enha	nced Level: Trauma	Care System:				
5.08	Trauma System Design		X			
5.09	Public Input	;	X			
Enha	nced Level: Pediatri	c Emergency Me	dical and Critic	cal Caro Syntom		
5.10	Pediatric System Design		×	our oure System.		
5.11	Emergency Departments	>	<			
5.12	Public Input	>	(			
Enhar	nced Level: Other Sp	pecialty Care Sys	tems:			
5.13	Specialty System Design	X				
5.14	Public Input	X				

## F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Univ	ersal Level:					
6.01	QA/QI Program		X	X	1	
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*	趋	X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		Х			
6.08	Reporting		X			
Enhai	nced Level: Advanced	Life Support:				
6.09	ALS Audit		X	T		
Enhar	nced Level: Trauma Ca					
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data	>	<			

## G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
al Level:					
ublic Information laterials		X	X		
jury Control		Χ			
isaster reparedness		X			
rst Aid & CPR aining		X			
	ublic Information aterials jury Control saster reparedness rst Aid & CPR	currently meet standard  al Level: ublic Information aterials jury Control saster reparedness rst Aid & CPR	currently meet standard  al Level:  ublic Information aterials jury Control  saster reparedness  rst Aid & CPR  minimum standard  X  X	currently meet standard minimum standard guidelines  al Level:  ublic Information aterials jury Control  saster reparedness rst Aid & CPR  x minimum standard guidelines  x X X	currently meet standard minimum standard recommended guidelines  Al Level:  ublic Information aterials jury Control  x saster reparedness rst Aid & CPR  X minimum standard  x  X  X  X  X  X  X  X  X  X  X  X  X

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
	versal Level:					
8.01	Disaster Medical Planning*		Х			
8.02	Response Plans		X			
8.03	HazMat Training		X		4	
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		Х			
8.06	Needs Assessment		Χ			
8.07	Disaster Communications*		X		**	
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		Х		L	
8.11	CCP Designation*	8	X			
8.12	Establishment of CCPs		X			
8.13 	Disaster Medical Training		X			
3.14	Hospital Plans	= >	X			185
3.15	Interhospital Communications	>	<			
3.16	Prehospital Agency Plans	>	(			
nhan	ced Level: Advanced L	ife Support:				
.17	ALS Policies	X			T	
nhand	ced Level: Specialty Ca	are Systems:				
.18	Specialty Center Roles	X				
nhanc	ed Level: Exclusive O	perating Areas/Am	bulance Regu	lations:		
19 \	Waiving Exclusivity	X				

#### SYSTEM RESOURCES AND OPERATIONS TABLE 2:

Reporting Year:

#### **System Organization and Management**

	Reporting Year:	2018 - S-SV EMS - Placer, Nevada, Yuba, Sutter, Butte, T Siskiyou, Colusa, Glenn	ehama, Shasta,
А. В. С.	Basic Life Support Limited Advanced Advanced Life Sup	Life Support (LALS)	0% 0% 100%
2.	b) County He c) Other (nor <b>d) Joint Pow</b>	alth Department ealth Services Agency n-health) County Department rers Agency en-Profit Entity	
3.	<ul><li>a) Public Hea</li><li>b) Health Ser</li><li>c) Board of I</li></ul>	vices Agency Director/Administrator	to
1.	Implementation Designation of Designation/ap Designation of Development of Enforcement of	n-required functions which are performed by the agency:  n of exclusive operating areas (ambulance franchising) trauma centers/trauma care system planning proval of pediatric facilities other critical care centers of transfer agreements foocal ambulance ordinance fambulance service contracts inbulance service	X X X X n/a X n/a

Continuing education	X
Personnel training	n/a
Operation of oversight of EMS dispatch center	n/a
Non-medical disaster planning	n/a
Administration of critical incident stress debriefing team (CISD)	n/a
Administration of disaster medical assistance team (DMAT)	n/a
Administration of EMS Fund [Senate Bill (SB) 12/612]	n/a
Other:	
Other:	
Other:	

#### 5. <u>EXPENSES</u>

Salaries and benefits (All but contract personnel) Contract Services (e.g. medical director)	\$1,069,883 1,107,523
Operations (e.g. copying, postage, facilities)	309,762
Travel	69,784
Fixed assets	0
Indirect expenses (overhead)	0
Ambulance subsidy	300,000
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	0
Other:	0
Other:	. 0
30	
TOTAL EXPENSES	\$2,856,952

## 6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]				
Preventive Health and Health Services (PHHS) Block Grant	;	\$ 0		
Office of Traffic Safety (OTS)		0		
State general fund		581,907		
County general fund		0		
Other local tax funds (e.g., EMS district)		0		
County contracts (e.g. multi-county agencies)		611,420		
Certification fees		40,000		
Training program approval fees		4000		
Training program tuition/Average daily attendance funds (ADA)		0		
Job Training Partnership ACT (JTPA) funds/other payments	4	0		
Base hospital application fees		0		
Trauma center designation fees		211,369		
Pediatric facility approval fees		0		
Pediatric facility designation fees		0		
Other critical care center application fees				
Type: STEMI		50,000		
Other critical care center designation fees		0		
Type:				
Ambulance service/vehicle fees		0		
Contributions		0		
EMS Fund (SB 12/612)		0		
Other grants: RDMHS, HPP		555,886		
Other fees: Air Dispatch		65,050		
Other (specify): Misc/Interest/ALS Application		737,320		
TOTAL REVENUE \$ 2				

7. Fee structure			
We do not charge any fees			
X our fee structure is:  First responder certification		\$	28.00
EMS dispatcher certification	(F)	Ψ	N/A
EMT-I certification			28.00 + 75.00
EMT-I recertification			28.00 + 37.00
EMT-defibrillation certification	•		N/A
EMT-defibrillation recertification			N/A
AEMT- certification			28.00+75.00
AEMT- recertification			28.00+37.00
EMT-P accreditation			100.00
Mobile Intensive Care Nurse/			
Authorized Registered Nurse (MICN/ARN)	certification		100.00
MICN/ARN recertification			100.00
EMT-I training program approval			1,000.00
EMT-II training program approval			N/A
EMT-P training program approval			5,000.00
MICN/ARN training program approval			N/A
Base hospital application			N/A
Base hospital designation			N/A
Trauma center application			N/A
Trauma center designation	Level I & II		20,000
Trauma Center designation	Level III & IV		10,000
Pediatric facility approval			N/A
Pediatric facility designation			N/A
Other critical care center application			
Type: STEMI		Initial	20,000
Ambulance service licence		Annual	10,000
Ambulance vehicle permits		Initial	500.00
		Renewal	500.00
			300.00
Other: CE Approval			100.00
Other: Helicopter Approval		Initial	5,000
		Annual	5,000

Table 2 - System Organization & Management (cont.)

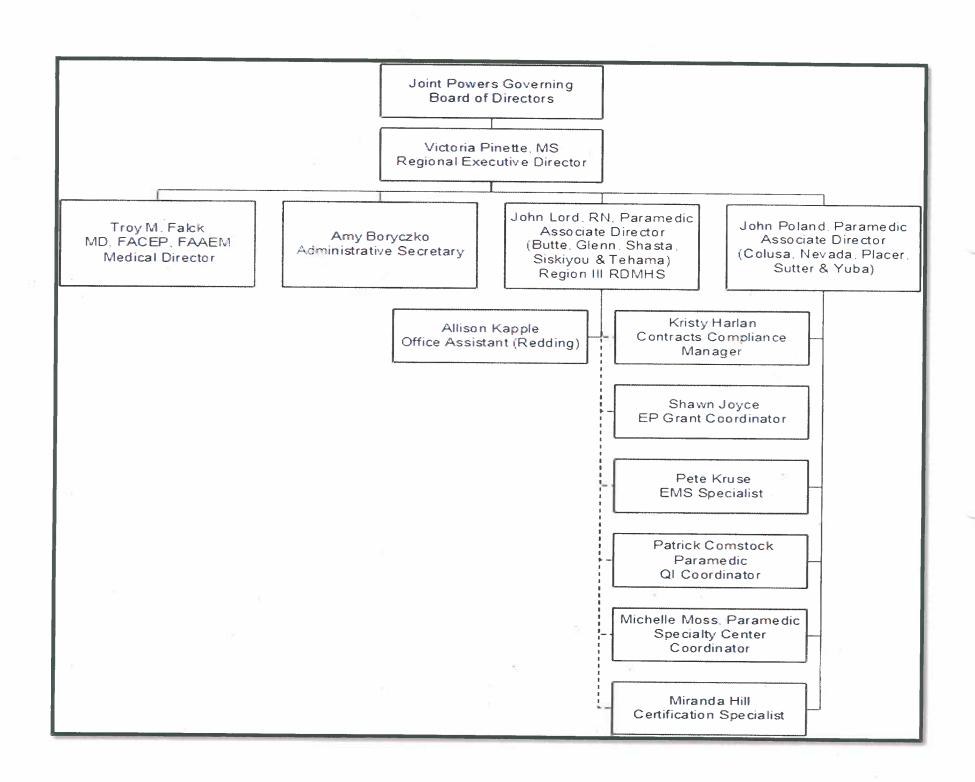
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Regional Executive Director	1	116,204	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Associate Regional Executive Director	2	8,034	41%	
ALS Coord/Field Coord/ Training Coordinator	Quality Improvement/Education Coordinator				
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	.5	106,000		Contract position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Emergency Preparedness/Disaster Coordinator	1	75,546	41%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor		2			
Medical Planner					
Data Evaluator/Analyst	Data Analyst				Vacated in 12/31/2015
QA/QI Coordinator					,
Public Info. & Education Coordinator	= 52:	· a			
Executive Secretary	Administrative Secretary	1	48,870	41%	
Other Clerical	Certification Specialist	.5	16,961	41%	
Other	Contract Compliance Monitor	1	67,961	41%	
Other	Clerical Support	.75	24,750	41%	
Other	RDMHS	1	76,548	41%	
Other	Information Technology Analyst	1	100,000		Contract

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



# TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System:

Sierra-Sacramento Valley EMS Agency

Reporting Year: 2018

**NOTE:** Table 3 is to be reported by agency.

T + 1 G + 1 G	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	3,600	13 -	1,200	612	0
Number newly certified this year	480	1	140	127	0
Number recertified this year	1228	8	355	101	0
Total number of accredited personnel on July 1 of the reporting year				101	0
a) formal investigations	18	0	13	0	N/A
b) probation	7	0	N/A	0	N/A
c) suspensions	1	0	0	0	N/A
d) revocations	2	0	0	0	
e) denials	0	0			N/A
f) denials of renewal	0		0	0	N/A
g) no action taken	0	0	0	0	N/A

EMS System: Sierra-Sacramento Valley EMS	
County: Butte	
Reporting Year: 2018	
Note: Table 4 is to be answered for each county.	
Number of primary Public Service Answering Points (PSAP)	7
2. Number of secondary PSAPs	0
3. Number of dispatch centers directly dispatching ambulances	1
4. Number of EMS dispatch agencies utilizing EMD guidelines	1
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies? Butte County SO & Fire	<del>-</del>
7. Who is your primary dispatch agency for a disaster?  Butte County SO & Fire	8
Do you have an operational area disaster communication system?     a. Radio primary frequency <u>see attached list</u>	X Yes □ No
b. Other methods <u>Web EOC, EMSystems, med net, warn system, CAHAN</u>	
c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<b>X</b> Yes □ No
<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

Sierra-Sacramento Valley EMS

С	ounty: Glenn						
R	Reporting Year: 2018						
N	ote: Table 4 is to be answered for each county.						
1.	Number of primary Public Service Answering Points (PSAP)	1					
2.	Number of secondary PSAPs	0					
3.	Number of dispatch centers directly dispatching ambulances	1					
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1					
5.	Number of designated dispatch centers for EMS Aircraft	1					
ô.	Who is your primary dispatch agency for day-to-day emergencies?  Glenn County SO & Fire (Enloe Med-Com)						
7.	Who is your primary dispatch agency for a disaster?  Glenn County SO & Fire						
3.	Do you have an operational area disaster communication system?  a. Radio primary frequency <u>see attached list</u>	X Yes □ No					
	b. Other methods Web EOC, EMSystems, med net, warn system, CAHAN						
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No					
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No					
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<b>X</b> Yes □ No					
	<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No					

Sierra-Sacramento Valley EMS

C	County: Colusa				
R	eporting Year: 2018				
N	ote: Table 4 is to be answered for each county.				
1.	Number of primary Public Service Answering Points (PSAP)	1			
2.	Number of secondary PSAPs	0			
3.	Number of dispatch centers directly dispatching ambulances	0			
4.	Number of EMS dispatch agencies utilizing EMD guidelines	0			
5.	Number of designated dispatch centers for EMS Aircraft	0			
6.	Who is your primary dispatch agency for day-to-day emergencies?  Colusa County SO	<u> </u>			
7.	Who is your primary dispatch agency for a disaster?  Colusa County SO				
8.	Do you have an operational area disaster communication system?  a. Radio primary frequencyColusa County SO	X Yes □ No			
	b. Other methods <u>EMSystems, med net, warn system CHAN</u>				
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No			
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No			
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No			
	<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No			

EMS System: Sierra-Sacramento Valley EMS	
County: Nevada	
Reporting Year: 2018	
<b>Note:</b> Table 4 is to be answered for each county.	
Number of primary Public Service Answering Points (PSAP)	4
2. Number of secondary PSAPs	2
3. Number of dispatch centers directly dispatching ambulances	2
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>∠</u>
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies? Nevada County SO & GVECC	<del></del>
7. Who is your primary dispatch agency for a disaster?  Nevada County SO	
Do you have an operational area disaster communication system?     a. Radio primary frequency	<b>X</b> Yes □ No
b. Other methods <u>EMSystems, med net, warn system, CAHAN</u>	ğ a
c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<b>X</b> Yes □ No
<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

Sierra-Sacramento Valley EMS

C	ounty: Placer	
Re	eporting Year: 2018	
No	ote: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	6
2.	Number of secondary PSAPs	2
3.	Number of dispatch centers directly dispatching ambulances	2
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies?  See attached table PCSO, GVECC	<u> </u>
7.	Who is your primary dispatch agency for a disaster?  PCSO	
8.	Do you have an operational area disaster communication system?  a. Radio primary frequency Placer County Fire/Law	X Yes □ No
	b. Other methods Web EOC, EMSystems, med net, warn system, CAHAN	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

EMS System: Sierra-Sacramento Valley EMS	
County: Shasta	
Reporting Year: 2018	
Note: Table 4 is to be answered for each county.	
Number of primary Public Service Answering Points (PSAP)	2
2. Number of secondary PSAPs	1
3. Number of dispatch centers directly dispatching ambulances	2
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>=</u> 1
5. Number of designated dispatch centers for EMS Aircraft	<u>÷</u> 1
6. Who is your primary dispatch agency for day-to-day emergencies? Shascom 530-245-6500 Redding CA	
7. Who is your primary dispatch agency for a disaster? Shascom 530-245-6500 Redding CA	
B. Do you have an operational area disaster communication system? a. Radio primary frequency <u>Colusa County SO</u>	X Yes □ No
b. Other methods EMSystems, med net, warn system CHAN	
c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

Sierra-Sacramento Valley EMS

С	ounty: Siskiyou	
R	eporting Year: 2018	
N	ote: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	5
2.	Number of secondary PSAPs	0
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	st = 0
5.	Number of designated dispatch centers for EMS Aircraft	1
3.	Who is your primary dispatch agency for day-to-day emergencies?  Siskiyou County Sheriff 530-842-8300 Yreka CA	
7.	Who is your primary dispatch agency for a disaster?  Siskiyou County Sheriff	
3.	Do you have an operational area disaster communication system?  a. Radio primary frequency	X Yes □ No
	b. Other methods Web EOC, EMSystems, med net, warn system, CAHAN	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

EMS System: Sierra-Sacramento Valley EMS	
County: Sutter	
Reporting Year: 2018	
<b>Note:</b> Table 4 is to be answered for each county.	
Number of primary Public Service Answering Points (PSAP)	1
2. Number of secondary PSAPs	0
3. Number of dispatch centers directly dispatching ambulances	1
4. Number of EMS dispatch agencies utilizing EMD guidelines	0
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies?  Sutter County SO & City of Yuba	
7. Who is your primary dispatch agency for a disaster?  Sutter County So	
<ul> <li>Do you have an operational area disaster communication system?</li> <li>a. Radio primary frequency Sutter County Fire &amp; Law</li> </ul>	X Yes □ No
b. Other methods <u>Med net &amp; CAHAN</u>	
c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

Sierra-Sacramento Valley EMS

C	ounty: Tehama	
Re	eporting Year: 2018	
No	ote: Table 4 is to be answered for each county.	
1.	Number of primary Public Service Answering Points (PSAP)	4
2.	Number of secondary PSAPs	0
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	0
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies?  Tehama County Sheriff 530-529-7900 Red Bluff CA	
7.	Who is your primary dispatch agency for a disaster?  Tehama County Sheriff 530-529-7900 Red Bluff CA	
9	Do you have an operational area disaster communication system?  a. Radio primary frequency <u>Colusa County SO</u>	X Yes □ No
	b. Other methods <u>EMSystems, med net, warn system CHAN</u>	
	c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<b>X</b> Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	X Yes □ No
	<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No

EMS System: Sierra-Sacramento Valley EMS			
County: Yuba			
Reporting Year: 2018			
Note: Table 4 is to be answered for each county.			
Number of primary Public Service Answering Points (PSAP)	3		
2. Number of secondary PSAPs	1		
3. Number of dispatch centers directly dispatching ambulances	1		
4. Number of EMS dispatch agencies utilizing EMD guidelines	0		
5. Number of designated dispatch centers for EMS Aircraft	1		
6. Who is your primary dispatch agency for day-to-day emergencies?  Yuba County SO & GVECC City of Marysville	-		
7. Who is your primary dispatch agency for a disaster?  Yuba County SO			
Do you have an operational area disaster communication system?     a. Radio primary frequency	X Yes □ No		
b. Other methods <u>CAHAN, EMSystems, Mednet</u>			
c. Can all medical response units communicate on the same disaster communications system?	X Yes □ No		
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	X Yes □ No		
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Servic (RACES) as a back-up communication system?	es X Yes □ No		
<ul><li>1) Within the operational area?</li><li>2) Between operation area and the region and/or state?</li></ul>	X Yes □ No X Yes □ No		

Med-Net Repeater Frequency and Tone Outline
Butte, Colusa, Shasta, Siskiyou, Tehama Counties

Note: Routine use of Tone 7 by aircraft or by units in their customary response areas is strongly discouraged.

discouraged.						
Repeater Site	County	Med Channel	Primary Local Tone	Secondary Regional Tone		
Butte Hall, CSU (owned by Enloe Hosp.)	Butte	4	13	13		
Bloomer Hill (owned by First Responder)	Butte	1	13	13		
Bloomer Hill	Butte	3	13	7		
Bloomer Hill	Butte	8	13	7		
Antelope Mountain	Siskiyou	3	3	7		
Grey Butte	Siskiyou	2 1	3	7		
Bunchgrass	Shasta	8	6	7		
Bass Mountain	Shasta	4	14	7		
Southfork Mountain	Shasta	2	14	7		
Southfork Mountain (SHASCOM Disp)	Shasta	10	14	7		
Shasta Bally	Shasta	3	14	7		
West Prospect Peak	Shasta	1	6	7		
Mahogany	Siskiyou	8	3	7		
Mt. Bradley	Siskiyou	7	3	7		
Tuscan Butte	Tehama	5	14	7		
UHF Med Channel Name	Tx	Rx	CA Tone Plan			
Med 1	468.0000	463.0000	CA CTCSS	CTCSS		
Med 2	468.0250	463.0250	1	<b>Freq</b> 110.9		
Med 3	468.0500	463.0500	2	123.0		
Med 4	468.0750	463.0750	3	131.8		
Med 5	468.1000	463.1000	4	136.5		
Med 6	468.1250	463.1250	5	146.2		
Med 7	468.1500	463.1500	6	156.7		
Med 8	468.1750	463.1750	7	167.9		
Med 9	467.9500	462.9500	8	103.6		
Med 10 (Dispatch)	467.9750	462.9750	9	100.0		
VHF Med Channel Name	TX	RX	10	107.2		
Med Alpha (HEAR)(VMED28)	155.3400	155.3400	11	114.8		
Med Bravo	155.3250	155.3250	12	127.3		
Med Charlie	155.3550	155.3550	13	141.3		
Med Delta	155.3850	155.3850	14	151.4		
Med Echo	155.4000	155.4000	15	162.2		
CALCORD (CACORD) Tone 6 (156.7)						
TX & RX	156.0750	156.0750	16	192.8		

# Receiving Facility Frequency and Tone Guide

	Butte, Colusa, Shasta,	Siskiyou, Tehama Cou	nties	
Receiving Facility	City / County	Recorded ED Line (*** Not Recorded)	Primary Med CH	Secondary CH (Tone)
Orchard Hospital	Gridley / Butte Co.	530-846-9068	Med 8 (13)	
Colusa Regional Medical Center	Colusa / Colusa Co.	530-458-5898	Med 2 (13)	
Glenn Medical Center	Willows / Glenn Co.	530-934-1800	Med 2 (13)	463.000 Dispatch
Enloe Medical Center	Chico / Butte	530-332-7417	Med 4 (13) ED	Med 2 (13) Dispatch
Fairchild Medical Center	Yreka / Siskiyou	530-841-6259	Med 3 (3)	Diopaton
Feather River Hospital	Paradise / Butte	530-877-3325	Med 3 (13)	
Mayers Memorial Hospital	Fall River Mills / Shasta	530-336-6440***	Med 8 (6)	Med 5 (6)
Mercy Med Center - Mt. Shasta	Mt. Shasta / Siskiyou	530-926-1108	Med 7 (3)	Med 3 (3), Med 1
Mercy Med Center - Redding	Redding / Shasta	530-225-7214	Med 4 (14)	Med 3 (14)
Oroville Medical Center	Oroville / Butte	530-523-8342	Med 8 (13)	
Shasta Regional Medical Center	Redding / Shasta	530-243-4042	Med 2 (14)	Med 3 (14)
St. Elizabeth Community Hospital	Red Bluff / Tehama	530-527-0321		Med 5 (14)
	CHANNEL AND TONE FI	REQENCY INFORMATION	ON	
UHF Med Channel Name	Tx	Rx	State To	ne Plan
Med 1	468.0000	463.0000	1-110.9	9-100.0
Med 2	468.0250	463.0250	2-123.0	10-107.2
Med 3	468.0500	463.0500	3-131.8	11-114.8
Med 4	468.0750	463.0750	4-136.5	12-127.3
Med 5	468.1000	463.1000	5-146.2	13-141.3
Med 6	468.1250	463.1250	6-156.7	14-151.4
Med 7	468.1500	463.1500	7-167.9	15-162.2
Med 8	468.1750	463.1750	8-103.6	16-192.8
Med 9	467.9500	462.9500		10-192.0
Med 10 (Dispatch)	467.9750	462.9750		

# TABLE 5: SYSTEM RESOURCES AND OPERATIONS Response/Transportation

EMS System:

Sierra-Sacramento Valley EMS Agency

Reporting Year:

2018

**Note:** Table 5 is to be reported by agency.

#### TRANSPORTING AGENCIES

1.	Number of exclusive operating areas				
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	33%			
3.	Total number responses	137,970			
	a) Number of emergency responses b) Number non-emergency responses (Code 2: expedient, Code 3: lights and siren) (Code 1: normal)	137,970 137,970			
4.	Total number of transports  a) Number of emergency transports  b) Number of non-emergency transports  (Code 2: expedient, Code 3: lights and siren)  (Code 1: normal)	100,777 100,777 100,777			
Earl	y Defibrillation Providers – See attached tables				
5.	Number of public safety defibrillation providers				
	a) Automated b) Manual	33 33 0			
6.	Number of EMT-Defibrillation providers  a) Automated  b) Manual	35 0			
Air A	ambulance Services				
7.	Total number of responses  a) Number of emergency responses  b) Number of non-emergency responses	574 N/A			
8.	Total number of transports  a) Number of emergency (scene) responses  b) Number of non-emergency responses	603 N/A			

#### TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)

#### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

See policy 415.

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance				

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

EMS System:	Sierra-Sacramento Valley EMS Agency	
Reporting Year:	2018	
NOTE: Table 6 is to	be reported by agency. See Policy 505, 837, 860 & T-1	10
Trauma		
Trauma patients: a) Number of patients	s meeting trauma triage criteria	1499
	rauma victims transported directly to a Trauma -	1431
c) Number of major to	rauma patients transferred to a trauma center	<u>43</u> 7
	s meeting triage criteria who weren't treated	unknown
<b>Emergency Departme</b>	ents	
Total number of emerg	gency departments'	18
a) Number of referral	emergency services	0
b) Number of standby	emergency services	0
c) Number of basic en	nergency services	0
d) Number of compreh	hensive emergency services	17
Receiving Hospitals		
	iving hospitals with written agreements hospitals with written agreements	<u>0</u> 15

EM	S System:	Sierra-Sacramento Valley	EMS Agency		
Cou	nty:	Butte	Reporting Year:	2018	
SYS	TEM RESO	URCES 14			
1.	<ul><li>a. Where</li><li>b. How ar</li></ul>	Collections Points (CCP) are your CCPs located? See they staffed? have a supply system for supply system.		yes <u>x</u>	no
2.	CISD Do you ha	ve a CISD provider with 24 l	nour capability?	yes <u>x</u>	_ no
3.	<ul><li>a. Do you</li><li>b. For each</li></ul>	esponse Team have any team medical response team, are they incorporated	onse capability? into your local	yes	no <u>x</u>
		e plan?		yes	$ \begin{array}{ccc} \text{no} & \underline{x} \\ \text{no} & \underline{x} \end{array} $
4.	b. At what	Materials have any HazMat trained med HazMat level are they traine have the ability to do deconta	d?	yes <u>x</u>	no
	Emergen	acy room?  have the ability to do deconta		yes <u>x</u> yes <u>x</u>	
OPER 1.	ATIONS Are you using that incorporate	ng a Standardized Emergency rates a form of Incident Com	y Management System (SEMS) mand System (ICS) structure?	yes <u>x</u>	no
2.	What is the interact with	maximum number of local ju in a disaster?	risdiction EOCs you will need to	4	
3.	Have you a. real ev b. exercis		ear in a:	yes x	no no
4.	List all co	ounties with which you have	a written medical mutual aid agre	yes <u>x</u> ement.	no

Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	yes nox_
Do you have a formal agreement with community clinics in your operationareas to participate in disaster planning and response?	onal yesno _x
Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
Are you a separate department or agency?	yes <u>x</u> no
If not, to whom do you report?	
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?	
	participate in disaster planning and response?  Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?  Are you part of a multi-county EMS system for disaster response?  Are you a separate department or agency?  If not, to whom do you report?  If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with

1019	System:	Sierra-Sacramento Valley	EMS Agency		
oun	ty:	Colusa	Reporting Year:	2018	
YST	TEM RESOU	JRCES			
	Casualty Co	ollections Points (CCP)			
		re your CCPs located? Se	e attached list		
		they staffed?	e attached fist		
			apporting them for 72 hours?	yes <u>x</u>	no
		14			
	CISD Do you have	e a CISD provider with 24	hour capability?	yes <u>x</u>	_ no
	Medical Res	sponse Team			
	a. Do you h	ave any team medical resp	onse capability?	yes	no
	b. For each	team, are they incorporate	d into your local	yes	no
	response			yes	no
		available for statewide res		yes	
	d. Are they	part of a formal out-of-sta	te response system?	yes	no
	Hazardous N	Materials			
	a. Do you ha	ave any HazMat trained m	edical response teams?	yes <u>x</u>	no
	b. At what I	HazMat level are they train ave the ability to do decon	ed?	-	_ 110
	emergenc		tailination in an		
		ave the ability to do decon	tamination in the field?	yes <u>x</u> yes <u>x</u>	100
	ATIONS				
	Are you usin that incorpora	g a Standardized Emergen ates a form of Incident Co	cy Management System (SEMS) mmand System (ICS) structure?	¥100 ×	
				yes <u>x</u>	no
	interact with	in a disaster?	jurisdiction EOCs you will need to	2	
		tested your MCI Plan this	vear in a	3	_
	a. real eve			Vioc v	
	b. exercise	e?		yes <u>x</u>	
	List all cou	unties with which you have	e a written medical mutual aid agre	yes <u>x</u>	no

5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	yes no_x_
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	=

EMS S	System:	Sierra-Sacramento Valley E	MS Agency		
County:		Glenn	Reporting Years	2018	
SVSTI	EM RESO	IIDCEC			
31011		ORCES			
١.	Casualty C	Collections Points (CCP)			
		are your CCPs located? See a	attached list		
	b. How are	e they staffed? have a supply system for supp		yes <u>x</u>	no
•	CISD				
	Do you hav	ve a CISD provider with 24 ho	ur capability?	yes <u>x</u>	no
•	Medical Re	esponse Team			
10	b. For each	have any team medical respon team, are they incorporated in	se capability? nto your local	yes	no <u>x</u>
	response	*		yes	no <u>x</u>
		available for statewide respon		yes	no <u>x</u>
(	J. Are they	part of a formal out-of-state r	esponse system?		no <u>x</u>
I	Hazardous 1	Materials	31 St.		
a	n. Do you h	ave any HazMat trained medi	cal response teams?	yes <u>x</u>	no
b	o. At what i	HazMat level are they trained?	>	) 00 <u>A</u>	_ 110
С		ave the ability to do decontam	nination in an	_	
d	Emergen  l. Do you h	cy room? ave the ability to do decontam	nination in the field?	yes <u>x</u> yes <u>x</u>	no
PERA	TIONS				
Α	re you usir	ig a Standardized Emergency	Management System (SEMS)		
tł	nat incorpor	rates a form of Incident Comm	nand System (ICS) structure?	yes <u>x</u>	no
W	What is the rateract with	maximum number of local juri in a disaster?	sdiction EOCs you will need to		
3.	Have you	tested your MCI Plan this yea	ur in a:	4	
	a. real ev			Vec	***
	b. exercis	e?		yes x	
4.	List all co	unties with which you have a	written medical mutual aid agre	yes <u>x</u>	no

5.	Do you have formal agreements with hospitals in your operational area t	0 11
	participate in disaster planning and response?	yes no <u>x</u>
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no _x_
7	·	700 MO _ <u>A</u> _
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	

EMS System:		Sierra-Sacramento Valley EM	IS Agency		
County:		Nevada	Reporting Year:	2018	
SYS	TEM RESO	URCES			
1.	a. Where a	Collections Points (CCP) are your CCPs located? See at e they staffed?	tached list		
	c. Do you	have a supply system for suppo	rting them for 72 hours?	yes <u>x</u>	no
2.	CISD Do you hav	ve a CISD provider with 24 hou	r capability?	yes <u>x</u>	_ no
3.	Medical Re	esponse Team			
	a. Do you b. For each	have any team medical response team, are they incorporated into	e capability? To your local	yes	no <u>x</u>
	response	•		yes	no <u>x</u>
		available for statewide respons			no x
	d. Are they	part of a formal out-of-state re-	sponse system?		no x
4.	Hazardous 1	Materials			
	b. At what	have any HazMat trained medic. HazMat level are they trained?		yes <u>x</u>	no
	emergen	nave the ability to do decontamic cy room? nave the ability to do decontami		yes <u>x</u> yes <u>x</u>	
OPER	RATIONS				
ļ.	Are you usin	ng a Standardized Emergency N rates a form of Incident Comma	Ianagement System (SEMS) and System (ICS) structure?	yes <u>x</u>	no
2.	What is the interact with	maximum number of local juris in a disaster?	diction EOCs you will need to	5	
3.	Have you	tested your MCI Plan this year	in a:		_
	a. real ev	rent?		yes <u>x</u>	no
	b. exercis			yes x	
4.	List all co	ounties with which you have a w	ritten medical mutual aid agre	ement.	

a formal agreement with community clinics in your operatio sipate in disaster planning and response?	nal	
T Othamber	yes	_no_ x_
of a multi-county EMS system for disaster response?	yes <u>x</u>	no
arate department or agency?	yes _x	_ no
m do you report?		
vis not in the Health Department, do you have a plan bublic health and environmental health issues with partment?		
	of a multi-county EMS system for disaster response?  arate department or agency?  In do you report?  It is not in the Health Department, do you have a plan public health and environmental health issues with	pripate in disaster planning and response?  yes  of a multi-county EMS system for disaster response?  yesx  arate department or agency?  yesx  n do you report?  yesx  yesx  yesx

	s system:	Sierra-Sacrame	ento Valley EMS Ag	ency		
Cou	inty:	Placer		Reporting Year:	2018	
SYS	STEM RESC	OURCES				
1.	<ul><li>a. Where</li><li>b. How a</li></ul>	re they staffed?	cated? See attached stem for supporting t		yes <u>x</u>	<u> </u>
2.	CISD Do you ha	ave a CISD provid	er with 24 hour capa	bility?	yes <u>x</u>	no
3.	a. Do you b. For eac	th team, are they in	edical response capa ncorporated into you	bility? r local	yes	
	c. Are the	se plan? y available for stat y part of a formal	tewide response? out-of-state response	e system?	yes yes yes	no <u>x</u>
4.	b. At what	have any HazMat t HazMat level are	trained medical resp they trained? do decontamination		yes <u>x</u>	no
		ncy room? have the ability to	do decontamination	in the field?	yes <u>x</u> yes <u>x</u>	
OPER ·	RATIONS Are you using that incorporate inc	ing a Standardized orates a form of Ind	l Emergency Manage cident Command Sy	ement System (SEMS) stem (ICS) structure?	yes <u>x</u>	no
•	What is the			n EOCs you will need to	10	
3.	Have you a. real ed b. exercit	vent?	Plan this year in a:		yes <u>x</u>	no
4.			h you have a written	medical mutual aid agree	yes <u>x</u> ement.	_ no

Do you have formal agreements with hospitals in your operational area t	O
participate in disaster planning and response?	yes no _x
Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	
Are you part of a multi-county EMS system for disaster response?	yes _x_no
Are you a separate department or agency?	yes <u>x</u> no
If not, to whom do you report?	
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?	8
	Do you have a formal agreement with community clinics in your operatareas to participate in disaster planning and response?  Are you part of a multi-county EMS system for disaster response?  Are you a separate department or agency?  If not, to whom do you report?  If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with

20171	S System:	Sierra-Sacramento Vall	ey EMS Agency		
Cou	nty:	Shasta	Reporting Year:	2018	
SYS	TEM RESO	URCES			
1.	a. Where a b. How ar	Collections Points (CCP) are your CCPs located? e they staffed? have a supply system for	See attached list supporting them for 72 hours?	yes <u>x</u>	no
2.	CISD  Do you have	ve a CISD provider with 2	24 hour capability?	yes <u>x</u>	_ no
3.	Medical Re	esponse Team	40		
	a. Do you	have any team medical re team, are they incorpora	sponse capability? ted into your local	yes	no <u>x</u>
	response	•		yes	no <u>x</u>
		available for statewide re		yes	
	d. Are they	part of a formal out-of-s	tate response system?	yes	
4.	Hazardous 2	Materials	: : : : : : : : : : : : : : : : : : :		
	<ul><li>b. At what</li><li>c. Do you h</li></ul>	nave any HazMat trained HazMat level are they tra nave the ability to do deco	ined?	yes <u>x</u>	_ no
		cy room? nave the ability to do deco	entamination in the field?	yes <u>x</u> yes <u>x</u>	
OPER l.	ATIONS Are you using that incorporate	ng a Standardized Emerge rates a form of Incident C	ency Management System (SEMS) command System (ICS) structure?	yes <u>x</u>	no
2.	What is the interact with	maximum number of loca in a disaster?	l jurisdiction EOCs you will need to		
3.		tested your MCI Plan thi	s year in a:	4	
	a. real ev			yes <u>x</u>	no
	b. exercis	se?		yes x	
4.	List all co	ounties with which you ha	ve a written medical mutual aid agre	ement	110

٥.	participate in disaster planning and response?	yes no <u>x</u> _
6.	Do you have a formal agreement with community clinics in your operationareas to participate in disaster planning and response?	nal yes <u>no x</u>
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> no <u> </u>
9.	If not, to whom do you report?	
	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?	

EMS	S System:	Sierra-Sacramento Valley EMS Age	ncy		
Cou	nty:	Siskiyou	Reporting Year:	2018	
SYS	TEM RESOI	URCES			
1.	a. Where a b. How are	ollections Points (CCP)  are your CCPs located? See attached  they staffed?  have a supply system for supporting the		yes <u>x</u>	_no
2.	CISD Do you hav	e a CISD provider with 24 hour capab	ility?	yes <u>x</u>	no
3.	Medical Re	sponse Team			
	a. Do you h b. For each	nave any team medical response capab team, are they incorporated into your	ility? local	yes	no <u>x</u>
	response	plan?		yes	no x
		available for statewide response?		yes	
	d. Are they	part of a formal out-of-state response	system?	yes	
4.	Hazardous N	Materials			
	a. Do you h	ave any HazMat trained medical respo	onse teams?	MAG W	
	b. At what I	HazMat level are they trained?ave the ability to do decontamination i		yes <u>x</u>	no
	emergenc			yes <u>x</u> yes <u>x</u>	
OPER	RATIONS				
1.	Are you usin that incorpor	g a Standardized Emergency Manager ates a form of Incident Command Sys	(DODI)	yes <u>x</u> 1	no
2.	What is the n interact with	naximum number of local jurisdiction in a disaster?	EOCs you will need to	5	
3.		tested your MCI Plan this year in a:		5	
	a. real eve				
	b. exercise	e?		yes x	
4.	List all cou	unties with which you have a written n	nedical mutual aid agree	yes $\underline{x}$ ement.	_ no

5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	)
		yes no _x_
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	onal yes no <u>_x</u>
7.	Are you part of a multi-county EMS system for disaster responses?	yes _x_ no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	

EM	S System:	Sierra-Sacramento Valley EMS A	agency		
Cou	nty:	Sutter	Reporting Year:	2018	
SYS	TEM RESO	URCES			34
1.	Casualty C	ollections Points (CCP)			
	a. Where a	are your CCPs located? See attach	ed list		
		e they staffed? have a supply system for supporting	g them for 72 hours?	yes <u>x</u>	no
2.	CISD				
۷.		ve a CISD provider with 24 hour cap	pability?	yes x	no
3.	Medical Re	esponse Team			
	<ul><li>a. Do you l</li><li>b. For each</li></ul>	have any team medical response cap team, are they incorporated into yo	oability? our local	yes	no x
	response	plan?		yes	no <u>x</u>
		available for statewide response?		yes	
	d. Are they	part of a formal out-of-state respon	nse system?	yes	
١.	Hazardous l	Materials			
	a. Do you h	nave any HazMat trained medical re	sponse teams?	yes <u>x</u>	no
	b. At what ]	HazMat level are they trained?		_=	110
		ave the ability to do decontamination	on in an	_	
	d. Do you h	cy room? have the ability to do decontamination	on in the field?	yes <u>x</u> yes <u>x</u>	
PEF	RATIONS				
•	Are you usir	ng a Standardized Emergency Mana rates a form of Incident Command	CC	yes <u>x</u>	no
	What is the interact with	maximum number of local jurisdict in a disaster?	ion EOCs you will need to	5	
3.	Have you	tested your MCI Plan this year in a	ı:		
	a. real ev			yes x	no
	b. exercis	se?			
4.	List all co	unties with which you have a writt	en medical mutual aid agrae	yes <u>x</u>	no

3.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	yes no _x_
6.	Do you have a formal agreements with community clinics in your operation areas to participate in disaster planning and response?	ional yes no _x_
7.	Are you part of a multi-county EMS system for disaster response?	yes _x_ no
8.	Are you a separate department or agency?	yes <u>x</u> 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?	

J1 V I L	5 System.	Sierra-Sacramento valley	EMS Agency		
Cou	nty:	Tehama	Reporting Year:	2018	
SYS'	TEM RESO	URCES			
•	Complex	Call of Data (Com)	想		
•		Collections Points (CCP)			
		are your CCPs located? Sec	e attached list		
	c. Do vou	e they staffed? have a supply system for su	pporting them for 72 hours?		
	· = - J · ·	with a supply system for su	pporting them for 72 nours?	yes <u>x</u>	no
	CISD				
	Do you hav	ve a CISD provider with 24	hour capability?	yes <u>x</u>	_ no
	Medical Re	esponse Team			
	a. Do you	have any team medical response	onse capability?	yes	no
	b. For each	team, are they incorporated	l into your local	<i>y</i> 00	110
	response			yes	no i
		available for statewide resp		yes	
	d. Are they	part of a formal out-of-state	e response system?	yes	
	Hazardous I	Materials			
	a. Do you h	nave any HazMat trained me	dical response teams?	yes <u>x</u>	no
	b. At what	HazMat level are they traine	ed?	) 00 <u>rt</u>	- 110
		ave the ability to do deconta	amination in an	-	
	d Do you h			yes <u>x</u>	no
	u. Do you n	ave the ability to do decont	amination in the field?	yes x	no
PER	RATIONS	583			
	Are you usir	ng a Standardized Emergend	y Management System (SEMS)		
	that incorpor	rates a form of Incident Con	amond Createry (ICC)	yes <u>x</u>	no
	What is the	naximum number of local in	urisdiction EOCs you will need to		
	interact with	in a disaster?	2003 you will need to	3	
3.	Have you	tested your MCI Plan this y	vear in a:		_
	a. real ev			yes x	no
	b. exercis			ves x	no no
4.	List all co	unties with which you have	a written medical mutual aid agree	ement	

5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	yes no <u>_x</u> _
6.	Do you have a formal agreement with community clinics in your operationareas to participate in disaster planning and response?	onal yes no _x_
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8. 9.	Are you a separate department or agency?  If not, to whom do you report?	yes <u>x</u> no <u> </u>
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?	

Cou	nty:	Yuba	Reporting Year:	2018	
SYS	TEM RESC	OURCES			
1.	a. Where	Collections Points (CCP) are your CCPs located? re they staffed?			
	c. Do you	have a supply system for	or supporting them for 72 hours?	yes <u>x</u>	no
2.	CISD Do you ha	ve a CISD provider with	24 hour capability?	yes <u>x</u>	no
	Medical R	esponse Team			
	a. Do you b. For each	have any team medical in team, are they incorporate	response capability? rated into your local	yes	no <u>x</u>
		v available for statewide		yes	
	d. Are they	y part of a formal out-of-	state response system?	yes	
	Hazardous	Materials			
	a. Do you	have any HazMat trained	l medical response teams?	ves v	no
	b. At what	HazMat level are they to ave the ability to do dec	rained?	yes <u>x</u>	_ 110
	emergen	cy room?	contamination in the field?	yes <u>x</u> yes <u>x</u>	
PER	RATIONS				
	Are you usit that incorpo	ng a Standardized Emergrates a form of Incident	gency Management System (SEMS) Command System (ICS) structure?	yes <u>x</u>	no
	What is the interact with	maximum number of loc in a disaster?	cal jurisdiction EOCs you will need to	4	
3.	Have you	tested your MCI Plan tl	nis year in a:		
	a. real ev			yes <u>x</u>	no
	b. exerci			ves v	no
4.	List all co	ounties with which you h	ave a written medical mutual aid agree	ement	110

<i>J</i> .	participate in disaster planning and response?	yes no <u>x</u>
6.	Do you have a formal agreement with community clinics in your operation areas to participate in disaster planning and response?	
7.	Are you part of a multi-county EMS system for disaster response?	yes <u>x</u> no
8.	Are you a separate department or agency?	yes <u>x</u> no
9.	If not, to whom do you report?	ÇT <sub>i</sub>
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?	

Reporting Year:

2018

#### Response/Transportation/Providers

	Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: Ne	evada		Provider:				Nevada Zone 2	
Address:	PO Box 354 Grass Valley, (	CA 95945-0354		Number of Ambulance			W	
Phone Number: 530-265-4431  Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:								
Written C	ontract:	Medical Director:	System A	Available 24 Hours:	Lev	el of Ser	vice:	
☐ Yes ☑ No		<b>Ø</b> Yes	□ No	☐ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ LALS ☐ CCT ☐ IFT		Ů 7-Digit □ Air □ CCT □ Water		
Owner	shin:	If Public:	If Dublica.		1 191			
·		ii Public.	<u> </u>	If Public: If Air:			Air Classification:	
Ø Public □ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		7.20 1.00000	
			Tra	nsporting Agencies	24			
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 train Number of non-emergency	nsports	rts	

Reporting Yea	r: 2018	<u> </u>								
			Respons	e/Transpo	rtation/Prov	viders				
		Note: Table 8 is to be	e completed	for each pr	ovider by co	unty. Make copies as i	needed	d.		
County: Placer			_ Provider:	AMR	86	Resp	onse 2	Zone:	Placer Zone 3	
Address: 61	01 Pacific St			Number o	of Ambulanc	ce Vehicles in Fleet:	26			
	ocklin, CA 95	677-3487								
Phone Number: 910	6563-0704					Ambulances on Duty on Any Given Day:	12			
Written Con	tract:	Medical Director:	System	Available 2	24 Hours:		Level	of Serv	rice:	
		<b>✓</b> Yes	□ No		☑ Transport □ Non-Transport			9-1-1 7-Digit CCT IFT	☑ Ground □ Air □ Water	
									12	
Ownershi	<u>ip:</u>	<u>lf Public:</u>	<u> If</u>	<u>If Public</u> :		<u>lf Air:</u>	Air Classifi		<u>cation</u> :	
1			☐ State	☐ Cou ☐ Fire		☐ Fixed Wing ☐ Air		Auxiliary R Air Ambula ALS Rescu BLS Rescu	ince ie	
			Tra	ansporting	Agencies					
32,992Total number of responses32,992Number of emergency responsesNANumber of non-emergency responses		24,633 24,633 NA		24,633	Total number of transports  Number of emergency transports  Number of non-emergency transports					
			<u>Air</u>	Ambulanc	e Services					
Num	ber of er	of responses nergency responses on-emergency responses				Total number of trans Number of emergency Number of non-emergency	y trans <sub>l</sub>	•	ts	

2018

Table 8: Resource Dir	rectory			
Reporting Year: 201	8	Response/Transportation/	Providers	
	Note: Table 8 is to be	e completed for each provider b		eeded.
County: Shasta		Provider: AMR Shasta	Respo	onse Zone: Zone 3
Address: 4451 Caterpilla Redding, CA 9	ar Road Suite 1	Number of Ambu	lance Vehicles in Fleet:	11
Phone Number: 530-241-2323	0000 1400	Average Number At 12:00 p.m. (no	7	
Written Contract:	Medical Director:	System Available 24 Hour	<u>s:</u> <u>L</u>	_evel of Service:
✓ Yes □ No	☑ Yes □ No	<b>√</b> Yes □ No	☑ Transport □ Non-Transport	☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Dublice	(f Darkillar		
☐ Public ☐ Private	If Public: ☐ Fire ☐ Law ☐ Other Explain:		<u>If Air:</u> ☐ Rotary ☐ Fixed Wing	Air Classification:  Auxiliary Rescue  Air Ambulance  ALS Rescue  BLS Rescue
		Transporting Agenc	es	
Number of e	r of responses mergency responses on-emergency responses	13,353 13,353 NA Air Ambulance Servi	Total number of transp Number of emergency Number of non-emergence	transports

Total number of transports Number of emergency transports

Number of non-emergency transports

Total number of responses Number of emergency responses

Number of non-emergency responses

Table 8: Resource Di	rectory							
Reporting Year: 201	8							
		Response/Transportation/Pro	viders					
	Note: Table 8 is to b	e completed for each provider by c	ounty. Make copies as neede	ed.				
County: Shasta		Provider: Anderson FPD	Response	Zone: Zone 3				
Address: 1925 Howard	St	Number of Ambular	ice Vehicles in Fleet:					
Anderson, CA	96007-3340		<del></del>					
Phone Number: 530-379-6699		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:						
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:					
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT				
Ownership:	If Public:	If Public:	If Air:	Air Classification:				
☐ Private ☐ Law ☐ Other Explain:		☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>				
		Transporting Agencies		2				
Number of e	er of responses emergency responses on-emergency responses		Total number of transports  Number of emergency trans Number of non-emergency					

#### Air Ambulance Services

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

Table 8	B:	Resource	<b>Directory</b>
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Reporting Year: 2018

#### Response/Transportation/Providers

	Note: Table 8 is to be completed for each provider by county. Make copies as needed.									
County: Co	olusa		Provider:	Arbuckle	FPD	Re	sponse	Zone:	Colusa Zone 1	
Address: PO Box 727				Numb	er of Ambuland	ce Vehicles in Fleet	:			
	Arbuckle, CA 9	95912-0727						-		
Phone Number:	530-476-2231		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:							
Written C	ontract:	Medical Director:	System /	Availab	ole 24 Hours:		Leve	l of Ser	vice:	
☐ Yes ☑ No ☐		☐ Yes ☑ No	<b>⊄</b> Yes	□ No		☐ Transport ☐ Non-Transpo			☑ Ground □ Air □ Water	
Owner	ship:	If Public:	If Public:		If Air:			Air Classific	ation	
☐ Public ☐ Fire ☐ Law ☐ Other Explain:		☐ Fire ☐ Law ☐ Other	☐ City ☐ State ☐ Federa		County Fire District	□ Rotary □ Fixed Wir	g	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue		escue nce e
			<u>Tra</u>	ınsporl	ting 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							
			<u>Air</u>	<u>Ambul</u>	ance Services				87	
Total number of responses  Number of emergency responses  Number of non-emergency responses						Total number of tra Number of emerge Number of non-em	ncy tran		orts	

Table	8:	Resource	<b>Directory</b>
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Reporting Year:

2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Placer Provider: Auburn Fire Response Zone: Placer Zone 3 Address: 1225 Lincoln Way Number of Ambulance Vehicles in Fleet: Auburn, CA 95603-5004 Phone Average Number of Ambulances on Duty Number: 530-823-4211 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☐ ALS 9-1-1 ☑ Ground Non-Transport BLS Ò 7-Digit □ Air ☐ LALS □ CCT ■ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☐ Citv ☐ County Rotary □ Auxiliary Rescue □ Private ☐ Law State ☑ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Re	esource Dir	ectory							
Reporting Y	/ear: 2018	3		·					
			Respons	e/Transportation/Prov	riders				
		Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as i	neede	ed.		
County: Yu	uba		Provider:	Beale AFB Ambulance	Resp	onse	Zone: Yuba Zone2		
Address:	6451 B St			Number of Ambulance Vehicles in Fleet: 2					
	Beale AFB, CA	A 95903-1708							
Phone			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:			2			
Written Contract: Medical Director:			System Available 24 Hours:			Level of Service:			
<b>⊈</b> Yes [	Yes I No I Yes I No I Yes			□ No	☑ Transport □ Non-Transport		ALS		
· · · · · · · · · · · · · · · · · · ·			1						
Owner	ship:	<u>If Public:</u>	<u>If</u>	Public:	<u>lf Air:</u>		Air Classification:		
	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue		
	•		Tra	ansporting Agencies			# g		
Total number of responses  Number of emergency responses  Number of non-emergency responses				136 136 NA	Total number of trans Number of emergency Number of non-emerg	tran			

# 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
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Table 8: Resource Di	rectory						
Reporting Year: 201	8	Respons	e/Transportation/Provi	ders			
	Note: Table 8 is to be	completed	for each provider by cou	<i>inty</i> . Make copies as need	ed.		
County: Colusa		Provider:	Bear Valley Indian FPD	Response	Zone: Colusa Zone 1		
Address: PO Box 127		Number of Ambulance Vehicles in Fleet:					
Phone Number: 530-963-3231			Average Number of A At 12:00 p.m. (noon) o	on Any Givon Day			
Written Contract:	Medical Director:	System Available 24 Hours: Level of Service:			I of Service:		
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No		☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT		
Ownership:	If Public:	If	Public:	If Air:	Air Classification		
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing	Air Classification:  ☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue		
		Ţr	ansporting Agencies	8:			
<b>T</b>							

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

Reporting Year: 2018	8							
#		Respons	se/Transportation/Prov	viders .				
	Note: Table 8 is to b	e completed	for each provider by co	<i>unty</i> . Make copies as r	neede	d.		
County: Yuba		Provider:	r: Bi-County Ambulance Res			ponse Zone: Yuba Zone1		
Address: PO Box 3130	=		Number of Ambuland	ce Vehicles in Fleet:	17			
Yuba City, CA	95992-3130							
Phone Number: 530-674-2780			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:  6			φ		
Written Contract:	Written Contract: Medical Director: S		Available 24 Hours:		Level of Service:			
	☑ Yes ☐ No	<b>¼</b> Yes	□ No	☑ Transport □ Non-Transport		ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water		
Ownership:	<u>If Public:</u>	<u></u>	Public:	<u>lf Air:</u>		Air Classification:		
□ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	¥	<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>		
		Tr	ansporting Agencies					
20,762Total number of responses20,762Number of emergency responsesNANumber of non-emergency responses			16,261 16,261 NA	Total number of transp Number of emergency Number of non-emerg	trans			
		Air	Ambulance Services					
Number of er	r of responses mergency responses on-emergency responses		Total number of transp Number of emergency Number of non-emerg	r trańs				

Reporting Year: 201	8							
8		Respons	e/Transportation/Prov	viders				
	Note: Table 8 is to b	e completed	for each provider by co	unty. Make copies as r	neede	ed.	40	
County: Shasta  Address: 37072 Hwy 299 E		Provider: Burney Fire Re			sponse Zone: Zone 2			
			Number of Ambulance	ce Vehicles in Fleet:	2		Ti	
Burney, CA 96	6013-4126			t.				
Phone			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:  1		<u> </u>			
Written Contract:	Medical Director:	System	Available 24 Hours:		Level	of Serv	ice:	
¥ Yes □ No	¥ Yes □ No	<b>✓</b> Yes	□ No	☑ Transport □ Non-Transport		ALS BLS LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Our and him.	16 15 11 11					-		
Ownership:	If Public:	<u>If</u>	Public:	If Air:		4	Air Classification:	
	☑ Fire □ Law □ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary □ Fixed Wing		000	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue	
		Tra	ansporting Agencies					
Total number of responses  Number of emergency responses  Number of non-emergency responses			429 429 NA	Total number of transp Number of emergency Number of non-emerg	trans		ts	
		Air	Ambulance Services					
Total number of responses  Number of emergency responses  Number of non-emergency responses				Total number of transp Number of emergency Number of non-emerg	trans		ts	

Reporting Year: 2018	8					
		Respons	e/Transportation/Prov	viders		
	Note: Table 8 is to be	e completed	for each provider by co	ounty. Make copies as r	needed.	
County: Butte		Provider:	Butte County EMS Inc.	Resp	onse Zone	Butte Zone1
Address: 333 Huss Dr Suite 100			Number of Ambulance	ce Vehicles in Fleet:	24	
Chico, CA 959	28-8242					
Phone Number: 530-879-5512			Average Number of At 12:00 p.m. (noon)		14	
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of S	ervice:
☐ Yes □ No	☑ Yes □ No	<b> </b>	□ No	☑ Transport ☐ Non-Transport	☑ ALS □ BLS □ LALS	3
Ownership:	If Public:	If	Public:	If Air:		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
92		<u>Tr</u>	ansporting Agencies			
29,397 Number of e	r of responses mergency responses on-emergency responses		21,445 21,445 NA	Total number of transp Number of emergency Number of non-emerg	r transports	
26		Air	Ambulance Services			
Total number of responses  Number of emergency responses  Number of non-emergency responses				Total number of transp Number of emergency Number of non-emerg	transports	

Reporting Year: 2018	8					
		Respons	e/Transportation/Prov	riders		
	Note: Table 8 is to be	completed	for each provider by co	<i>unty.</i> Make copies as r	needed.	
County: Siskiyou		Provider:	Butte Valley Ambulance	Resp	onse Zone	Zone 1
Address: 104 N Railroad	1	<del></del>	Number of Ambulance	ce Vehicles in Fleet:	2	
Dorris, CA 960	23					
Phone Number: 530-397-2105			Average Number of A At 12:00 p.m. (noon)		1	
Written Contract:	Medical Director:	System	Available 24 Hours:		_evel of Se	ervice:
	☑ Yes □ No	<b>✓</b> Yes	□ No	☑ Transport □ Non-Transport	☐ ALS ☑ BLS ☐ LALS	<ul><li></li></ul>
Ownership:	If Publice	16	Dublica	IC A:		
□ Public □ Private	If Public:  ☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	Public:  County Fire District	<u>If Air:</u> ☐ Rotary ☐ Fixed Wing		Air Classification:  ☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Tr	ansporting Agencies			
97 Number of e	r of responses mergency responses on-emergency responses	<u> Air</u>	92 92 0 Ambulance Services	Total number of transp Number of emergency Number of non-emerg	transports	ports
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency	transports	

Table 8:	Resour	ce Directory
Reporting	g Year:	2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Colusa Provider: CAL Fire Colusa Response Zone: Colusa Zone 1 Address: 1199 big Tree Number of Ambulance Vehicles in Fleet: St Helena, CA 94574-9711 Phone **Average Number of Ambulances on Duty** Number: 707-994-2441 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director: System Available 24 Hours:** Level of Service: ☐ Yes ☑ No ✓ Yes □ No ✓ Yes □ No □ Transport ☐ ALS 9-1-1 ☑ Ground ☑ Non-Transport **BLS** □ 7-Digit □ Air ☐ LALS □ CCT ■ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☐ City ☐ County □ Rotary ☐ Auxiliary Rescue Private ☐ Law State Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Resource Di	rectory			
Reporting Year: 201	8	Response/Transportation/Prov	riders	
	Note: Table 8 is to be	e completed for each provider by co	unty. Make copies as neede	ed.
County: Shasta	¥1	Provider: CAL Fire	Response	Zone: Zone 3
Address: 6105 Airport I Redding, CA		Number of Ambulanc	e Vehicles in Fleet: 0	
Phone Number: 530-224-2460	)	Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:
☐ Yes ☑ No	☑ Yes □ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:
☑ Public □ Private	☑ Fire □ Law □ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary □ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies		
Number of e	er of responses emergency responses non-emergency responses		Total number of transports Number of emergency tran Number of non-emergency	

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

Total number of responses Number of emergency responses

Number of non-emergency responses

Table 8: Resource Di	rectory					2
Reporting Year: 201	8					
	9	Respons	se/Transportation/Prov	riders		
	Note: Table 8 is to b	e completed	for each provider by co	unty. Make copies as n	eeded.	
County: Placer, Nevada, Y	uba,	_ Provider:	CALSTAR	Respo	nse Zone	Placer Zones 1,2,3 Nevada Zones 2,3 Yuba Zone 1,2
Address: 13750 Lincoln	Wy		Number of Ambulanc	e Vehicles in Fleet:	13	
Auburn, CA 9	5603-3276					
Phone Number: 530-887-0569			Average Number of A At 12:00 p.m. (noon)		13	
Written Contract:	Medical Director:	System	Available 24 Hours:	_ <u>L</u>	evel of Se	ervice:
¥ Yes □ No	¥ Yes □ No	<b>✓</b> Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	
Ownership:	If Dublies		(Dublica)	10.41		
Ownership: ☐ Public ☐ Private	If Public:  ☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	F Public:  County Fire District al	If Air: ☐ Rotary ☐ Fixed Wing		Air Classification:  ☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
	12	<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses		e = °	Total number of transp Number of emergency Number of non-emerge	transports	

130

130

Total number of transports

Number of emergency transports

Number of non-emergency transports

Total number of responses

Number of emergency responses

Number of non-emergency responses

131

131

Reporting Year:

2018

### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Siskiyou Provider: CAL Fire Siskiyou Response Zone: Siskiyou Zone 1-6 Address: PO Box 128 Number of Ambulance Vehicles in Fleet: Yreka, CA 96097-0128 Phone Average Number of Ambulances on Duty Number: 530-842-3516 At 12:00 p.m. (noon) on Any Given Day: **Written Contract:** Medical Director: System Available 24 Hours: Level of Service: ☐ Yes ☑ No ✓ Yes □ No. ✓ Yes □ No ☐ Transport ☐ ALS 9-1-1 ☑ Ground Non-Transport ☑ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT □ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☐ City County Rotary Auxiliary Rescue ☐ Private ☐ Law ☑ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: \_\_\_\_ ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Reporting Year:

2018

## Response/Transportation/Providers

		Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as n	eeded.	
County: Te	ehama		Provider:	Capay Fire	Respo	onse Zone:	Tehama Zone 1
Address:	50 4th Ave	963-9512		Number of Ambulance	ce Vehicles in Fleet:	0	
Phone Number:	530-865-2070			Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	0	
Written C	ontract:	Medical Director:	System /	Available 24 Hours:	<u>l</u>	_evel of Se	vice:
☐ Yes (	<b>⊿</b> No	☐ Yes ☑ No	<b>√</b> Yes	□ No	☐ Transport ☑ Non-Transport	□ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owner	ship:	If Public:	If	Public:	If Air:		Air Classification:
Ø Pul □ Priv	blic vate	☑ Fire □ Law □ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue
			Tra	insporting Agencies			145
N	lumber of er	of responses nergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts
_		30	Air	Ambulance Services			
N	lumber of er	of responses nergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts

Table 8: Resource Direct	ory
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Reporting Year: 2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Colusa Provider: Colusa Fire Response Zone: Colusa Zone 1 Address: 750 Market st Number of Ambulance Vehicles in Fleet Colusa, CA 95932-2327 Phone Average Number of Ambulances on Duty Number: 530-458-7721 At 12:00 p.m. (noon) on Any Given Day: Written Contract: **Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No. ✓ Yes □ No ☐ Transport ☑ Ground ☐ ALS 9-1-1 Non-Transport ☑ BLS Ď 7-Digit ☐ Air ☐ LALS □ CCT □ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☐ City ☐ County □ Rotary ☐ Auxiliary Rescue ☐ Private ☐ State ☐ Law Fire District ☐ Air Ambulance ☐ Fixed Wing □ Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Resource Dir	rectory				
Reporting Year: 201	7				
5		Response/T	ransportation/Prov	viders	
	Note: Table 8 is to b	e completed for e	each provider by co	unty. Make copies as need	ed.
County: Shasta		Provider: Cott		·	
		I IOVIGEI	onwood i ne	Response	e Zone: Zone 3
Address: PO Box 618		Nu	mber of Ambulanc	ce Vehicles in Fleet:	
	CA 96022-0681	- 21			
Phone				Ambulances on Duty on Any Given Day:	
2 2				on Any Olven Day.	
Written Contract:	Medical Director:	System Ava	ilable 24 Hours:	Leve	l of Service:
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □	No	☐ Transport ☐	ALS 🗳 9-1-1 🗹 Ground
				☑ Non-Transport ☑	BLS 🗓 7-Digit 🖫 Air
				<u> </u>	LALS CCT Water
Ownership:	If Public:	<u>If Pul</u>	<u>blic</u> :	<u>lf Air:</u>	Air Classification:
<b>Ø</b> Public	☑ Fire	☐ City (	☐ County	☐ Rotary	☐ Auxiliary Rescue
Private	☐ Law ☐ Other		☑ Fire District	☐ Fixed Wing	☐ Air Ambulance
	Explain:	☐ Federal			☐ ALS Rescue ☐ BLS Rescue
					BES Nescue
		Trans	porting Agencies		
Total number	r of rooms	-			
	r of responses mergency responses			Total number of transports  Number of emergency tran	
	on-emergency responses			Number of non-emergency	
		<u>Air</u> Am	bulance Services		

Total number of transports Number of emergency transports

Number of non-emergency transports

Total number of responses

Number of emergency responses Number of non-emergency responses

Table 8: Resource Die	rectory					
Reporting Year: 201	8					
		Response	e/Transportation/Prov	iders		
	Note: Table 8 is to b	e completed t	for each provider by cou	unty. Make copies as n	eeded.	
County: Yuba	0	Provider:	Dobbins Oregon House Fire	Resp	onse Zo	ne: Yuba Zone1
Address: PO Box 164			Number of Ambulanc	e Vehicles in Fleet:	0	
	e, CA 95962-0164	·				
Phone Number: 530-675-2343			Average Number of A At 12:00 p.m. (noon)		0	R
Written Contract:	Medical Director:	System /	Available 24 Hours:	<u></u>	_evel of	Service:
☐ Yes ☑ No	☐ Yes ☑ No	√ Yes	□ No	☐ Transport ☑ Non-Transport	☐ ALS ☑ BLS ☐ LAL	S 🗓 7-Digit 🗆 Air
		T				
Ownership:	If Public:	<u>  If</u>	Public:	<u>If Air:</u>		Air Classification:
	☑ Fire □ Law □ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
	T.	Tra	insporting Agencies		•	
	0	110	moporting Agencies			
Number of e	r of responses mergency responses on-emergency responses		6	Total number of transp Number of emergency	transpo	

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

Reporting	Year: 20	18	Respons	e/Transportation/Prov	viders		
		Note: Table 8 is to b	e completed	for each provider by co	ounty. Make copies as r	needed.	20
County:	Nevada		_ Provider:	Donner Summit Wate	er District Resp	onse Zone:	Nevada Zone 1
Address:	53823 Sh Soda Spr	nerrit Ln. rings, CA 95728	Number of Ambular		ce Vehicles in Fleet:	2	
Phone Number:	530-426-	9239	102	Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	1, 2 are volume	staffed during high call
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	rvice:
√ Yes	□ No	√ Yes □ No	√ Yes	□ No	X Transport  Non-Transport	□ ALS X BLS □ LALS	X 9-1-1 X Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owne	ership:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
	ublic rivate	☐ Fire ☐ Law X Other Explain: water district	☐ City ☐ State ☐ Federa	☐ County √ Fire District al	☐ Rotary ☐ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue J BLS Rescue
			Tr	ansporting Agencies	NO NUMBERS REP	ORTED	
272 227 45	Number of e	er of responses emergency responses con-emergency responses		237 224 13	Total number of trans Number of emergency Number of non-emerg	transports	orts
			Air	Ambulance Services			
	Number of e	er of responses emergency responses on-emergency responses			Total number of trans Number of emergency	transports	orts

Table 8: R	esource Di	rectory				
Reporting \	Year: 201	8		53		
			Respons	e/Transportation/Prov	viders	
		Note: Table 8 is to be	completed	for each provider by co	ounty. Make copies as neede	ed.
County: s	iskiyou		Provider:	Dorris FD	Response	Zone: Zone 4
Address:	PO Box 786			Number of Ambulan	ce Vehicles in Fleet:	
	Dorris, CA 960	023-0786	100			
Phone Number:	530-397-2121	- E		Average Number of At 12:00 p.m. (noon)		
Written C	Written Contract: Medical Director: System Available 24 Hours: Level of Service:				I of Service:	
☐ Yes	<b>☑</b> No	☐ Yes ☑ No	Yes No Transport Non-Transport		☑ Non-Transport ☑	ALS
		10				
<u>Owne</u>	rship:	<u>If Public:</u>	<u>If</u>	Public:	<u>lf Air:</u>	Air Classification:
•	iblic ivate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			ii <u>Tra</u>	ansporting Agencies		α
N	Number of e	r of responses mergency responses on-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	

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 Dir	rectory				
Reporting Year: 201	8				
		Respons	e/Transportation/Prov	viders	
	Note: Table 8 is to b	e completed	for each provider by co	ounty. Make copies as ne	eeded.
County: Siskiyou		Provider:	Dunsmuir Fire	Respo	onse Zone: Zone 4
Address: PO Box 196			Number of Ambulane	ce Vehicles in Fleet:	
Dunsmuir, CA	96025-0196				41
Phone Number: 530-235-2551			Average Number of At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System	Available 24 Hours:	L	evel of Service:
☐ Yes ☑ No	☐ Yes ☑ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport	☐ ALS ☐ 9-1-1 ☑ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If</u>	Public:	If Air:	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☑ City □ State □ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
		Tra	ansporting Agencies		30
Number of e	r of responses mergency responses on-emergency responses		h	Total number of transport Number of emergency Number of non-emerge	transports
		A I	Ambulanca Samiaaa		

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: Re	esource Dir	rectory				
Reporting Y	/ear: 2018	8	Response/Transportation/	Providers		
		Note: Table 8 is to b	e completed for each provider b	y county. Make copies as nee	eded.	
County: Pl	acer		Provider: Dutch Flat Fire	Respon	se Zone: Placer Zone 3	
Address:	PO Box 83		Number of Ambu	llance Vehicles in Fleet:	B	
Phone Number:	Dutch Flat, CA 530-389-2287	95714-0083	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:			
Written C	ontract:	Medical Director:	System Available 24 Hour	s: Le	vel of Service:	
☐ Yes (	<b>√</b> No	☐ Yes ☑ No	✓ Yes □ No	Io □ Transport □ ALS □ 9-1-1 □ Non-Transport □ BLS □ 7-Dig □ LALS □ CCT		
					1	
<u>Owner</u>	rship:	<u>If Public:</u>	<u>If Public</u> :	<u>If Air:</u>	Air Classification:	
	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
			Transporting Agenc	ies		
N	lumber of e	r of responses mergency responses on-emergency responses	·	Total number of transpor  Number of emergency transport	ansports	

Total number of transports

Number of emergency transports

Number of non-emergency transports

Total number of responses

Number of emergency responses

Number of non-emergency responses

Table 8: Resource Dir	rectory		2	
Reporting Year: 2018	8			
		Response/Transportation/Prov	riders	
	Note: Table 8 is to be	e completed for each provider by co	unty. Make copies as neede	ed.
County: Butte, Colusa		Provider: Enloe Flightcare Chico	Response	Zone: Colusa Zone 1, Butte Zone 1, 2
Address: 1531 Esplanac	de	Number of Ambulanc	e Vehicles in Fleet: 1	Ya Ya
Chico, CA 959	926-3310			
Phone Number: 530-680-2428	<u> </u>	Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	of Service:
✓ Yes □ No	√a Yes □ No	✓ Yes □ No	☐ Non-Transport ☐	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership:	If Public:	<u>If Public</u> :	<u>If Air:</u>	Air Classification:
□ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary □ Fixed Wing	<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
		Transporting Agencies		
Number of ea	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency	

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

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

Reporting Year: 2018	8 							
		Respons	e/Transportation/Prov	viders				
	Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as r	needed			
County: Siskiyou		Provider:	Etna Ambulance	Resp	onse Z	one: z	one 2	
Address: 450 Main st			Number of Ambulance	e Vehicles in Fleet:	2			
Etna, CA 9602	27							
Phone Number: 530-467-3331			Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	1			
Written Contract:	Medical Director:	System	Available 24 Hours:	<u> </u>	Level c	of Servi	ce:	
¥ Yes □ No	√a Yes □ No	<b>Ø</b> Yes	□ No	☑ Transport □ Non-Transport	☑ A □ B □ L	LS	9-1-1 7-Digit CCT IFT	☑ Ground □ Air □ Water
Ownership:	If Public:	1.5	Dublica	16.4				
Ownership.	ii Fublic.		Public:	<u>If Air:</u>		A	ir Classifica	ation:
Ø Public □ Private	☐ Fire ☐ Law ☑ Other Explain: City/twon of ETNA ownship	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	□ Rotary □ Fixed Wing			Auxiliary Re Air Ambular ALS Rescue BLS Rescue	nce e
		Tra	ansporting Agencies					
Number of er	r of responses mergency responses on-emergency responses		235 235 0	Total number of transp Number of emergency Number of non-emerg	transp		S	
		Air	Ambulance Services					
Number of er	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emergency	r transp		S	

Reporting Year:

2018

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: Sh	asta		Provider:	Fall River Mills Fire	Resp	onse Z	one: Zone 1
Address:	PO Box 582			Number of Ambula	nce Vehicles in Fleet:		
Phone Number:	Fall River Mills 530-336-6117	, CA 96028-0582		_	of Ambulances on Duty n) on Any Given Day:		25
Written C	ontract:	Medical Director:	System /	Available 24 Hours:		Level o	of Service:
☐ Yes [	<b>∕</b> No	☐ Yes ☑ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport	□ Al ☑ Bl □ LA	LS 🗓 7-Digit 🗆 Air
Owner	ship:	If Public:	If	Public:	If Air:		Air Classification:
		☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			Tra	ansporting Agencie	<u>s</u>		
N	lumber of er	of responses mergency responses on-emergency responses			Total number of trans Number of emergenc Number of non-emergence	y transp	
N	lumber of er	of responses mergency responses on-emergency responses	<u>Air</u>	Ambulance Service	Total number of trans Number of emergence Number of non-emergence	y transp	

Reporting Year: 2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Yuba Provider: Foothill Fire Response Zone: Yuba Zone1 Address: PO Box 332 Number of Ambulance Vehicles in Fleet: Brownsville, CA 95919-0332 Phone Average Number of Ambulances on Duty Number: At 12:00 p.m. (noon) on Any Given Day: 530-675-2343 **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☐ ALS ☑ Ground 9-1-1 Non-Transport **BLS** □ 7-Digit □ Air ☐ LALS □ CCT □ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☐ City Rotary ☐ County Auxiliary Rescue ☐ Private State ☐ Law ☑ Fire District Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Reporting Year: 2018	8					
		Respons	e/Transportation/Prov	riders		
	Note: Table 8 is to b	e completed	for each provider by co	<i>unty.</i> Make copies as r	ieeded.	
County: Placer		_ Provider:	Foresthill Fire	Resp	onse Zone:	Placer Zone 1
Address: PO Box 557			Number of Ambulance	e Vehicles in Fleet:	3	
Foresthill, CA	95631-0557					
Phone Number: 530-389-2287			Average Number of A At 12:00 p.m. (noon)		2	
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	rvice:
✓ Yes □ No	¥ Yes □ No	<b>¼</b> Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	9-1-1  Ground 7-Digit  Air CCT  Water
					18	
Ownership:	If Public:	l If	Public:	If Air:		Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing	1 -	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		Tra	ansporting Agencies	20		
Number of e	r of responses mergency responses on-emergency responses		290 290 0	Total number of transp Number of emergency Number of non-emerg	transports	orts
		Air	Ambulance Services			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts

Reporting Year: 2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Tehama Provider: Gerber Volunteer FD Response Zone: Tehama Zone 1 Address: 327 San Benito Ave Number of Ambulance Vehicles in Fleet: Gerber, CA 96035-2100 Phone **Average Number of Ambulances on Duty** Number: 530-385-1549 At 12:00 p.m. (noon) on Any Given Day: Written Contract: **Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☐ ALS 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS Ď 7-Digit ☐ Air ☐ LALS □ CCT ■ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: **☑** Public ☑ Fire ☑ City ☐ County Rotary ☐ Auxiliary Rescue ☐ Private ☐ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Reporting Year: 2018	3					
	<u> </u>	Respons	se/Transportation/Prov	viders		
	Note: Table 8 is to be	e completed	for each provider by co	unty. Make copies as ne	eeded.	
County: Nevada		_ Provider:	Grass Valley Fire	Respo	nse Zone:	Nevada Zone 2
Address: 125 E. Main St	CA 95945-6505		Number of Ambulance	ce Vehicles in Fleet:		
Phone Number: 530-274-4370	5.00000		Average Number of A At 12:00 p.m. (noon)			9) 9)
Written Contract:	Medical Director:	System	Available 24 Hours:	L	evel of Sei	vice:
□ Yes   No	☐ Yes ☑ No	<b>√</b> Yes	□ No	☐ Transport ☑ Non-Transport	☐ ALS ☑ BLS ☐ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Oversanshins	IS D. L.E.					
Ownership:	<u>If Public:</u>	<u> </u>	Public:	<u>lf Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	☐ County ☑ Fire District al	☐ Rotary ☐ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue J BLS Rescue
		<u>Tr</u>	ansporting Agencies			
Number of er	r of responses mergency responses on-emergency responses			Total number of transport Number of emergency Number of non-emerge	transports	orts
		Air	Ambulance Services			
Number of er	r of responses mergency responses on-emergency responses			Total number of transport Number of emergency Number of non-emerge	transports	orts

Table 8:	Resource	<b>Directory</b>
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Reporting Year: 2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Butte Provider: Gridley Fire Response Zone: Butte Zone2 Address: 47 East Gridley Road Number of Ambulance Vehicles in Fleet: Gridley, CA 95948-2603 Phone Average Number of Ambulances on Duty Number: 530-846-5711 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No □ Transport ☐ ALS 9-1-1 ☑ Ground ✓ Non-Transport ☑ BLS □ 7-Digit □ Air ☐ LALS □ CCT ■ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: Public Fire ☐ City County Rotary ☐ Auxiliary Rescue Private ☐ Law State ☑ Fire District ☐ Fixed Wing ☐ Air Ambulance Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Reporting Year: 2018	3					
	<del></del>	Respons	e/Transportation/Prov	iders		
	Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as n	eeded.	
County: Siskiyou	a)	Provider:	Happy Camp Ambulance	Resp	onse Zoi	ne: Zone 3
Address: 38 Park Way or			Number of Ambulance	e Vehicles in Fleet:	2	
Phone Number: 530-493-2643	CA 96039	_	Average Number of A At 12:00 p.m. (noon)		1	
Written Contract:	Medical Director:	System /	Available 24 Hours:	1	_evel of	Service:
✓ Yes □ No	☑ Yes ☐ No	¥ Yes	□ No	☑ Transport □ Non-Transport	ALS BLS LAL	S 🗓 7-Digit 🖵 Air
Ownership:	<u>lf Public:</u>	<u>  If</u>	Public:	<u>If Air:</u>		Air Classification:
□ Public □ Private	☐ Law	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
		Tra	ansporting Agencies		TT.	
Number of er	of responses mergency responses on-emergency responses		138 138 0	Total number of transp Number of emergency Number of non-emerg	transpor	
		<u>Air</u>	Ambulance Services			
Number of en	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transpor	

Table 8: Resource Di	rectory				
Reporting Year: 201	8	Response/Transportation/Prov	riders		
	Note: Table 8 is to be	e completed for each provider by co	unty. Make copies as neede	ed.	
County: Shasta	£	Provider: Happy Valley Fire	Response	Zone: Zone, 3	
Address: 17441 Palm A Anderson, CA	rediffuel of Affibulative Vehicles III Fleet.				
Phone Number: 530-357-2345		Average Number of A At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:		
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water	
Ownership:	If Public:	If Public:	If Air:	Air Classification:	
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Auxiliary Rescue ☐ Als Rescue ☐ BLS Rescue		
		Transporting Agencies			
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency trans Number of non-emergency		

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

Reporting Year: 201	8			
		Response/Transportation/Pro	oviders	
	Note: Table 8 is to b	ne completed for each provider by o	county. Make copies as ne	eded.
County: Nevada		Provider: Higgins Fire	Respon	nse Zone: Nevada Zone 2
Address: 10106 Combin	e Road	Number of Ambula	nce Vehicles in Fleet:	
Auburn, CA 9	5602-8901		×	
Phone Number: 530-274-4370	Ø		f Ambulances on Duty n) on Any Given Day:	
Written Contract:	Medical Director:	System Available 24 Hours:	Le	evel of Service:
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	Non-Transport	□ ALS
Ownership:	<u>lf Public:</u>	If Public:	lf Air:	Air Classification:
<b>Ø</b> Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Transporting Agencies	<u> </u>	
Total number of responses  Number of emergency responses  Number of non-emergency responses			Total number of transpo Number of emergency t Number of non-emerger	ransports
		Air Ambulance Service	<u>s</u>	
	er of responses mergency responses		Total number of transpo Number of emergency t	

Number of non-emergency transports

**Table 8: Resource Directory** 

Number of emergency responses Number of non-emergency responses

Table	8:	Resource	<b>Directory</b>
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Reporting Year:

2018

# Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.				
County: Placer		Provider: Lincoln Fire	Respo	nse Zone: Placer Zone 3
Address: 472 E St	5648-1836	Number of A	Ambulance Vehicles in Fleet:	
Phone Number: 916-645-4040		Average Nu At 12:00 p.n	mber of Ambulances on Duty n. (noon) on Any Given Day:	
Written Contract:	Medical Director:	System Available 24	Hours: L	evel of Service:
□ Yes <b>Ø</b> No	☐ Yes ☑ No	<b>✓</b> Yes □ No	☐ Transport ☐ Non-Transport	☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>lf Air:</u>	Air Classification:
<b>Ø</b> Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ Count ☐ State ☑ Fire D ☐ Federal	,	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting A	gencies	
Number of e	r of responses mergency responses on-emergency responses	-	Total number of transport  Number of emergency  Number of non-emerge	transports
		Air Ambulance	Services	182
Number of e	r of responses mergency responses on-emergency responses		Total number of transpo Number of emergency to Number of non-emerge	ransports

Reporting Year: 201	· · · · · · · · · · · · · · · · · · ·					
		Response/	Transportation/Prov	viders		
	Note: Table 8 is to I	be completed fo	r each provider by co	ounty. Make copies as r	needed.	
County: Yuba		_ Provider: _	inda Fire	Resp	onse Zone	Yuba Zone1
Address: 1286 Scales			Number of Ambulance Vehicles in Fle		0	
Phone Number: 530-743-1553	A 95901-6117 3		verage Number of A t 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	0	
Written Contract:	Medical Director:	System Av	/ailable 24 Hours:		Level of Se	ervice:
☐ Yes ☑ No	☐ Yes ☑ No	<b>Ø</b> Yes □	□ No	☐ Transport ☐ Non-Transport	☐ ALS ☑ BLS ☐ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Dublies	If D		15.41		
Ownership.	<u>lf Public:</u>	II P	<u>ublic</u> :	<u>If Air:</u>		Air Classification:
<b>Ø</b> Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federal	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing	I	<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
#	8	Tran	sporting Agencies			
Number of e	er of responses emergency responses non-emergency responses		- 10	Total number of transp Number of emergency Number of non-emerg	transports	
		<u>Air A</u>	mbulance Services			
Number of e	er of responses emergency responses non-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	

Number of non-emergency transports

Reporting Year: 2018

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Yuba Provider: Loma Rica/Browns Valley Fire Response Zone: Yuba Zone1 Address: PO Box 8153 Number of Ambulance Vehicles in Fleet: Marysville, CA 95901-8403 Phone Average Number of Ambulances on Duty Number: 530-749-2316 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☐ ALS 9-1-1 ☑ Ground ☑ Non-Transport ☑ BLS Ö 7-Digit □ Air ☐ LALS □ CCT □ Water □ IFT Ownership: If Public: If Public: If Air: **Air Classification:** Public ☐ Citv ☐ County □ Rotary Auxiliary Rescue ☐ Private ☐ Law ☐ State ☑ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Resou	rce Directory
Reporting Year:	2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Yuba **Provider:** Marysvile Fire Response Zone: Yuba Zone1 Address: 107 Ninth St Number of Ambulance Vehicles in Fleet: Marysville, CA 95901-5305 Phone Average Number of Ambulances on Duty Number: 530-741-6622 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☑ Ground ALS 9-1-1 ☑ Non-Transport ☑ BLS □ 7-Digit □ Air ☐ LALS □ CCT □ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: **☑** Public Fire ☐ Citv County Rotary ☐ Auxiliary Rescue ☐ Law ☐ Private ☐ State Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Resource	e Directory				
Reporting Year:	2018	25			
N	2	Respons	e/Transportation/Prov	iders	
	Note: Table 8 is to	be completed	for each provider by co	unty. Make copies as neede	ed.
County: Colusa		Provider:	Maxwell FPD	Response	Zone: Colusa Zone 1
Address: 260 Oak	St		Number of Ambulanc	e Vehicles in Fleet:	
Maxwell,	, CA 95955-9998		€	<del></del>	
Phone Number: 530-458-	-7230		Average Number of A At 12:00 p.m. (noon)		
Written Contract	Medical Director:	System	Available 24 Hours:	Leve	l of Service:
☐ Yes ☑ No	☐ Yes ☑ No	Ø Yes □ No		☑ Non-Transport ☑	ALS
Ownership:	If Public:	If	Public:	If Air:	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Tra	ansporting Agencies	53	
<del></del>	mber of responses			Total number of transports	onorto

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

Reporting Year: $\frac{2018}{1}$	8 					
		Respons	e/Transportation/P	roviders		
	Note: Table 8 is to b	e completed	for each provider by	county. Make copies as i	neede	ed.
County: Shasta		_ Provider:	Mayers Memorial Hospital	Ambulance (SEMSA Run) Resp	onse	Zone: Zone 1
Address: PO Box 459			Number of Ambula	ance Vehicles in Fleet:	2	
Phone Number: 530-336-5511	s, CA 96028-0459		Average Number of At 12:00 p.m. (noo	of Ambulances on Duty n) on Any Given Day:	1	
Written Contract:	Medical Director:	System	Available 24 Hours		Leve	I of Service:
✓ Yes □ No	√a Yes □ No	<b> </b>	□ No	☑ Transport □ Non-Transport		ALS 9-1-1  Ground BLS 7-Digit  Air LALS CCT  Water
Ownerching	If Dublies	1.0	<b>D</b> 1 II			
Ownership:	<u>lf Public:</u>	<u>IT</u>	Public:	<u>If Air:</u>		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Tra	ansporting Agencie	<u>s</u>		
Total number of responses  Number of emergency responses  Number of non-emergency responses		54 54 0	Total number of trans Number of emergency Number of non-emerg	, / tran:		
		<u>Air</u>	Ambulance Service	<u>es</u>		
Number of er	r of responses mergency responses on-emergency responses			Total number of trans Number of emergency Number of non-emergency	trans	

Reporting Year:	2018				
		Respons	se/Transportation/Prov	viders	
	Note: Table 8 is to I	e completed	for each provider by co	unty. Make copies as neede	ed.
County: Siskiyou	<u> </u>	Provider:	McCloud Community Services	District Response	Zone: Siskiyou Zone 4
	V. Minnesota Ave		Number of Ambuland	ce Vehicles in Fleet: 0	
	oud, CA 96057				
Phone Number: 530-9	964-2017		Average Number of At 12:00 p.m. (noon)		
Written Contra	act: Medical Director:	System	Available 24 Hours:	Leve	l of Service:
□ Yes <b>☑</b> No	D Yes ☑ No	☐ Yes	<b>✓</b> No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
0	(CD 1)	Τ			
Ownership	<u>If Public:</u>	<u> </u>	Public:	<u>If Air:</u>	Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☑ Other Explain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		<u>Tr</u>	ansporting Agencies	4	
Numbe	number of responses er of emergency responses er of non-emergency responses		30	Total number of transports Number of emergency trans Number of non-emergency	
		Air	Ambulance Services		
Numbe	number of responses er of emergency responses er of non-emergency responses			Total number of transports Number of emergency trans Number of non-emergency	sports transports

2018

Reporting Year: 2018	8					
2	in the second	Response/Trans	sportation/Prov	iders		
	Note: Table 8 is to b	e completed for eac	ի provider by coւ	<i>unty.</i> Make copies as n	eeded.	
County: Shasta		Provider: Mercy Ar	nbulance Service	Respo	onse Zone:	Zone, 3
Address: 2175 Rosaline		Numb	er of Ambulanc	e Vehicles in Fleet:	7	_
Phone Number: 530-245-4847	6001-2549			ambulances on Duty on Any Given Day:	4	
Written Contract:	Medical Director:	System Availab	le 24 Hours:	L	evel of Ser	vice:
✓ Yes □ No	¥ Yes □ No	Ø Yes □ No		☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownorchin	If Dublice	16 0 11				
Ownership:  Public Private	If Public:  ☐ Fire ☐ Law ☐ Other Explain:		: County Fire District	If Air: ☐ Rotary ☐ Fixed Wing		ALS Rescue
		Transport	ting Agencies			
7,835 Number of er	r of responses mergency responses on-emergency responses	<u>Air Ambul</u>	6,473 6,473 0 ance Services	Total number of transp Number of emergency Number of non-emerge	transports	orts —
Number of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	arte.

Table 8: Resource Dir	rectory			€		
Reporting Year: 201						
Neporting real.	50	Respons	se/Transportation/Prov	viders .		
	Note: Table 8 is to b	e completed	for each provider by co	untv. Make copies as r	needed.	
County: Siskiyou			Montague Fire	•		one: Siskiyou Zone 5
Address: PO Box 281			Number of Ambulan	ce Vehicles in Fleet:	0	=
Phone Number: 530-459-5343	96064-0281		Average Number of At 12:00 p.m. (noon)		0	
Written Contract:	Medical Director:	System	Available 24 Hours:		Level o	f Service:
☐ Yes ☑ No	☐ Yes ☑ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport	□ AL ☑ BL □ LA	.S 🗓 7-Digit 🛭 Air
Ownership:	If Public:		Public:	If Air:		Air Classification:
<b>Ø</b> Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
	8	Tr	ansporting Agencies			·
Number of e	r of responses mergency responses on-emergency responses		9	Total number of transp Number of emergency Number of non-emerg	transpo	

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 transport

Reporting Year: $\frac{2018}{1}$	8					
		Respons	e/Transportation/Prov	/iders		
	Note: Table 8 is to b	be completed	for each provider by co	unty. Make copies as r	needed.	
County: Siskiyou		_ Provider:	MT Shasta Ambulance	Resp	onse Zone	Siskiyou Zone
Address: PO Box 1030 or physical address 1020 Oak Street  Mt Shasta, CA 96067-1030			Number of Ambuland	ce Vehicles in Fleet:	10	
Phone Number: 530-926-7546	30007-1030	· · · · · · · · · · · · · · · · · · ·	Average Number of At 12:00 p.m. (noon)		3	
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	rvice:
☑ Yes ☐ No	☑ Yes □ No	✓ Yes □ No		☑ Transport ☐ Non-Transport	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	If	Public:	Is A:		A: OI 15 4
			Fublic.	<u>If Air:</u>		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal		☐ Rotary ☐ Fixed Wing	1	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Tra	ansporting Agencies			
2,917 Total number of responses Number of emergency responses Number of non-emergency responses			2,068	Total number of transports Number of emergency transports Number of non-emergency transports		
		<u>Air</u>	Ambulance Services			
Total number of responses  Number of emergency responses  Number of non-emergency responses				Total number of transp Number of emergency Number of non-emerg	transports	ports

Table 8: Resour	ce Director
Reporting Year:	2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Siskiyou Provider: Mt Shasta Fire Response Zone: Siskiyou Zone 5 Address: 305 N. Mt Shasta Blvd Number of Ambulance Vehicles in Fleet: Mt Shasta, CA 96067-2231 Phone Average Number of Ambulances on Duty Number: 530-926-7546 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☐ ALS 9-1-1 ☑ Ground Non-Transport ☑ BLS Ò 7-Digit □ Air ☐ LALS ☐ CCT ■ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: ☑ Public ☑ Fire ☑ City ☐ County Rotary ☐ Auxiliary Rescue □ Private ☐ Law □ State ☐ Fire District □ Fixed Wing ☐ Air Ambulance ☐ Other Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8:	Resource	<b>Directory</b>
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Reporting Year: 2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Nevada Provider: Nevada City Fire Response Zone: Nevada Zone 2 Address: 317 Broad St. Number of Ambulance Vehicles in Fleet: Nevada City, CA 95959-2405 Phone **Average Number of Ambulances on Duty** Number: 530-265-2351 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No. ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☐ ALS 9-1-1 ☑ Ground Non-Transport ☑ BLS □ 7-Digit □ Air ☐ LALS □ CCT □ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: Public City ☐ County Rotary ☐ Auxiliary Rescue ☐ Private ☐ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

			Response/Trans	portation/Prov	viders			
		Note: Table 8 is to b	e completed for each	provider by co	unty. Make copies as r	needed.		
County: F	Placer		Provider: North Taho	pe Fire	Resp	onse Zo	ne: Placer Zone 4	
Address: PO Box 5879  Tahoe City, CA 96145-5879			Numbe	r of Ambulanc	ce Vehicles in Fleet:			
Phone Number:	530-583-6913		Averag At 12:0	e Number of A 0 p.m. (noon)	Ambulances on Duty on Any Given Day:	n		
Written (	Contract:	Medical Director:	System Availabl	e 24 Hours:		Level of	Service:	
¥ Yes	□ No	☑ Yes □ No	<b>✓</b> Yes □ No		☑ Transport □ Non-Transport	☑ ALS	S 🛕 7-Digit	☑ Ground □ Air □ Water
Owne	ership:	<u>lf Public:</u>	If Public:		If Air:		Air Classific	cation:
	ublic ivate	☐ Fire ☐ Law ☐ Other Explain:	*	County ire District	□ Rotary □ Fixed Wing		☐ Auxiliary R☐ Air Ambula☐ ALS Resci	descue ance ue
			<u>Transporti</u>	ng Agencies				
1,199	Number of e	r of responses mergency responses on-emergency responses		887 887	Total number of transp Number of emergency Number of non-emerg	ranspo		
			Air Ambula	nce Services				
Total number of responses  Number of emergency responses  Number of non-emergency responses					Total number of transp Number of emergency Number of non-emerg	transpo		

Table 8: Resource Directory

Reporting Year: 2018

Table 8: R	esource Di	rectory			
Reporting `	Year: 201	8	Response/Transportation/Prov	il al a ua	
		Note: Table 8 is to I	be completed for each provider by co	unty. Make copies as neede	ed.
County: P	Placer	12	Provider: Northstar Fire	Response	Zone: Placer Zone 4
Address:	PO Box 210		Number of Ambulanc	e Vehicles in Fleet:	
	Truckee, CA	96160-0210		<del></del>	
Phone Number:	530-562-1212		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		
Written Contract: Medical Director:		Medical Director:	System Available 24 Hours:	Level of Service:	
<b>√</b> Yes	□ No	✓ Yes □ No	✓ Yes □ No	☑ Non-Transport □	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ourma	ra la inc	K D. I.E.	1		
•	iblic ivate	If Public:  ☐ Fire ☐ Law ☐ Other Explain:		<u>If Air:</u> ☐ Rotary ☐ Fixed Wing	Air Classification:  Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
	. ,		Transporting Agencies		
1	Number of e	er of responses emergency responses on-emergency responses	r	Total number of transports Number of emergency trans Number of non-emergency	

#### 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

Reporting Year: 201	8				
		Response/Transportation/Prov	viders		
	Note: Table 8 is to be	e completed for each provider by co	unty. Make copies as neede	ed.	
County: Butte		Provider: Oroville City Fire	Response	Zone: Butte Zone1	
Address: 2055 Lincoln		Number of Ambuland	ce Vehicles in Fleet:		
Oroville, CA 95966-5325  Phone Number: 530-538-2480  Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:					
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:	
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT	
Ownership:	If Public:	If Public:	If Air:	Air Classification:	
<b>Ø</b> Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
		Transporting Agencies			
Number of e	er of responses emergency responses non-emergency responses		Total number of transports Number of emergency trans Number of non-emergency		
		Air Ambulance Services			
	er of responses emergency responses	8	Total number of transports  Number of emergency trans	sports	

Number of non-emergency transports

**Table 8: Resource Directory** 

Number of emergency responses Number of non-emergency responses

Table 9: B	ogoures Directory				
Reporting	esource Directory				
reporting		Respons	e/Transportation/Providers		
	Note: Tak	ple 8 is to be completed	for each provider by county. Make	copies as needed.	
County: B	utte	Provider:	Paradise Fire (contracting with CALFire)	Response Zone:	Butte Zone1
Address:	767 Birch St		Number of Ambulance Vehicles	in Fleet:	
	Paradise, CA 95969-4634				
Phone Number:	530-872-6264	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:			

Address: 767 Birch St		Number of Ambulance Vehicles in Fleet:			
Paradise,	CA 95969-4634		_		
Phone Number: 530-872-62	64	Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	21 25	
Written Contract:	Medical Director:	System Available 24 Hours:	Le	vel of Service:	
☐ Yes ☑ No	☐ Yes ☑ No	Yes No	☑ Non-Transport 및	☐ ALS ☐ 9-1-1 ☑ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT	
Ownership:	If Public:	<u>If Public</u> :	<u>lf Air:</u>	Air Classification:	
<b>Ø</b> Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
		Transporting Agencies			
Number of	per of responses emergency responses non-emergency responses		Total number of transpor Number of emergency tra Number of non-emergen	ansports	
		Air Ambulance Services			
Number of	per of responses emergency responses non-emergency responses	<u> </u>	Total number of transpor Number of emergency tra	ansports	

Table 8: Resource Dir	rectory			
Reporting Year: 201	8			
		Response/Transportation/Prov	iders	
	Note: Table 8 is to be	completed for each provider by co	unty. Make copies as neede	ed.
County: Nevada		Provider: Penn Valley Fire	Response	Zone: Nevada Zone 3
Address: 18989 Lake Fo	orest Dr CA 95946-8819	Number of Ambulanc	e Vehicles in Fleet: 3	
Phone Number: 530-432-2630		Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
☑ Yes ☐ No	☑ Yes ☐ No	✓ Yes □ No	☐ Non-Transport ☐	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ournershin	If Dublies	K D. J. P.		
Ownership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:
☑ Public □ Private	☑ Fire □ Law □ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

#### **Transporting Agencies**

798	Number of emergency responses  Number of non-emergency responses		621 621	Total number of transports  Number of emergency transports  Number of non-emergency transports
	ā	į	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: 2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Placer Provider: Penryn Fire Response Zone: Placer Zone 3 Address: PO Box 219 Number of Ambulance Vehicles in Fleet: Penryn, CA 95663-0219 Phone Average Number of Ambulances on Duty Number: 916-663-3389 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No □ Transport ☐ ALS 9-1-1 ☑ Ground Non-Transport ☑ BLS □ 7-Digit □ Air ☐ LALS ☐ CCT ■ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☐ City ☐ County Rotary Auxiliary Rescue ☐ Law Private State ☑ Fire District ☐ Fixed Wing ☐ Air Ambulance Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Response/Transportation/Providers  Note: Table 8 is to be completed for each provider by county. Make copies as needed.  Provider: PHI Response Zone: Shasta Zone 1,2,3  Address: 5900 Old Oregon Trail  Number of Ambulance Vehicles in Fleet: 1	
Response/Transportation/Providers  Note: Table 8 is to be completed for each provider by county. Make copies as needed.  County: Shasta Provider: PHI Response Zone: Shasta Zone 1,2,3	
County: Shasta Provider: PHI Response Zone: Shasta Zone 1,2,3	
Transfer and Latter 1,2,0	
Address: 5900 Old Oregon Trail Number of Ambulance Vehicles in Fleet: 1	
Redding, CA 96002-9330	
PhoneAverage Number of Ambulances on DutyNumber:530-221-0646At 12:00 p.m. (noon) on Any Given Day:1	
Written Contract: Medical Director: System Available 24 Hours: Level of Service:	
☐ Non-Transport ☐ BLS ☐ 7-Digit ☐	Ground Air Water
Ownership: If Public: If Public: If Air: Air Classificat	<u>ion</u> :
☐ Public ☐ Fire ☐ Law ☐ Other Explain: ☐ City ☐ County ☐ Fire District ☐ Fire District ☐ Fixed Wing ☐ Auxiliary Res ☐ Auxiliary Res ☐ Auxiliary Res ☐ Als Rescue ☐ BLS Rescue	
Transporting Agencies	
Total number of responses  Number of emergency responses  Number of non-emergency responses  Air Ambulance Services  Total number of transports  Number of emergency transports  Number of non-emergency transports	

70

Total number of transports

Number of emergency transports
Number of non-emergency transports

Total number of responses

Number of emergency responses

Number of non-emergency responses

Table	8:	Resource	<b>Directory</b>
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Reporting Year:

2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Placer Provider: Placer Hills Fire Response Zone: Placer Zone 3 Address: PO Box 308 Number of Ambulance Vehicles in Fleet: Meadow Vista, CA 95722-0308 Phone Average Number of Ambulances on Duty Number: 530-878-0405 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☑ Yes □ No ✓ Yes □ No Yes D No ☐ Transport ☑ Ground ☑ ALS 9-1-1 ☑ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ LALS □ CCT □ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: ☑ Public Fire ☐ City □ County Rotary ☐ Auxiliary Rescue ☐ Law ☐ Private ☐ State ☑ Fire District ☐ Air Ambulance ☐ Fixed Wing □ Other ☐ Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 9: Becourse [	Director.			
Table 8: Resource [	•			
Reporting Year: $\frac{20}{100}$	)18			
		Response/Transportation/Prov	riders	
	Note: Table 8 is to	be completed for each provider by co	unty. Make copies as neede	ed.
County: Sutter		Provider: Pleasant Grove Fire	Response	Zone: Sutter Zone 1
Address: 3100 Hows	ley	Number of Ambulance	e Vehicles in Fleet: 0	
Pleasant G	rove, CA 95668-9723			
Phone Number: 530-655-39	37	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS
Ownerchin:	If Dublice	If Dublica	IS Atm	A: 01 ::: ::
Ownership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:
	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting Agencies		(2) (8)
Number of	per of responses emergency responses non-emergency responses		Total number of transports Number of emergency tran	•

#### Air Ambulance Services

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

Table 8: Resource Di	rectory			
Reporting Year: 201				
		Response/Transportation/Pro	viders	
	Note: Table 8 is to b	pe completed for each provider by co	ounty. Make copies as need	ed.
County: Colusa		Provider: Princeton FPD	Response	e Zone: Colusa Zone 1
Address: PO Box 176		Number of Ambulan	ce Vehicles in Fleet:	
Princeton, CA	A 95970-0176			
Phone Number: 530-439-2235 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:				
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	el of Service:
☐ Yes ☑ No	☐ Yes ☑ No	✓ Yes □ No	☑ Non-Transport ☑	ALS 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership:	If Public:	If Public:	If Air:	Air Classification:
Ø Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	□ Rotary □ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting Agencies	н	
Total number of responses  Number of emergency responses  Number of non-emergency responses			Total number of transports Number of emergency tran Number of non-emergency	sports
		Air Ambulance Services		

Total number of transports Number of emergency transports

Number of non-emergency transports

Total number of responses

Number of emergency responses Number of non-emergency responses

Reporting Year: 201	8					
		Respons	se/Transportation/Prov	viders		
	Note: Table 8 is to b	e completed	for each provider by co	ounty. Make copies as r	needed.	
County: Sutter , Yuba, Shar	sta, Butte, Tehama, Colusa	_ Provider:	REACH 5 & REACH 7	Resp	onse Zone:	Sulter Zone 1, Yuba Zone 1, Shasta Zone 3, Tehama Zone 1
Address: 2360 Becker B	Blvd		Number of Ambuland	ce Vehicles in Fleet:	2	
Santa Rosa, 9	95403-8270					
Phone 707-324-2400			Average Number of At 12:00 p.m. (noon)		2	
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	
✓ Yes □ No	✓ Yes □ No		□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	——
Ownership:	<u>lf Public:</u>	<u>If</u>	Public:	If Air:		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☑ Rotary □ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		<u>Tr</u>	ansporting Agencies			
Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	transports	orts
		Air	Ambulance Services			
Total numbe	r of responses		242	Total number of transr	oorts	

242

242 0

Total number of transports

Number of emergency transports Number of non-emergency transports

**Table 8: Resource Directory** 

245

Number of emergency responses Number of non-emergency responses

<b>Table</b>	8:	Resource	Directory
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Reporting Year:

2018

#### Response/Transportation/Providers

		Note: Table 8 is to be	completed	for each provider by co	ounty. Make copies as r	neede	d.
County: Te	ehama	<u> </u>	Provider:	Red Bluff Fire	Resp	onse	Zone: Tehama Zone 1
Address:	555 Washingto			Number of Ambulance	ce Vehicles in Fleet:	0	
Phone Number:	530-527-1126			Average Number of At 12:00 p.m. (noon)		0	
Written C	ontract:	Medical Director:	System /	Available 24 Hours:	. !	Level	of Service:
□ Yes	No No	☐ Yes ☑ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport		ALS 9-1-1  Ground BLS 7-Digit  Air ALS CCT Water IFT
Overno	ahin.	K D. J. U.					
Owner	snip:	<u>If Public:</u>	<u>_If</u>	Public:	<u>lf Air:</u>		Air Classification:
1	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☑ City □ State □ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		<ul><li>☐ Auxiliary Rescue</li><li>☐ Air Ambulance</li><li>☐ ALS Rescue</li><li>☐ BLS Rescue</li></ul>
			<u>Tra</u>	ansporting Agencies			
N	lumber of er	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	trans	
			<u>Air</u>	Ambulance Services			
N	lumber of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerg	trans	

#### **Table 8: Resource Directory**

Reporting Year:	2018
reporting real.	

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Shasta Provider: Redding Fire Response Zone: Zone, 3 Address: PO Box 496071 Number of Ambulance Vehicles in Fleet: Redding, CA 96049-6071 Phone Average Number of Ambulances on Duty Number: At 12:00 p.m. (noon) on Any Given Day: 530-225-2418 **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ✓ Yes □ No ☐ Yes ☑ No ☐ Transport ☐ ALS 9-1-1 **☑** Ground Non-Transport ☑ BLS Ů 7-Digit □ Air □ CCT ☐ LALS □ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ Fire ☑ City ☐ County ☐ Rotary ☐ Auxiliary Rescue □ Private ☐ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Resource Dir	•			
Reporting Year: 2018	<u> </u>	Response/Transportation/Prov	riders	
	Note: Table 8 is to be	e completed for each provider by co	unty. Make copies as neede	ed.
County: Nevada / Placer		Provider: REMSA CareFlight	Response	Zone: Nev Zone 1,2,3,4 Placer 4
Address: 450 Edison War Reno, NV 8950		Number of Ambulance Vehicles in Fleet: 2		
Number: 775-858-5700		Average Number of A At 12:00 p.m. (noon)		
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
¥ Yes □ No	☑ Yes □ No	✓ Yes □ No	☐ Non-Transport ☐	ALS
Ownership:	If Public:	_lf Public:	If Air:	Air Classification:
Public Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		Transporting Agencies -	NUMBERS NOT REPORT	ED
Number of er	of responses mergency responses		Total number of transports Number of emergency trans	

# Number of emergency responses Number of non-emergency responses Air Ambulance Services Total number of transports Number of non-emergency transports Number of emergency transports Number of emergency responses Number of emergency responses Number of non-emergency transports Number of non-emergency transports Number of non-emergency transports Number of non-emergency transports Number of non-emergency transports

Reporting Year:	2018
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#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Placer Provider: Rocklin Fire Response Zone: Placer Zone 3 Address: PO Box 1380 Number of Ambulance Vehicles in Fleet: Rocklin, CA 95677-7380 Phone **Average Number of Ambulances on Duty** Number: At 12:00 p.m. (noon) on Any Given Day: 916-632-4150 **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☑ Yes ☐ No ✓ Yes □ No ✓ Yes □ No ☐ Transport ☑ ALS 9-1-1 ☑ Ground Non-Transport ☐ BLS □ 7-Digit □ Air ☐ LALS □ CCT □ Water ☐ IFT Ownership: If Public: If Public: If Air: Air Classification: Public ☑ City ☐ County Rotary ☐ Auxiliary Rescue Private □ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Reporting Year: 201	8					- 1
-	<del></del>	Respons	se/Transportation/Prov	/iders		
	Note: Table 8 is to b	e completed	for each provider by co	unty. Make copies as n	needed.	
County: Placer		_ Provider:	Roseville Fire	Resp	onse Zo	ne: Placer Zone 3
Address: 401 Oak St S			Number of Ambulance	ce Vehicles in Fleet:	-	
Phone Number: 916-774-5844	93076-2033		Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:		
Written Contract:	Medical Director:	System	Available 24 Hours:	L	_evel of	Service:
¥ Yes □ No	☑ Yes □ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport	☑ ALS	5 ☐ 7-Digit ☐ Air
Ownership:	If Public:	If	Public:	If Air:		Air Classification
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Air Classification:  ☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
		Tra	ansporting Agencies			
8,8600 Number of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transpoi	
		Air	Ambulance Services			
Number of er	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transpoi	

**Table 8: Resource Directory** 

Table 8: Resour	ce Directory
Reporting Year:	2018
	N

#### Response/Transportation/Providers

		Note: Table 8 is to be	completed fo	r each provider by co	unty. Make copies as n	eeded.	
County: _c	olusa		_ Provider: _s	acramento River FPD	Respo	onse Zone:	Colusa Zone 1
Address:	235 Market St		N	umber of Ambuland	ce Vehicles in Fleet:		
	Colusa, CA 95	932-2730					
Phone Number:	530-439-2235	55	A	verage Number of A t 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:		
Written C	ontract:	Medical Director:	System Av	vailable 24 Hours:	Ī	_evel of Se	rvice:
☐ Yes	<b>√</b> No	☐ Yes ☑ No	<b>Ø</b> Yes □	] No	☐ Transport ☑ Non-Transport	☐ ALS ☑ BLS ☐ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Owner	rship:	If Public:	<u>If P</u>	ublic:	<u>lf Air:</u>		Air Classification:
,	blic vate	☐ Fire☐ Law☐ Other Explain:	☐ City☐ State☐ Federal	☐ County ☐ Fire District	□ Rotary □ Fixed Wing		J Auxiliary Rescue J Air Ambulance J ALS Rescue J BLS Rescue
			<u>Tran</u>	sporting Agencies			
N	lumber of er	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts
			<u>Air A</u>	mbulance Services			
N	lumber of er	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts

Table 8: R	esource Di	rectory			
Reporting \	Year: 201	8	Response/Transportation/Pro	viders	
		Note: Table 8 is to l	pe completed for each provider by co	ounty. Make copies as neede	ed.
County: s	hasta		Provider: Shasta County Fire	Response	<b>Zone:</b> Zone 2, 3
Address:	875 Cypress	Ave	Number of Ambulan	ce Vehicles in Fleet:	
Phone Number: 530-225-2418 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:					
Written C	Contract:	Medical Director:	r: System Available 24 Hours: Level of Service:		
□ Yes	<b>√</b> No	☐ Yes ☑ No	Yes No Transport ALS 9-1-1 Non-Transport BLS 7-Digit LALS CCT		
Ownei	rshin:	If Public:	If Public:	If Air:	Air Classification
<b>⊅</b> Pu	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	Air Classification:  Auxiliary Rescue  Air Ambulance  ALS Rescue  BLS Rescue
			Transporting Agencies		
<u> </u>	lumber of e	r of responses mergency responses on-emergency responses		Total number of transports  Number of emergency trans	

#### 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: Resour	ce Directory
Reporting Year:	2018

#### Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: Shasta Provider: Shasta Lake FPD Response Zone: Zone 1 Address: 4126 Ashby Ct Number of Ambulance Vehicles in Fleet: Shasta Lake, CA 96019-9215 Phone **Average Number of Ambulances on Duty** Number: 530-336-5511 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ☑ No ☐ Yes ☑ No ✓ Yes □ No ☐ Transport ☑ Ground ☐ ALS 9-1-1 Non-Transport ☑ BLS Ď 7-Digit ☐ Air ☐ LALS ☐ CCT ■ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: 7 Public ☑ Fire ☐ City ☐ County □ Rotary ☐ Auxiliary Rescue ☐ Private ☐ Law ☐ State ☑ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports

Table 8: Resource Dir	•					
Reporting Year: 201	<u> </u>	Respons	e/Transportation/Prov	riders		
ç.	Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as	needed.	
County: Nevada		Provider:	Sierra Nevada Ambulance	Res	ponse Zone:	Nevada Zone 2
	Rica Dr CA 95945-8434		Number of Ambulance Average Number of A		10	<u> </u>
Phone Number: 530-265-2351	-					
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Ser	vice:
¥ Yes □ No	☑ Yes □ No	✓ Yes □ No		☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	_If	Public:	If Air:		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
2)		Tra	ansporting Agencies			

6,841 6.841	Total number of responses Number of emergency responses Number of non-emergency responses		5,778 5,778	Total number of transports  Number of emergency transports  Number of non-emergency transports
			Air Ambulance Service	<u>s</u>
	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 D	irectory					
Reporting Year: 20	18	Respons	e/Transportation/Pro	viders		
	Note: Table 8 is to b	•	for each provider by co		needed.	
County: Placer		Provider:	South Placer Fire	Res	ponse Zone	: Placer Zone 2
Address: 6900 Eureka		<del></del>	Number of Ambulan	ce Vehicles in Fleet:	3	
Phone Number: 916-791-705	CA 95746-6531	**	Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	2	8
Written Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	ervice:
	☑ Yes □ No	<b>✓</b> Yes	□ No	☑ Transport □ Non-Transport	☑ ALS □ BLS □ LALS	
		-				
Ownership:	<u>If Public:</u>	<u></u>	Public:	<u>lf Air:</u>		Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		Tra	ansporting Agencies		· · · · · · · · · · · · · · · · · · ·	
Number of 6	er of responses emergency responses non-emergency responses		1,229 1,229	Total number of trans Number of emergence Number of non-emer	y transports	ports

Air Ambulance Services

Total number of transports Number of emergency transports

Number of non-emergency transports

Total number of responses

Number of emergency responses

Number of non-emergency responses

		8				
Table 8: Resource Di	rectory					
Reporting Year: 201	8	Respons	e/Transportation/Prov	riders	45	
	Note: Table 8 is to be	completed	for each provider by co	unty. Make copies as r	needed.	
County: Placer		Provider:	Squaw Valley Fire	Resp	onse Zone:	Nevada Zone 4
Address: PO Box 2522			Number of Ambulance	ce Vehicles in Fleet:	0	
Phone Number: 530-583-6111	ey, CA 96146-2522	ū	Average Number of A At 12:00 p.m. (noon)		0	
Written Contract:	Medical Director:	System	Available 24 Hours:		_evel of Ser	vice:
	☑ Yes □ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport	☑ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	_lf	Public:	<u>lf Air:</u>		Air Classification:
Ø Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue

## Transporting Agencies

250	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	
	<ul><li>Total number of responses</li><li>Number of emergency responses</li><li>Number of non-emergency responses</li></ul>		Total number of transports  Number of emergency transports  Number of non-emergency transports

Table 8: Resource Description Reporting Year: 20	Directory 18	Respons	se/Transportation/Prov	iders		
	Note: Table 8 is to b	pe completed	for each provider by cou	unty. Make copies as need	ed.	
County: Tehama		Provider:	St. Elizabeth's Ambulance	Respons	e Zone:	Tehama Zone 1
	Mary Columba Dr A 96080-4327		Average Number of A At 12:00 p.m. (noon)	mbulances on Duty		
			Available 24 Hours:		el of Ser	vice:
	☑ Yes □ No	<b>⊘</b> Yes	□ No	☐ Non-Transport ☐	ALS BLS LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If</u>	Public:	<u>lf Air:</u>		Air Classification:
□ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		Tra	ansporting Agencies			

6,268 6,268	Total number of responses  Number of emergency responses  Number of non-emergency responses	5,122 Total number of transports  5,122 Number of emergency transports  Number of non-emergency transports
		Air Ambulance Services
	Total number of responses  Number of emergency responses  Number of non-emergency responses	Total number of transports  Number of emergency transports  Number of non-emergency transports

Table 8: Resource Directory

Reporting Year:

2018

#### Response/Transportation/Providers

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

County: S	utter		_ Provider:	Sutter County Fire	Resp	onse Zone:	Sutter Zone 1
Address:		nter Blvd Suite A		Number of Ambular	nce Vehicles in Fleet:	0	
	Yuba City, CA	95993-3009					
Phone Number:	530-822-7400				Ambulances on Duty ) on Any Given Day:	0	
Written C	Contract:	Medical Director:	System	Available 24 Hours:	Ī	_evel of Ser	vice:
□ Yes	☑ No	□ Yes ☑ No	<b>✓</b> Yes	□ No	☐ Transport ☐ Non-Transport	□ ALS □ BLS □ LALS	
Owne	rship:	If Public:	<u>If</u>	Public:	<u>If Air:</u>		Air Classification:
· ·	blic vate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		
			Tra	ansporting Agencies			
N	Number of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	orts
	7%		Air	Ambulance Services	1		
N	lumber of er	of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	rts

Table 8: Resource Dir	rectory			
Reporting Year: 201		Response/Transportation/Prov		
County: Nevada	Note: Table 8 is to b	be completed for each provider by co  Provider: Truckee Fire		ed.  Zone: Nevada Zone 4
Address: PO Box 2768 Truckee, CA 9	06160-2768	Number of Ambulan	ce Vehicles in Fleet: 6	
Phone Number: 530-414-6871		Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	<u>*1</u>
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:
	☑ Yes □ No	✓ Yes □ No	□ Non-Transport □	ALS
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
	r of responses mergency responses	Transporting Agencies  936 936	Total number of transports	

1,385	Number of emergency responses  Number of non-emergency responses	936 936	<ul> <li>Total number of transports</li> <li>Number of emergency transports</li> <li>Number of non-emergency transports</li> </ul>
		Air Ambulance Service	<u>s</u>
	<ul><li>Total number of responses</li><li>Number of emergency responses</li><li>Number of non-emergency responses</li></ul>		Total number of transports  Number of emergency transports  Number of non-emergency transports

			-	e/Transportation/Pro			
County:	Yuba	Note: Table 8 is to b		for each provider by co	ounty. Make copies as r		: Yuba Zone1
Address:	PO Box 395	A 95692-0395		Number of Ambulan		0	
Phone Number:	530 <b>-633</b> -2930	()		Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	0	57
Written (	Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	ervice:
□ Yes	☑ No	☐ Yes ☑ No	<b>⊅</b> Yes	□ No	☐ Transport ☐ Non-Transport	□ ALS □ BLS □ LALS	
Owne	rship:	If Public:	<u></u>	Public:	<u>If Air:</u>	į	Air Classification:
*	ublic ivate	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Tra	ansporting Agencies			
	Number of e	r of responses mergency responses on-emergency responses		ψ	Total number of transp Number of emergency Number of non-emerg	transports	orts
		34	Air	Ambulance Services			
	Number of e	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emergency	transports	orts

Table 8: Resource Directory

Reporting Year:

2018

Table 8: Resource Dir	rectory					
Reporting Year: 201	8					
		Respons	e/Transportation/Prov	viders		
	Note: Table 8 is to be	completed	for each provider by co	ounty. Make copies as n	eeded.	
County: Colusa		Provider:	Wiliams FPD	Respo	onse Zone:	Colusa Zone 1
Address: PO Box 755			Number of Ambulance	ce Vehicles in Fleet:		
Williams, CA 9	959870755					
Phone Number: 530-473-2269			Average Number of At 12:00 p.m. (noon)			
Written Contract:	Medical Director:	System	Available 24 Hours:	L	evel of Ser	vice:
□ Yes ☑ No	□ Yes ☑ No	<b>Ø</b> Yes	□ No	☐ Transport ☐ Non-Transport	□ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
		Tra	ansporting Agencies			
Number of er	r of responses mergency responses on-emergency responses			Total number of transp Number of emergency Number of non-emerge	transports	rts

#### 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
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Reporting Year: 2018

#### Response/Transportation/Providers

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

County: Sutter		Provider: Yuba City Fire	Response	Zone: Sutter Zone 1
Address: 824 Clark Ave Yuba City, CA		Number of Ambulan	ce Vehicles in Fleet:	
Phone Number: 530-741-4691		Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:
□ Yes <b>Ø</b> No	☐ Yes ☑ No	✓ Yes □ No	✓ Non-Transport ✓	ALS
Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public □ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
Transporting Agencies				
Number of er	of responses mergency responses on-emergency responses		Total number of transports  Number of emergency trans Number of non-emergency	
Number of er	of responses nergency responses on-emergency responses	Air Ambulance Services	Total number of transports Number of emergency trans Number of non-emergency	

#### **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 of	r County Name:
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Sierra-Sacramento Valley EMS Agency - Butte County

Area or subarea (Zone) Name or Title:

**CSA #37** 

#### Name of Current Provider(s):

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

Butte County EMS LLC

## Area or subarea (Zone) Geographic Description :

Biggs Gridley Area

## 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, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Transportation

## 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.

A competitive bid was conducted and on November 9, 2012 at the S-SV EMS Agency JPA Board of Directors meeting the Board determined that Butte County EMS submitted the proposal that best served

#### **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:**

Sierra-Sacramento Valley EMS Agency – Butte County

Area or subarea (Zone) Name or Title:

**Butte County** 

#### Name of Current Provider(s):

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

Area or subarea (Zone) Geographic Description Butte County lies between the Sierra Nevada Mountain Range and the Cascade Range. Butte County is watered by the Feather River and the Sacramento River. Butte Creek and Big Chico Creek are additional perennial streams, both tributary to the Sacramento. The county has a total area of 1,677.11 square miles, of which 1.639.49 square miles (or 97.76%) is land and 37.62 square miles (or

## 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, 9-1-1 Emergency Response, 7-Digit Emergency Response, IFT-ALS, ALS Transportation

## 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.

A competitive bid was conducted and on November 9, 2012 at the S-SV EMS Agency JPA Board of Directors meeting the Board determined that Butte County EMS submitted the proposal that best served

## 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:

Sierra-Sacramento Valley EMS Agency – Colusa County

#### Area or subarea (Zone) Name or Title:

Zone 1

Colusa County

#### Name of Current Provider(s):

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

Enloe Ambulance Service

#### Area or subarea (Zone) Geographic Description:

Colusa County

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

Include intent of local EMS agency and Board action.

Non-Exclusive Colusa 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.).

N/A

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

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

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

Date: 4/26/2018

## 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. <u>Please include a separate form for each exclusive</u> and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Sierra-Sacramento Valley

Area or Subarea (Zone) Name or Title:

Glenn County, Zone 1

#### Name of Current Provider(s):

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

Orland Community Ambulance Association dba Westside Ambulance Association

Area or Subarea (Zone) Geographic Description:

All of Glenn County north of county road 33

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

#### Exclusive

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

Emergency Ambulance Service, 911 emergency ambulance transport, 7-digit emergency ambulance transport

#### Method to achieve exclusivity, if applicable (HS 1797.224):

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

#### Grandfathered

Date: 4/26/2018

#### **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:** 

Sierra-Sacramento Valley

Area or Subarea (Zone) Name or Title:

Glenn County, Zone 2

Name of Current Provider(s):

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

**Enloe Ambulance** 

Area or Subarea (Zone) Geographic Description:

All of Glenn County south of county road 33

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

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

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

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

Date: 4/26/2018

#### **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:** 

Sierra-Sacramento Valley

Area or Subarea (Zone) Name or Title:

Glenn County, Zone 1

Name of Current Provider(s):

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

Orland Community Ambulance Association dba Westside Ambulance Association

Area or Subarea (Zone) Geographic Description:

All of Glenn County north of county road 33

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

**Exclusive** 

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

911 emergency ambulance transport, 7-digit emergency ambulance 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.

Grandfathered

## 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:

Sierra-Sacramento Valley EMS Agency - Nevada County

#### Area or subarea (Zone) Name or Title:

Zone 1 - Donner Summit

#### Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Donner Summit Public Utility district

#### Area or subarea (Zone) Geographic Description:

Donner Summit

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

#### 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, 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.

Uninterrupted ambulance transport service since 1979 documented by patient care reports and statements of EMT-Is employed at the time.

#### **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:**

Sierra-Sacramento Valley EMS Agency - Nevada County

## Area or subarea (Zone) Name or Title:

Zone 2 – Nevada City/Grass Valley

### Name of Current Provider(s):

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

Sierra-Nevada Hospital Ambulance Service

## Area or subarea (Zone) Geographic Description:

Grass Valley, Nevada City and surrounding rural areas. Sierra Nevada Rural and Nevada County Consolidated Fire District, Ophir Hill FPD, Highway 49 through Higgins FPD to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines Sierra Nevada, those portions of Higgins FPD not contained in the 15 min response zone. Peardale-Chicago Park

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

# 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, 911 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.

Sierra-Nevada Hospital bought Lincoln's ambulance transport service in 1988. Documented renewal of Lincoln's Ambulance permit in board minutes dated 1980. Sierra-Nevada Hospital has been providing ambulance transport since 1988.

### **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:**

Sierra-Sacramento Valley EMS Agency – Nevada County ,

## Area or subarea (Zone) Name or Title:

Zone 3 – Penn Valley

## Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

Penn Valley proper and Lake Wildwood. Six miles from Grass Valley.

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

# 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, 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.

Uninterrupted ambulance transport service since 1977 documented by patient care reports and statements of EMT-Is employed at the time.

### **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:**

Sierra-Sacramento Valley EMS Agency - Nevada County

### Area or subarea (Zone) Name or Title:

Zone 4 Truckee

### Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

Truckee is located along Interstate 80 in the Sierra Nevada mountains.

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

Include intent of local EMS agency and Board action.

Non-Exclusive

# Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911

calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency - Placer County

## Area or subarea (Zone) Name or Title:

Zone 1 Foresthill

### Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

Foresthill, Todd Valley Estates, Baker Ranch -Foresthill is located on a broad ridge between the North and Middle Forks of the American River.

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

## 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, 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.

Uninterrupted ambulance transport service since 1955 documented by news articles, patient care records and board minutes.

## **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:**

Sierra-Sacramento Valley EMS Agency - Placer County

## Area or subarea (Zone) Name or Title:

Zone 2 - Granite Bay

## Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Placer Fire District since 1962

# Area or subarea (Zone) Geographic Description:

Granite Bay is a primarily residential suburb of Sacramento located just east of Roseville and west of Folsom Lake.

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

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

# 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, 9-1-1 Emergency, 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

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

Uninterrupted ambulance transport service since 1962 documented by board minutes and newspaper

**DATE: 2018** 

### **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:**

Sierra-Sacramento Valley EMS Agency - Placer County

## Area or subarea (Zone) Name or Title:

Zone 3 Hwy 80 corridor, Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and

## Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

- I-80 corridor Colfax and west including Roseville, Lincoln, Rocklin, Loomis, Newcastle and rural areas All of the City of Auburn and County area – ½ mile West of Hwy 49 from the City of Auburn to Dry Creek Road. East of Hwy 49 up to and including Interstate 80 North to include Bell Road. In addition, ½ mile East of Hwy 49 from Bell Road to Dry Creek Road.

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

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

# 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, 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.

See attached affidavit

### **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:**

Sierra-Sacramento Valley EMS Agency - Placer County

## Area or subarea (Zone) Name or Title:

Zone 4 North Tahoe

## Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea. North Tahoe Fire Protection District

Area or subarea (Zone) Geographic Description: The NTFPD protects an area of 31 square miles on the north and west shores of Lake Tahoe. There are six fire stations within the District which are located in Alpine Meadows, Tahoe City, Homewood, Dollar Hill, Carnelian Bay and Kings Beach, that are staffed by 50 uniformed and support personnel to nearly 20,000 people within the area we serve.

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224.

# 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, 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.

See attached affidavit – Uninterrupted ambulance service since 1976

## 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:**

Sierra-Sacramento Valley EMS Agency – Shasta County

#### Area or subarea (Zone) Name or Title:

Zone 1 - Falls River Mills Area

#### Name of Current Provider(s):

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

Mayers Memorial Hospital Ambulance

#### Area or subarea (Zone) Geographic Description:

From the top of Big Valley Mountain on the Fall River Valley side to the Pit River Bridge on Highway 299E to the junction of SR 89 and the county road which goes through Dana; The Day Road area, the Little Valley area and some of the back roads toward Hat Creek Rim.

### 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.).

N/A

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

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

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

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

#### Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency - Shasta County

#### Area or subarea (Zone) Name or Title:

Zone 2

#### Name of Current Provider(s):

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

#### Area or subarea (Zone) Geographic Description:

North: Hwy 85 at Dans cutoff

EAST Hwy 299 E at the Pit River bridge SOUTHERS SOUTHERS SOUTHER TO THE TOTAL SOUTHERS SOUTHER TO THE TOTAL PROPERTY OF THE PROPERTY OF THE PICTURE TO THE TOTAL PROPERTY OF THE PICTURE TO THE PICTURE T

Southwest Flyv 44 at the Lassen Park turnoff

Hwy 299 E x Halcumb Cemetery

### 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.).

N/A

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

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

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

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

#### **Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency – Shasta County

#### 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, Mercy Ground Ambulance, Shasta Regional Medical Center

#### Area or subarea (Zone) Geographic Description:

North: 1-5 to Pollard Flat; east along Fenders Ferry Rd to Montgomery Creek

East: SR 299E to Fenders Ferry Rd; east of Oak Run and Whitmore to Lassen Park

SR 44 to Lassen Park entrance; approximately 25 miles into the park, Summit

Lake, and southwest to Tehama County Line

South: 1-5 to Tehama County Line, then following Cottonwood Creek

West: Western horn of Shasta County, Platina from Tehama County Line north;

Western boundary of Shasta County, including SR 299 to Buckhorn Summit to

the area of Dog Creek Rd. and Trinity Mountain Rd.

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

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.).

N/A

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

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

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

### **EMS PLAN** AMBULANCE ZONE SUMMARY FORM

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

## **Local EMS Agency or County Name:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

## Area or subarea (Zone) Name or Title:

Zone 1 – Butte Valley and surrounding areas

## Name of Current Provider(s):

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

Butte Valley Ambulance

## Area or subarea (Zone) Geographic Description:

North: Oregon State Line

East: Approximately from the West Klamath Wildlife Refuge to toe Modoc Plateau

South: SR 97 at Grass Lake West: Refuge Unit on Highway 161

And wilderness areas most accessible by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

# Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

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

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

## Area or subarea (Zone) Name or Title:

Zone 2 Etna and surrounding areas

## Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

North: SR 3 to Forest Mountain Summit

East: Gazelle-Callahan Road to Gazelle Summit

South: SR 3 to Scott Mountain Summit Southwest: Cecilville Rd. to Cecilville Summit

West: Sawyers Bar Rd. to Etna Summit

Northwest: Scott River Rd. to Thompson Creek

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

# Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911

calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

## Area or subarea (Zone) Name or Title:

Zone 3 - Happy Camp and surrounding areas

## Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

North: A line from the Oregon Border at the Del Norte County line to SR 96 at Horse

East: Lines from Horse Creek to Scotts Bar, then southwest

South: SR 96 at Somes Bar

West: A line from the Oregon Border at the Del Norte County line, passing SSW to

approximately the latitude of Somes Bar

And those wilderness areas best accessed by round from those corridors

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

Non-exclusive

# Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911

calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

## Area or subarea (Zone) Name or Title:

Zone 4 - McCloud and surrounding areas

### Name of Current Provider(s):

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

McCloud Community Services District

## Area or subarea (Zone) Geographic Description:

North: Military Pass Road, 1 mile south of Medicine Lake

East: SR 89 to the Modoc County Line

South: Southwest Gerard Ridge east of Sims/So Grizzly Peak! SE Ponderosa @ SR 89

West: Mt. Shasta peak! Snowman Summit / SR 89 at Gerard Ridge

And those wilderness areas best accessed by ground from those corridors

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

Non-exclusive

# Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

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

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

## Area or subarea (Zone) Name or Title:

Zone 5 Mount Shasta and surrounding areas

## Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

North: 1-5 to Parks Creek, US 97 to Grass Lake

East: SR 89 to Siskiyou County Line

South: 1-5 at Pollard Flat West: Mt. Eddy Range

And those wilderness areas best accessed by ground from those corridors

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

Exclusive. Siskiyou County Board of Supervisors recommended that Nor-Cal EMS proceed to determine the eligibility of Mt. Shasta Ambulance to be grandfathered under 1797.224, H&SC.

# 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 service, 9-1-1

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

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

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

The existing ambulance service in this zone will be granted exclusive operating rights under the grandfather clause. Mt. Shasta Ambulance Service has provided ambulance service in County Service Area 5 in the same scope and manner since the required date for grandfathering under 1797.224, H&SC. There have been no other ambulance services operating within this area. Mt Shasta Ambulance became incorporated in November 1981. The corporation continues as the successor organization to the previously existing provider and has continued uninterrupted the emergency transportation service previously provided. The Castella area of Shasta County is served by Mt. Shasta Ambulance, INC. but is not a part of CSA #5 and is not part of this exclusive operational area.

### **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:**

Sierra-Sacramento Valley EMS Agency - Siskiyou County

### Area or subarea (Zone) Name or Title: Zone 6 – Yreka and surrounding areas.

## Name of Current Provider(s):

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

Mt Shasta Ambulance service

## Area or subarea (Zone) Geographic Description:

North: Oregon State Line East: West Siskiyou Mountains South: 1-5 at Parks Creek

West: SR 96 to Horse Creek; SR 3 to Fort Jones Rd.

And those wilderness areas best accessed by ground from those corridors

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

Include intent of local EMS agency and Board action.

Non-exclusive

# Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

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

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency – Sutter and Yuba Counties

## Area or subarea (Zone) Name or Title:

Sutter and Yuba County

### Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

All of Sutter and Yuba Counties

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224

# 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, 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.

Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.

### **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:**

Sierra-Sacramento Valley EMS Agency - Sutter County

## Area or subarea (Zone) Name or Title:

Sutter County

### Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

All of Sutter County

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

Include intent of local EMS agency and Board action.

Exclusive 10/31/2003 Board action to grant exclusivity pursuant to 1797.224

# 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, 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.

Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.

### **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:**

Sierra-Sacramento Valley EMS Agency – Tehama County

## Area or subarea (Zone) Name or Title:

Zone 1 Tehama County

## Name of Current Provider(s):

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

St. Elizabeth Community Hospital Ambulance

## Area or subarea (Zone) Geographic Description:

All of Tehama county

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

Include intent of local EMS agency and Board action.

Non-exclusive

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

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

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

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

### **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:**

Sierra-Sacramento Valley EMS Agency – Yuba County

## Area or subarea (Zone) Name or Title:

Yuba County

### Name of Current Provider(s):

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

## Area or subarea (Zone) Geographic Description:

All of Yuba County

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

10/31/2003 Board action to grant exclusivity pursuant to 1797.224

# 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** 

## 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.

Bi-County Ambulance has provided emergency ambulance transportation since 1975 as evidenced by board meeting minutes and vehicle leases.

County: Su	tter				
Note: Complete informa	tion for each facility by count	y. Make copie	s as needed.		
Facility: Adventist Healt 726 4th St Mary	h Rideout (New Name) sville CA		Telephone Number:530-74	49-4511	
Written Contract:		Service:		Base Hospital:	Burn Center:
⊠ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	☐ Standby E ☐ Comprehe	mergency ensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
Pediatric Critical Care Cente			Trauma Center:	<u>If Trauma Cen</u>	towards to
PICU <sup>3</sup>	☐ Yes ⊠ No ☐ Yes ⊠ No		⊠ Yes □ No	Level I  Level III	Level II Level IV
STEMI Center:	Stroke Ce	nter:			
⊠ Yes □No	⊠ Yes	□No	ш		

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

County: Colusa				
Note: Complete informat	ion for each facility by county. Make cop	pies as needed.		
Facility: Colusa Regional 199 E. Webster S	Medical Center St Colusa CA 95932	Telephone Number: 530	0-458-5821	
Written Contract:	Service	υ	Poss Heaville	
▼ Yes □ No	☐ Referral Emergency ☐ Standby	Emergency rehensive Emergency	Base Hospital:  ⊠ Yes □ No	Burn Center:  ☐ Yes x ⊠ No
ediatric Critical Care Center DAP <sup>2</sup> ICU <sup>3</sup>	☐ Yes x ⊠No	Trauma Center:	If Trauma Cen	ter what level:
	□ Yes x ⊠No	□ Yes ⊠ No	☐ Level I ☐ Level III	☐ Level II☐ Level IV
STEMI Center:	Stroke Center:			
☐ Yes ⊠ No	☐ Yesx ⊠ No			

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

County:	Butte				
Facility: Enloe Medical	etion for each facility by cour Center e Chico CA 95926			30) 332-7740	
Written Contract:   ☑ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	Service:  Standby E  Comprehe	Emergency ensive Emergency	Base Hospital:  Yes No	Burn Center:  ☐ Yes ⊠ No
Pediatric Critical Care Cente EDAP <sup>2</sup> PICU <sup>3</sup>	er¹		Trauma Center:  ☑ Yes ☐ No	If Trauma Cen  Level I  Level III	ter what level:   Level II  Level IV
STEMI Center:   ☑ Yes □ No	Stroke C	<u>'enter:</u> □ No	£:		

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

County:  Note: Co.  Facility: Address:				D. f f.	842-4121	
]	es 🗖 No	□ Referral Emergency □ Basic Emergency	Service:  ☐ Standby E ☐ Comprehe	mergency ensive Emergency	Base Hospital:  Yes No	Burn Center:  ☐ Yes ⊠ No
Pediatric Cr EDAP <sup>2</sup> PICU <sup>3</sup>	itical Care Center <sup>t</sup>	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No		Trauma Center:  ⊠ Yes □ No	If Trauma Cent □ Level I □ Level III	er what level:  Level II  Level IV
<u>s</u> :	TEMI Center:  Yes ⊠ No	Stroke Cer	nter:			

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

County: Butte					
Note: Complete inform	nation for each facility by cour	nty. Make copies	s as needed.		
Facility: Feather River 5974 Pentz R	Hos <sub>l</sub> ital d Paradise CA 95969	т	elephone Number:5	30-876-7022	
		20			
Written Contract:		Service:		Rosa Hagnital	
⊠ Yes □ No	<ul><li>✓ Yes</li><li>✓ No</li><li>✓ Referral Emergency</li><li>✓ Basic Emergency</li></ul>		mergency nsive Emergency	Base Hospital:	Burn Center:  ☐ Yes ⊠ No
Pediatric Critical Care Cen EDAP <sup>2</sup> PICU <sup>3</sup>	☐ Yes ☒ No		Trauma Center:	If Trauma Cen	ter what level:
1100	☐ Yes ⊠ No		□ Yes ⊠ No	☐ Level I ☐ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke C	enter:			
☐ Yes ⊠ No		□ No			

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

County:F	Placer			
Facility: Kaiser Rosevil	ation for each facility by count le Medical Center oad Roseville CA	Televit	216-784-5390	
Written Contract:   ✓ Yes   No	☐ Referral Emergency ☐ Basic Emergency	Service:  ☐ Standby Emergency ☐ Comprehensive Emergency	Base Hospital:   ☑ Yes ☐ No	Burn Center:  ☐ Yes ⊠ No
Pediatric Critical Care Cento EDAP <sup>2</sup> PICU <sup>3</sup>	er¹ □ Yes ☒ No □ Yes ☒ No □ Yes ☒ No	Trauma Center:  ☐ Yes ⊠ No	If Trauma Cent ☐ Level I ☐ Level III	ter what level:  Level II Level IV
STEMI Center:  Yes No	Stroke Ce		¥0	ï

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

	E	s as need Telephone Number: (530) 33	36-5511	<u>=</u>
Written Contract:   ☑ Yes ☐ No	Service:  ☐ Referral Emergency ☐ Standby E ☐ Basic Emergency ☒ Comprehe	Emergency ensive Emergency	Base Hospital:  X Yes  No	Burn Center:  ☐ Yes ☒ No
Pediatric Critical Care Center EDAP <sup>2</sup> PICU <sup>3</sup>	Yes \( \text{No}\) Yes \( \text{No}\) Yes \( \text{No}\) Yes \( \text{No}\)	Trauma Center:  ☐ Yes ⊠ No	If Trauma Center ☐ Level I ☐ Level III	er what level:  Level II  Level IV
STEMI Center:  ☐ Yes ⊠ No	Stroke Center:  1 Yes  No	<u>.</u>		

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

County:Siskiy	/ou			
Note: Complete informati	on for each facility by county. Make cop	ies as needed.		
Facility: Mercy Medical C Address: 914 Pine St Mt S	Center Mt Shasta	Telephone Number: (530) 9	26-6111	
Written Contract:	Service	:	Poss W	T
⊠ Yes □ No	☐ Referral Emergency ☐ Standby	Emergency hensive Emergency	Base Hospital:  Yes No	Burn Center:  ☐ Yes ☒ No
Pediatric Critical Care Center EDAP <sup>2</sup> PICU <sup>3</sup>	☐ Yes ☒ No	Trauma Center:	If Trauma Cent	er what level:
Yes X No		⊠ Yes □ No	☐ Level I ☑ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke Center:	7		
□ Yes ⊠ No	☐ Yes ⊠ No		X	a a

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

County: Shas	ta		5		
Facility: Mercy Medical C	ion for each facility by count Center Reddin ve Redding CA 96001	(6)	N	) 225-6000	
Written Contract:   ☑ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	Service:  Standby Em  Comprehen	lergency sive Emergency	Base Hospital:  ⊠ Yes □ No	Burn Center:  ☐ Yes ⊠ No
Pediatric Critical Care Center EDAP <sup>2</sup> PICU <sup>3</sup>	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No		Trauma Center:  ⊠ Yes □ No	If Trauma Cent  □ Level I  □ Level III	er what level:   Level II  Level IV
STEMI Center:  ☑ Yes □ No	Stroke Ce	nter:	35	×	

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

County:		3utte				527		
Note: Con	mplete informatio	on for each facility by county.	Make copie	es as needed.				
Facility:	_nospitat)	al (formerly Biggs Gridley Memori	ial	Telephone Number:	(530) 84	6-9068	ñ	
Address:	ddress: 240 Spruce St Gridley CA 95948							<u> </u>
<b>XX</b> 1244	C							
	Contract:		Service:		26	Base	Hospital:	Burn Center:
☐ Yes	⊠ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby E☐ Comprehe	Emergency ensive Emergency		☐ Ye	s ⊠ No	☐ Yes ⊠ No
Pediatric Cri	tical Care Center <sup>1</sup>			<u>Trauma Center:</u>			e (n	
PICU <sup>3</sup>		☐ Yes ☒ No☐ Yes ☒ No				Ī	1 Trauma Cen	ter what level:
				☐ Yes ⊠ No			evel II	☐ Level II☐ Level IV
<u>S1</u>	EMI Center:	Stroke Cent	er:					
	Yes 🗵 No	☐ Yes ⊠	No					

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

Note: Co. Facility: Address:	mplete informatio	on for each facility by county. N	lake copies as nee	10.0	_(530) 532-83	42	
	1 Contract:	□ Referral Emergency □ Basic Emergency ⊠	Service: Standby Emergency Comprehensive Eme	ergency	E	Base Hospital:  Yes No	Burn Center:  ☐ Yes ⊠No
Pediatric Cr EDAP <sup>2</sup> PICU <sup>3</sup>	itical Care Center <sup>1</sup>	☐ Yes ☒ No ☐ Yes ☒No ☐ Yes ☒No		Trauma Center:  J Yes ⊠ No		If Trauma Cent Level I Level III	er what level:  Level II  Level IV
<u>S</u>	TEMI Center:  Yes ⊠ No	Stroke Center:  Yes  No	12)	J 6		25	

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

County:Sha	sta					
Note: Complete informati	on for each facility by count	<i>y.</i> Make copie:	s`as needed.			
Facility: Shasta Regional Address: 1100 Butte St. Re	Medical Center edding CA 96001		Telephone Number:	(530) 24	44-5353	
	To the second se	Œ				
Written Contract:		Service:			Base Hospital:	Burn Center:
⊠ Yes □ No	☐ Referral Emergency ☐ Basic Emergency	☐ Standby E.	mergency ensive Emergency		⊠ Yes □ No	☐ Yes ⊠ No
Political City 10	1					
Pediatric Critical Care Center EDAP <sup>2</sup>	☐ Yes ☒ No	=	<u>Trauma Center:</u>		If Trauma Cente	er what level:
PICU <sup>3</sup>	☐ Yes ⊠ No		□ Yes ⊠No		☐ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke Ce	enter:				
⊠ Yes □ No		□ No	\$\tag{2}			

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

County: Nevada	1				
Note: Complete informat	ion for each facility by count	<i>y.</i> Make copie	s as needed.		
Facility: Sierra Nevada M Address: PO Box 1029 Gr	lemorial Hospital rass Valley CA		Telephone Number: (530)	274-6001	
0					2
Written Contract:		Service:	74	Base Hospital:	Burn Center:
⊠ Yes □ No	<ul><li>Referral Emergency</li><li>Basic Emergency</li></ul>	☐ Standby E ☑ Comprehe	mergency ensive Emergency	⊠ Yes 🗇 No	☐ Yes ⊠ No
				ä	3
Pediatric Critical Care Center  Pediatric Critical Care Center  Yes  Yes  Yes  X	☐ Yes ⊠ No	E	Trauma Center:	If Trauma Cent	er what level:
	☐ Yes ⊠ No	□ Yes ⊠ No	☐ Level I☐ Level III	☐ Level II☐ Level IV	
STEMI Center:	Stroke Ce	enter:			
☐ Yes ⊠ No		□ No			

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

County:Te	hama			
Note: Complete informati	on for each facility by county. Make copie	es as needed.		
Facility: St. Elizabeth's M Address: 2550 Sister Mary	lemorial Hospital Columba Red bluff CA 96080	Telephone Number: (530	9) 529-8000	
	T.			
Written Contract:	☐ Referral Emergency ☐ Standby E☐ Basic Emergency ☑ Compreh	Emergency ensive Emergency	Base Hospital:  ✓ Yes □ No	Burn Center:  ☐ Yes ⊠ No
Pediatric Critical Care Center EDAP <sup>2</sup> PICU <sup>3</sup>	☐ Yes ☒ No	Trauma Center:	If Trauma Center what level:	
Yes ⊠ No		⊠ Yes □ No	☐ Level I  ☑ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke Center:			
☐ Yes ⊠ No	☐ Yes ⊠ No	======================================		

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

County: Place	cer			
Note: Complete informati	on for each facility by county. Make o	copies as needed.		
Facility: Sutter Auburn Facility: Address: 11815 Education	aith Hospital St Auburn Ca 95603	Telephone Number:(	530) 888-4500	•
Written Contract:	Serv	vice:	Base Hospital:	Burn Center:
⊠ Yes □ No	☐ Referral Emergency ☐ Stan ☐ Basic Emergency ☑ Con	ndby Emergency nprehensive Emergency	ĭ Yes ☐ No	☐ Yes ⊠ No
Pediatric Critical Care Center EDAP <sup>2</sup> PICU <sup>3</sup>	☐ Yes ⊠ No	Trauma Center:	If Trauma Cent	er what level:
Tico.	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Level I☐ Level III	☐ Level II ☐ Level IV
STEMI Center:	St. L. C.			
10	The state of the s		20	
🗖 Yes 🗵 No	ĭ Yes □ No	Telephone Number:		

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

County:	Placer			
Note: Complete informa	ation for each facility by county. Mal	ke copies as needed.		
Facility: Sutter Rosevill One Medical P	e Medical Center laza Roseville CA	Telephone Number: (916) 7	81-1800	
Written Contract:		Service:	Base Hospital:	Burn Center:
⊠ Yes □ No	□ Referral Emergency □ □ Basic Emergency ⊠	Standby Emergency Comprehensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
Dell'et i Gitt 10 G				
Pediatric Critical Care Center¹ ☐ Yes ☒ No EDAP² ☐ Yes ☒ No		<u>Trauma Center:</u>	If Trauma Center what level:	
PICU <sup>3</sup>	☐ Yes ⊠ No	⊠ Yes □ No	☐ Level I ☐ Level III	□ Level II     □ Level IV
STEMI Center:	Stroke Center:			
▼ Yes □ No	✓ Yes □ No			

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

Note: Complete information		<i>ty.</i> Make copie	es as needed.		
Address: Tahoe Forest Hos PO Box 759 Truc	pital kee CA 96160		Telephone Number: (530)	582-3208	
Written Contract:				2t	
		Referral Emergency Basic Emergency  □ Standby Emergency □ Comprehensive Emergency		Base Hospital:	Burn Center:
⊠ Yes □ No	<ul><li>□ Referral Emergency</li><li>□ Basic Emergency</li></ul>			⊠ Yes □ No	☐ Yes x ⊠ No
				- 1	
Pediatric Critical Care Center <sup>i</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	☐ Yes ⊠ No		Trauma Center:	If Trauma Cent	er what level:
	□ Yes ⊠ No	□ Yes ⊠ No	☐ Yes ⊠ No	☐ Level I☐ Level III	☐ Level II☐ Level IV
STEMI Center:	Stroke Co	enter•	_ <del></del>		
□ Yes ⊠ No	41	× No			
			7.71		

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

## TABLE 10: APPROVED TRAINING PROGRAMS

۸ ما ما ما م	stitution:	Butte-	Glenn Comn	nunity C	follege	Tolophon - N	
Address:		3536	Butte Cam; ι	us Drive		Telephone Number:	530-893-7532
Student	0	Orovil	le, Ca. 9596	35		-	
Student Eligibility*:	General	Public ———	_ Cost of Pro	gram:	**Program Level EMR	-	
			Basic: Refresher:	\$184	Number of students completing training per yea Initial training:		
					Refresher:	200	_
					Continuing Education:	0	10.0
					Expiration Date:	12/31/1	_
					Number of courses:		_
	72			57	Initial training:	0	
					Refresher:	9	_
						U	
Fraining Ins	stitution:	Butte-0 3536 B	Glenn Commu	unity Co	Continuing Education:	0 Telephone Number:	530-893-7532
Address:	2	3536 B Oroville	Glenn Commu utte Cam, us e, Ca. 95965	Drive	llege	0 Telephone Number:	530-893-7532
Address: Student	stitution: General P	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr	Drive	Illore	Telephone Number:	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	Drive  ram:  \$322	llege **Program Level _EMT	Telephone Number:	530-893-7532
	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr	Drive	**Program Level <u>EMT</u> Number of students completing training per year: Initial training:		530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	Drive  ram:  \$322	**Program Level <u>EMT</u> Number of students completing training per year: Initial training: Refresher:	1018	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	Drive  ram:  \$322	**Program Level _EMT  Number of students completing training per year: Initial training: Refresher: Continuing Education:		530-893-7532
Address:	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	Drive  ram:  \$322	**Program Level <u>EMT</u> Number of students completing training per year: Initial training: Refresher:	<u>1018</u>	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	ram: \$322 \$46	**Program Level _EMT  Number of students completing training per year:    Initial training:    Refresher:    Continuing Education:    Expiration Date:	1018 0 0	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	ram: \$322 \$46	**Program Level EMT  Number of students completing training per year:     Initial training:     Refresher:     Continuing Education:     Expiration Date:  Number of courses:     Initial training:	1018 0 0 12/31/1 8	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	ram: \$322 \$46	**Program Level _EMT  Number of students completing training per year:     Initial training:     Refresher:     Continuing Education:     Expiration Date:  Number of courses:     Initial training:     Refresher:	1018 0 0 12/31/1	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	ram: \$322 \$46	**Program Level EMT  Number of students completing training per year:     Initial training:     Refresher:     Continuing Education:     Expiration Date:  Number of courses:     Initial training:	1018 0 0 12/31/1 8 5	530-893-7532
Address: Student	2	3536 B Oroville	utte Cam, us c, Ca. 95965 Cost of Progr Basic:	ram: \$322 \$46	**Program Level _EMT  Number of students completing training per year:     Initial training:     Refresher:     Continuing Education:     Expiration Date:  Number of courses:     Initial training:     Refresher:	1018 0 0 12/31/1 8	530-893-7532

Address:	Oroville, Ca. 95965	Telephone Number:530-893- 7532
Student General Eligibility*:	Public  Cost of Program:  Basic\$1656 Refresher:  Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date:  Number of courses: Initial training: Refresher: Continuing Education:	22 0 0 12/31/1 9 1 0

TABLE 10: APPROVED TRAINING PROGRAMS

Training In Address:	stitution:	College of the Siskiyous 800 College Ave	3	Telephone Number:	530-938-5512
0	_	Weed, Ca 96094			_ <del></del>
Student Eligibility*:	General Public	Cost of Program:	**Program Level EMT-1	s	
		Basic: \$322 Refresher: \$46	Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education:	70 5 25 2018 3 3	- - - -

P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training In Address:	stitution;	College of the Siskiyous 800 College Ave Weed, CA 96094		Telephone Number:	530-938-5512
Student Eligibility*:	General Public	Cost of Program:	**Program Level EMR		
		Basic: \$184 Refresher: \$46	Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education:	60 3 0 2018	

<sup>\*</sup>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.

County: <u>F</u>	lacei	, A		Reporting Year: 2018			
Training In: Address:	stitution:	National College of Technic 333 Sunrise Ave., Ste. 500 Roseville, CA 95661	al Instruction		Telephone Number:	916.960.6284	
Student Eligibility*:	<u>Open</u>	Cost of Program: Basic: \$40-\$395 Refresher: \$40-\$190	_ Initial training: Refresher: Continuing Ed Expiration Dat	ucation: e:	3200	- -	
Blank li	nes = NA	Cannot type on the lines.	Number of courses: Initial training: Refresher: Continuing Edu		245	- - -	

Training Institution: Address:			Telephone Number:
Student Eligibility*:	Cost of Program:	**Program Level	
	Basic:	Number of students completing training per year: Initial training:	
		Refresher:	
		Continuing Education: Expiration Date:	
		Number of courses:	
		Initial training:	
		Refresher:	<del></del>
		Continuing Education:	<del></del>
Open to general muhili-	ricted to certain personne		

## TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer	Reporting Year: 2018		
Training Institution: Address:	National College of Technical Instruction 333 Sunrise Ave., Ste. 500 Roseville, CA 95661	Telephone Number:	916.960.6284
Eligibility*: Open	**Program Level Paramedic  Basic: \$9750.00 Refresher:    Number of students completing training per year   Initial training:   Refresher: Continuing Education:   Expiration Date:   Number of courses: Initial training:   Refresher: Continuing Education:   Blank lines = NA Cannot type on the lines.	90 3	
*Open to general public ** Indicate whether EMT	or restricted to certain personnel only. -I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than or	ne level complete all inform	ation for each level.
Training Institution: Address:	National College of Technical Instruction 333 Sunrise Ave., Ste. 500		916.960.6284
Student Eligibility*: Open Open to general public o	Roseville, CA 95661  **Program Level EMT  Cost of Program:  Basic: \$1875.00 Refresher: Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Blank lines = NA Cannot type on the lines.		
* Indicate whether EMT-	or restricted to certain personnel only. I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one	e level complete all informa	ition for each level.

TABLE 10: APPRO	VED TRAINING	PROGRAM
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County: Placer Initial training:	Reporting Year: 2018	
	Refresher:	5
	Continuing Education:	

<sup>\*</sup>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.

County: Siskiyous	φ.	Reporting Year: 2018	
Training Institution: Address:	National College of Tecl	nnical Instruction – College of the Siskiyous	Telephone Number:
0	Weed, CA 96094		-
Student Eligibility*: Open	Cost of Program:	**Program Level Paramedic	-
	Basic: \$1656 Refresher:	Number of students completing training per yea Initial training: Refresher:	nr: _28
		Continuing Education:	
		Expiration Date:	
		Number of courses: Initial training:	
		Refresher:	1
		Continuing Education:	
Open to general public	or restricted to certain personne	al only	
* Indicate whether EMT	-I, AEMT, EMT-P, MICN, or EN	el only. IR; if there is a training program that offers more than on	e level complete all information for each land
raining Institution: .ddress:			Telephone Number:
tudent		**D	
ligibility*:	Cost of Program:	**Program Level	
	Basic: Refresher:	Number of students completing training per year: Initial training:	
		Refresher:	
		Continuing Education:	4.
		Expiration Date:	<del></del>

Continuing Education:

Number of courses: Initial training: Refresher:

<sup>\*</sup>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.

Name: Address: Telephone Number:	Paradise Police 5595 Black Oli Paradise, CA (530) 872-624		Primary Contact: <u>Meghan McGee</u>
Written Contract: X Yes □ No	Medical Director: <b>X</b> Yes □ No	☐ Day-to-Day ☐ Disaster	Number of Personnel Providing Services:  66 EMD Training EMT-D n/a ALS
Ownership: □ Public <b>X</b> Private	×.	If Public: ☐ Fire ☐ Law ☐ Other Explain:	n/a BLS n/a LALS n/a Other  If Public: □ City □ County □ State □ Fire District □ Federal
low-			Primary Contact:
			r mary contact.
Address:			
Name: Address:  Felephone Number:  Written Contract:  ☐ Yes ☐ No			

County: Butte  NOTE: Make copies to		rting Year: _2018 ed. Complete information	on for each provider by county.
Name: Address: Telephone Number:	CHP Chico Co 995 Fir Street Chico, CA 959 (530) 879-1900	28	
Written Contract: ☐ Yes X No  Ownership: X Public ☐ Private	Medical Director: □ Yes <u>X</u> No	□ Day-to-Day □ Disaster  If Public: □ Fire X Law □ Other Explain:	Number of Personnel Providing Services: 18  O EMD Training O EMT-D O ALS O BLS O LALS O Other  If Public: _ City _ County X State _ Fire District _ Federal
Name: Address:		55	Primary Contact:
Telephone Number:			
Written Contract: □ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:  EMD Training EMT-D ALS
Ownership: □ Public □ Private	9	If Public: ☐ Fire ☐ Law ☐ Other Explain:	BLS EMT-D ALS Other    If Public: □ City □ County □ State □ Fire District □ Federal

NOTE: Make copies to			Reporting Year:tion for each provider by county.
Name: Address: Telephone Number: Written Contract:			
☐ Yes ☐ No  Ownership: ☐ Public ☐ Private	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire ☐ Law ☐ Other Explain:	Number of Personnel Providing Services:  EMD Training EMT-D ALS LALS Other  If Public:   City  County  State  Fire District  Federal
Name: Address:			
Telephone Number: Written Contract: □ Yes □ No	Medical Director: □ Yes □ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: □ Public □ Private		If Public: □ Fire □ Law □ Other Explain:	BLS ALS Other  If Public:   City   County   State   Fire District   Federal

TABLE 11: DISPATCH	H AGENCY		
County: Yuba/Sutter	. Repo	rting Year: _2018	
NOTE: Make copies to	add pages as neede	ed. Complete informat	tion for each provider by county.
Name: Address: Telephone Number:	Bi-County Aml 1700 Poole Bly Yuba City, CA (530) 674-278	vd 95993-2610	Primary Contact: Ronald Welch
Written Contract:  X Yes □ No  Ownership: □ Public X Private	Medical Director: X Yes □ No	X Day-to-Day X Disaster  If Public: □ Fire: □ Law □ Other Explain:	Number of Personnel Providing Services:
Name:			EV
Address:			
Telephone Number:			
Written Contract: □ Yes □ No	Medical Director: □ Yes □ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: □ Public □ Private	.68	If Public: □ Fire □ Law □ Other	EMD Training EMT-D ALS Other  If Public:  City County State Fire District Federal

Explain:

County: Placer Count  NOTE: Make copies to		rting Year: 2018 ed. Complete informat	ion for each provider by county.
Name: Address: Telephone Number: Written Contract: X Yes   No Ownership: Public X Private	1041 Fee Driv	e CA 95815-3908	Number of Personnel Providing Services:
Name: Address: Telephone Number: Written Contract: ☐ Yes ☐ No  Ownership: ☐ Public ☐ Private		☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire ☐ Law ☐ Other Explain:	

TABLE 11: DISPATCE	H AGENCY	34	
County: Butte	Repor	ting Year: _2018	
NOTE: Make copies to	add pages as neede	d. Complete information	on for each provider by county.
Name: Address: Telephone Number:	Chico Police & 1460 Humbold Chico, CA 959 (530) 895-491	t Road 28-9111	Primary Contact: <u>Nancy Wilson</u>
Written Contract: ☐ Yes <u>X</u> No	Medical Director: □ Yes <u>X</u> No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:  n/a EMD Training n/a EMT-D n/a ALS  n/a BLS n/a LALS Other: Fire & Police
Ownership: <u>X</u> Public □ Private	•	If Public: X Fire X Law □ Other Explain:	dispatching only caller transferred to Butte County EMS if prearrival is needed  If Public: X City County State Fire District Federal
Name: Address:			Primary Contact:
Telephone Number:			
Written Contract: ☐ Yes ☐ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:

EMD Training

\_\_\_\_ BLS

If Public:

☐ Fire

☐ Law ☐ Other

Explain:

Ownership:

☐ Public ☐ Private

\_\_\_\_\_ EMT-D

\_\_\_\_LALS

If Public:  $\Box$  City  $\Box$  County  $\Box$  State  $\Box$  Fire District  $\Box$  Federal

\_\_\_ ALS

\_\_\_\_ Other

County: Butte	Repo	orting Year: 2018	
NOTE: Make copies			on for each provider by county.
Name: Address: Telephone Number:	CHP Chico Co 995 Fir Street Chico, CA 958 (530) 879-190	928-6301	Primary Contact: Ryan Stonebraker
Written Contract: ☐ Yes X No	Medical Director: □ Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire X Law ☐ Other Explain:	Number of Personnel Providing Services: 18  O EMD Training O EMT-D O ALS O BLS O D Other  If Public: _ City _ County X State _ Fire District _ Federal
Name: Address:			Primary Contact:
Telephone Number: Vritten Contract: ☑ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: I Public □ Private		If Public: ☐ Fire ☐ Law ☐ Other Explain:	EMD Training EMT-D ALS LALS Other  If Public:  City County State Fire District Federal

County: Colusa  NOTE: Make copies to		ting Year: _2018 ed. Complete information	on for each provider by county.
Name: Address: Telephone Number:	929 Brid e Str	eet 932-2837	Primary Contact: <u>Lt. Russ Jones</u>
Written Contract: ☐ Yes X No  Ownership: X Public ☐ Private	Medical Director: □ Yes <u>X</u> No	<ul> <li>□ Day-to-Day</li> <li>□ Disaster</li> <li>If Public:</li> <li>□ Fire</li> <li>X Law</li> <li>X Other</li> <li>Consolidated PSAF</li> </ul>	Number of Personnel Providing Services: 0  n/a EMD Training n/a EMT-D n/a ALS n/a BLS n/a Other  If Public: City X County State Fire District Federal
Name: Address: Telephone Number:			Primary Contact:
Written Contract: ☐ Yes ☐ No  Ownership: ☐ Public ☐ Private	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire ☐ Law ☐ Other Explain:	Number of Personnel Providing Services:  EMD Training EMT-D ALS LALS Other  If Public:   City   County   State   Fire District   Federal

NOTE: Make copies to		rting Year: _2018 ed. Complete informa	tion for each provider by county.
Name: Address: Telephone Number:	129 S. Auburn	Street CA 95945-6501	Primary Contact: GVPD Lt. Alex Gammelgard NCSO Dispatch Mike Walsh
Written Contract: ☐ Yes X No  Ownership: X Public ☐ Private	Medical Director: □ Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire X Law ☐ Other Explain:	Number of Personnel Providing Services: 18  n/a EMD Training n/a EMT-D n/a ALS n/a BLS n/a Cother  If Public: X City X County State Fire District Federal
Name: Address: Telephone Number:	Dispatch Cente 950 Maidu Ave Nevada City, C		Primary Contact: NCSO Dispatch Mike Walsh
Written Contract: □ Yes □ No □ No □ Pwnership: □ Public □ Private	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire ☐ Law ☐ Other Explain:	Number of Personnel Providing Services:  EMD Training EMT-D ALS BLS LALS Other  If Public: □ City □ County □ State □ Fire District □ Federal

TABLE 11: DISPATC	H AGENCY		
County: Siskiyou	Repor	ting Year: _2018	
NOTE: Make copies t	o add pages as neede	d. Complete informat	tion for each provider by county.
Name: Address: Telephone Number:	_000 IV. IVIL. SHA	96067-2231	Primary Contact: <u>Kelly Stenmark</u>
Written Contract: □ Yes <u>X</u> No	Medical Director: □ Yes <u>X</u> No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services: 0  O EMD Training O EMT-D O ALS
Ownership: <u>X</u> Public □ Private		If Public: ☐ Fire  X Law ☐ Other Explain:	If Public: X City _ County _ State _ Fire District _ Federal
		gr.	
Name: Address:			Primary Contact:
Геlephone Number:		365 - 66	
Vritten Contract: □ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: □ Public □ Private		If Public: □ Fire □ Law	EMD Training EMT-D ALS Other  If Public:  City County State Fire District Federal

☐ Law ☐ Other Explain: \_

Name: Address: Telephone Number:	Paradise Police 5595 Black Of Paradise, CA (530) 872-624	95969-4606	Primary Contact: <u>Meghan McGee</u>
Written Contract: ☐ Yes <u>X</u> No  Ownership: <u>X</u> Public ☐ Private	Medical Director: □ Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire X Law ☐ Other Explain:	Number of Personnel Providing Services: 0  n/a EMD Training n/a EMT-D n/a ALS n/a BLS n/a Cher  If Public: X City County State Fire District Federal
Name: Address: elephone Number:			y contact
Vritten Contract: I Yes □ No wnership: Public □ Private	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire ☐ Law ☐ Other Explain:	Number of Personnel Providing Services:  EMD Training EMT-D ALS BLS LALS Other  If Public: □ City □ County □ State □ Fire District □ Federal

County: Placer  NOTE: Make copies to		rting Year: <u>2018</u> ed. Complete informa	tion for each provider by county.
Name: Address: Telephone Number:	Placer County 2929 Richards Auburn, CA 95 (530) 886-535	son Drive Suite 1 5603-2615	Primary Contact: <u>Christopher Herren</u>
Written Contract: ☐ Yes <u>X</u> No  Ownership: <u>X</u> Public ☐ Private	Medical Director: □ Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster  If Public: X Fire X Law _ Other Explain:	Number of Personnel Providing Services:  20 EMD Training n/a EMT-D n/a ALS n/a BLS n/a County Other  If Public: _ City X County _ State _ Fire District _ Federal
			27
Name: Address:			
Telephone Number: Written Contract: □ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: □ Public □ Private		If Public: □ Fire □ Law □ Other Explain:	EMD Training EMT-D ALS Other  If Public:  City  County  State  Fire District  Federal

County: Placer		rting Year: _2018	
NOTE: Make copies t	o add pages as neede	ed. Complete informa	tion for each provider by county.
Name: Address: Telephone Number:	Rocklin Police 4000 Rocklin I Rocklin, CA 98 (916) 625-540	5677	Primary Contact: <u>Sandi Bumpus</u>
Written Contract: ☐ Yes X No  Ownership: X Public ☐ Private	Medical Director: □ Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster  If Public: _ Fire X Law _ Other Explain:	Number of Personnel Providing Services:  17 EMD Training n/a EMT-D 17 ALS n/a BLS n/a County Other  If Public: X City County State Fire District Federal
Name: Address:			Primary Contact:
Telephone Number:	22		
Written Contract: □ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:  EMD Training EMT-D ALS
Ownership: □ Public □ Private		If Public: ☐ Fire ☐ Law ☐ Other Explain: _	BLS EMT-D ALS Other  If Public:   City   County   State   Fire District   Federal

County: Placer	Repo	rting Year: _2018	
NOTE: Make copies	to add pages as need	ed. Complete informa	ation for each provider by county.
Name: Address: Telephone Number:	Roseville Police	ce/Fire Dispatch Blvd. 95678-7191	Primary Contact: <u>Katie Braverman</u>
Written Contract:  X Yes No  Ownership: X Public Private	Medical Director: X Yes _ No	☐ Day-to-Day ☐ Disaster  If Public: X Fire X Law _ Other Explain:	Number of Personnel Providing Services:  24 EMD Training n/a EMT-D n/a ALS n/a BLS n/a LALS n/a Other  If Public: X City County State Fire District Federa
lame: ddress: elephone Number:			Primary Contact:
/ritten Contract: I Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
wnership: Public □ Private		If Public: □ Fire □ Law	EMD Training EMT-D ALS BLS LALS Other  If Public:  City County State Fire District Federal

☐ Other Explain:

**TABLE 11: DISPATCH AGENCY** County: Shasta County Reporting Year: 2018 NOTE: Make copies to add pages as needed. Complete information for each provider by county. Name: ShasCom Address: Primary Contact: 3101 South St. James Divis Redding CA 96001-2379 Telephone Number: (530) 245-6500 Written Contract: Medical Director: ☑Day-to-Day Number of Personnel Providing Services: n/a ☐ Yes ☒ No **⊠**Disaster n/a EMD Training n/a EMT-D n/a ALS <u>n/a</u> BLS Ownership: n/a LALS n/a Other If Public: ☑Public ☐ Private ⊠ Fire If Public: ⊠City ⊠County □ State □ Fire District □ Federal ⊠Law ☐ Other Explain: Consolidated 911 Dispatch Center JPA Name: Primary Contact: Address: Telephone Number: Written Contract: Medical Director: Day-to-Day Number of Personnel Providing Services: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Disaster EMD Training EMT-D ALS Ownership: \_\_\_\_ BLS \_\_\_\_ LALS If Public: Other ☐ Public ☐ Private ☐ Fire If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Law □ Other Ex lain:

Name: Address: Telephone Number:	Sutter County Sheriff's Office 1077 Civic Center Blvd. Yuba City, CA 95993-3002 (530) 822-7307		Primary Contact: Sheriff J. Paul Parker
Written Contract:  Yes X No  Ownership: X Public Private	Medical Director:Yes <u>X</u> No	□ Day-to-Day □ Disaster  If Public: _ Fire X Law _ Other Explain:	Number of Personnel Providing Services:  13 EMD Training n/a EMT-D 13 ALS 13 BLS 13 LALS n/a Other  If Public: City X County State Fire District Federal
Name: Address: Telephone Number:		5)	Primary Contact:
Written Contract: ☐ Yes ☐ No  Dwnership: ☐ Public ☐ Private	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster  If Public: □ Fire □ Law □ Other	Number of Personnel Providing Services:  EMD Training EMT-D ALS BLS LALS Other  If Public: □ City □ County □ State □ Fire District □ Federal

TABLE 11: DISPATC	H AGENCY		
County: Siskiyou	Repor	ting Year: _2018	
NOTE: Make copies t	o add pages as neede	d. Complete informatio	on for each provider by county.
Name: Address: Telephone Number:	Yreka Intera je P.O. Box 128 Yreka, CA 9609 (530) 842-7066	97-0218	Primary Contact: <u>Jason Stone</u>
Written Contract:  X Yes No  Ownership: X Public Private	Medical Director:Yes X No	☐ Day-to-Day ☐ Disaster  If Public: X Fire _ Law X Other Explain: EMS	Number of Personnel Providing Services:  14 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 0 Other  If Public: _ City _ County X State _ Fire District _ Federal
Name: Address:			Primary Contact:
Telephone Number:			
Written Contract: □ Yes □ No	Medical Director: ☐ Yes ☐ No	□ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: □ Public □ Private		If Public: ☐ Fire ☐ Law ☐ Other Explain:	EMD Training EMT-D ALS Other  If Public:   City   County   State   Fire District   Federal

TABLE 11:	DISPATCH AGENC
County: Y	uba

Name: Address: Telephone Number:			tion for each provider by county.  Primary Contact: <u>Glenda Hyde</u>	
Written Contract:  _ Yes X No  Ownership: X Public Private	Medical Director: Yes <u>X</u> No	☐ Day-to-Day ☐ Disaster  If Public: _ Fire X Law _ Other Explain:	Number of Personnel Providing Services:  n/a	
Name: Address:			Primary Contact:	
elephone Number:	- 8			
Vritten Contract: ☐ Yes ☐ No  Dwnership: ☐ Private	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster  If Public: ☐ Fire ☐ Law ☐ Other Explain:	Number of Personnel Providing Services:  EMD Training EMT-D ALS BLS Other  If Public:   City  County  State  Fire District  Federal	