

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

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



December 13, 2022

Donna Stone, Chief Executive Officer
Northern California EMS Agency
930 Executive Way, Suite 150
Redding, CA 96002

Dear Ms. Stone,

This letter is in response to Northern California County Emergency Medical Services (EMS) Agency's 2020 EMS, Trauma, and Quality Improvement (QI) plan submissions to the EMS Authority on July 6, 2022.

The EMS Authority has reviewed the EMS Plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find enclosed the ground exclusive operating area status, as compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma and QI plans based on compliance with Chapters 7 and 12 of the California Code of Regulations, Title 22, Division 9, and has approved for implementation.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before December 7, 2023. Concurrently with the EMS plan, please submit an annual Trauma and QI plan. If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 384-1925 or mark.olivas@emsa.ca.gov.

Sincerely,

Tom McGinnis

Tom McGinnis, MHA, EMT-P
Chief, EMS Systems Division

Enclosure
AW: rd

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

[illegible]



Northern California EMS, Inc.
2020 EMS Plan

Donna Stone, Chief Executive Officer
930 Executive Way, Suite 150
Redding, CA 96002

Submitted:
to Lisa Galindo via email
July 6, 2022

Executive Summary
2020 EMS PLAN

A nine director Board of Directors guides the agency. The Board is comprised of one representative from each of the five contract counties, a hospital representative, an Emergency Medical Care Committee representative, and that must be affiliated with an ambulance service and two Directors At Large.

The agency staff maintains active participation with the area's EMCCs and county fire chief's organizations. The agency staff is also involved with statewide issues through memberships in the Emergency Medical Services Administrators Association of California, the Emergency Medical Directors Association of California and affiliated sub committees of the organizations. The agency also participates actively with the EMSA Core Measures Committee.

The agency's Medical Director works under contract with duties identified in a separate contract.

Nor-Cal EMS keeps current its contracts with the five counties that have delegated LEMSA responsibilities to the agency. The contracts stipulate that all LEMSA responsibilities are delegated. These counties are Lassen, Modoc, Plumas, Sierra and Trinity. The area covers approximately 15,000 square miles with a permanent population of approximately 77,000.

All transport agencies and non-transport agencies providing AED, Air Ambulance, BLS and ALS services maintain Provider Agreements with the agency. There are 19 transport agencies, both ground and air and 48 non-transport provider agencies with agreements. Additionally the agency has base hospital, alternative base station or receiving hospital agreements with each of the seven acute care facility in the region and three out of area Base Hospital agreements. Contract renewals are tracked by means of a data base providing information of those contracts due for renewal. Currently, there are no stroke, stemi or EMSC facilities in our Region.

The agency conducted its annual Northstate Prehospital Conference in April of 2019. At each conference registrants are asked for their suggestions for future topics. This exercise has been in place at each conference as a part of the conference evaluation form. The suggestions have guided the planning committee in the selection of future topics. Typically 150 to 200 individuals are in attendance at the conference. A conference was scheduled for April 2020 but due to the COVID-19 pandemic, the conference was rescheduled to October 2020 then subsequently cancelled due to ongoing COVID challenges.

The agency is periodically asked for information and availability of classes. In response to these inquiries the agency puts the individual or agency requesting information together with programs

offering the needed training. In addition, the agency's website provides a calendar that identifies information on upcoming courses.

Although not a LEMSA requirement, the agency is active in program and class offerings. As referenced above, the agency has, for the past 15 years offered a Northstate Prehospital Conference each Spring. The 2019 conference offered seven continuing education units then after completing the testing requirement for the seven units, the registrant was able to obtain seven additional units over a period of two years. The conference has a modest registration fee and is a beneficial investment for providers.

In addition, the agency offers training and continuing education through its website. There are 32 free continuing education units available on the agency website. There is an additional three continuing education courses available on our website for a nominal fee of \$30.00

Run Reviews are scheduled quarterly in conjunction with the agency's Medical Advisory Committee meetings.

During the report year there were 700 certified or accredited personnel in the Nor-Cal EMS area.

The agency actively participates and coordinates the Regional Communications Committee. The focus of the group is to coordinate frequencies, address communications issues and serve as a sounding board for communications users. While initially convening quarterly, it now is meeting less frequently, primarily due to having dealt with the issues and limitations impacted by the FCC's narrow banding policies.

While narrow banding has been in place for a number of years, the physical limitations of the FCC requirement continues to handicap and limit communications in several of our rural/remote areas.

Each First Responder agency, BLS, ALS and the area's air provider have a Provider Agreement with the agency authorizing them to be a part of the EMS system. The agreement in part stipulates that the provider agency will comply with local policies, state law and state regulations.

There are two EOAs in the Nor-Cal EMS region. One of the areas has been grandfathered with the other having been initially bid in 2005 and rebid in 2015. The successful bidder of the competitively bid EOA began their contractual obligations on July 1, 2015. The contract calls for an initial five year period with an option for an additional five year period.

Provider agreements and response zone maps have been modified accomodating the additional services.

Base Hospitals and Alternative Base Stations have been designated. Contracts are in place identifying performance responsibilities. Each of the area's seven hospitals have a contractual role related to prehospital care. Each hospital in the area is a small rural facility and each has been designated as a Critical Access Hospital. The agency maintains Base Hospital agreements with three out of area hospitals to provide medical direction to those services routinely transporting patients to these facilities.

The agency has maintained an approved Trauma Plan since 1988. Presently with five counties and seven small acute care hospitals, each designated as a Critical Access Hospital, the agency has designated two Level IV Trauma Centers. The most recent designation occurred at the end of the FY 2014-2015.

The agency requires reportable incidents to be filed formally through the use of an Unusual Occurrence Report (UOR). These are received by the agency, an investigation opened, inquiries made, interviews conducted if needed, conclusions drawn and a formal letter sent to the individual submitting the UOR and others as may be needed.

The agency is very active in planning and participating in county-wide, areawide and statewide drills. The agency maintains a particularly active role in coordinating and promoting participation in HAvBED drills. The agency also dedicates EMS Specialist time to MHOAC duties and responsibilities throughout each fiscal year. The MHOAC within Nor-Cal EMS participates in disaster meetings regularly.

TABLE 1

MINIMUM STANDARDS/RECOMMENDED GUIDELINES SYSTEM ASSESSMENT FORMS

Reporting Year 2020

Progress Updates

1.07 Trauma Planning

1.11 System Participants

1.13 Coordination

1.17 Medical Direction

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

NOR-CAL EMS REPORTING YEAR 2020

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: *MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES*

The agency has had an approved Trauma Plan since 1988. Currently there are three Level IV Trauma Centers. An evaluation of one of the centers is underway to determine re-designation. One center was just designated in the project year. Trauma Center agreements are in place with each center.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

NOR-CAL EMS REPORTING YEAR 2020

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: ***MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE***

Agreements with providers describe the roles of the system participants.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

NOR-CAL EMS REPORTING YEAR 2020

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

NOR-CAL EMS REPORTING YEAR 2020

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The agency maintains contracts with hospitals defining their medical direction role. Because of the wide distribution of hospitals, eight hospitals covering in excess of 17,000 square miles, each hospital has a role in providing care to patients arising in the prehospital setting. In addition three out of area hospitals provide medical direction to providers based in the agency's area.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2020 EMS PLAN**

		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		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X	X		
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction		X			
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**C. COMMUNICATIONS**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**E. FACILITIES/CRITICAL CARE**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**F. DATA COLLECTION/SYSTEM EVALUATION**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**H. DISASTER MEDICAL RESPONSE**

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

ASSESSMENT OF THE SYSTEM

Updated Comments to
Progress are written in
BLUE

Table 1: Summary of System Status

System Assessment Forms

LEMSA: Northern
California EMS, Inc.

FY: 2020

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	The Board composition includes a supervisor representative from each contracting county, a hospital representative, an ambulance representative and two members-at-large positions. A Medical Advisory Committee meets bi-monthly to review protocols and provide direction to the Medical Director and clinical staff.	
1.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS system evaluation is ongoing through a number of methods including broad direction from the Board of Directors, the Medical Advisory Committee and specific QI reviews. The agency has recently implemented full participation in ePCR systems by each transport provider and is preparing data pertinent to the Core Measures.	
1.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.	
1.04		X			The Minimum Standard and Recommended Guideline has been met.	
1.05		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This Standard is being met by the completion and submittal of this plan.	
1.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan is formally updated when requested by the Authority.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has had an approved Trauma Plan since 1988. Currently there are two Level IV Trauma Centers. Trauma Center agreements are in place with each center.	
1.08		X			The agency maintains agreements with each ALS service in the area. This includes both transport and non-transport agencies. Each agreement is reviewed every two years to determine the continuation of the agreement.	
1.09		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventories are updated as site inspections are periodically conducted, as prehospital updates are requested by EMSA and as resource capabilities change.	
1.11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agreements with providers describe the roles of the system participants.	
1.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.	
1.14		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Medical Advisory Committee and others. Ambulance services, non-transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statutes. We are made aware of needed actions by the review of QI reports, patient care forms or complaints.</p> <p>With the departure of key large counties, the agency has made transitional adjustments to align revenues with expenses. Revenues and expenses are currently in line with strategies in place to increase revenues.</p>	
1.16		<input checked="" type="checkbox"/>			<p>The Agency maintains contracts with hospitals defining their medical direction role. Because of the wide distribution of hospitals, seven hospitals covering in excess of 17,000 square miles, each hospital has a role in providing care to patients arising in the prehospital setting. In addition three out of area hospitals provide medical direction to providers based in the agency's area.</p>	
1.17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals, and providers. A skills usage form is utilized in addition to data retrievable from ePCRs. The core Measures will provide further QI activities.</p>	
1.18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing physicians and MICNs, the Nor-Cal EMS region has eight acute care facilities providing medical control.	
1.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Nor-Cal EMS Trauma Plan was first approved in 1990. Challenges of the system deal with low volume and extended transport times, which are compounded in winter months. Within the six-county area there are eight acute hospitals, each a Critical Access Hospital. Two facilities have been designated Level IV Trauma Centers. There are no hospitals in the area that meet Level I or II designation criteria.	
1.27		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.	Determine opportunities for pediatric care enhancement that include training and equipment deployment.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine opportunities for pediatric care enhancement that include training and equipment deployment.	
2.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT basic course.	
2.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All EMS education programs in the region, including EMT, AEMT, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction. Program approvals are for a two-year period, at which time they are reevaluated.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.	
2.04		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In the recent past, the agency contacted each PSAP in the area and asked them to complete a survey. The survey asked if they had implemented EMD and if not, are they planning to implement EMD. The survey asked what the barriers were to implementation and the response was not surprising. Implementation and ongoing costs were the barriers.	
2.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherences to policies are not followed.	
2.12		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulations require Public Safety personnel to the trained in CPR. Current CPR training includes protocols and the use of AEDs	
2.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use. Currently there are no approved MICN training programs in the region. The agency participates in the Regional Communication Advisory and Planning Committee, which convenes quarterly Frequency coordination is address through the Regional Communications Committee which also addresses other topics of mutual concern. Communication policies permit the use of satellite and cellular phones which is critical given the repeater coverage issues in our mountainous areas..	
3.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While the agency no longer maintains the region-wide UHF communications system, the systems of advisory groups provide opportunity to review communications issues including multi-casualty events. Handheld radios have been distributed to counties for rapid deployment in the event of a mass casualty event.	
4.01		X			These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan.	
4.04		X			Pre-scheduled transportation has little or no effect on system operations. Responsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.	
4.05		X			Nor-Cal EMS has adopted the state's response time guidelines.	
4.07		X			Nor-Cal EMS supports the participation of first responder agencies into the EMS system and facilitates their participation through approval of First Responder instructors, certification of course graduates and development of provider agreements for services utilizing advanced personnel, AEDs and/or airway devices.	
4.09		X			The region is served by two air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.12		X			The agency has a disaster and MCI plan and works with the RDMHS, and state offices during disasters. This includes mobilization of response and transport vehicles including coordination with Ambulance Strike Teams.	
4.13		X			Units and personnel can and do operate throughout the region without regard for county boundaries. Regional approval of providers, certification/ accreditation of personnel and a regional communications system facilitate this flexibility.	
4.19		X			Exclusive operating areas exist in Lassen, Plumas and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc and Plumas County's EOAs through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.	
4.2		X			This has been done and accepted in Modoc and Plumas Counties.	
5.01		X			The agency periodically assesses and reassesses the EMS capabilities of various acute care facilities as a part of the designation of Trauma Centers, Base Hospitals and Alternative Base Stations. Written agreements exist between the agency and these facilities, which require adherence to local policies and state regulation.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.03		X			Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans." Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.	
5.04		X			The agency has designated receiving hospitals, which are monitored through a variety of visits, audits and QI activities. This has been implemented through the designation of trauma centers. The agency during the report period has two Level IV Trauma Centers	
5.05		X			Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises and promotes HEICS. The agency works closely with area hospitals and Public Health in the coordination of HAVBED exercises from the region.	
5.06		X			Much of this work has been accomplished through the agency's participation in the Hospital Preparedness Project as it assumes the Local EMS Agency responsibilities.	
5.07		X			Each hospital in the region maintains a role in the EMS system and as a result each maintains an agreement with the agency defining their role.	
5.08			X		The regional trauma plan has been amended to reflect fewer participating counties. The plan incorporates all of the required features. At this point designated trauma centers are designated as Level IVs.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.10				X	<p>In our extremely rural system this will likely not result in Pediatric Center Designation but rather the adherence to transfer guidelines that assist in the identification of patients that need expedient transport to definitive levels of care and the facilities that can care for those patients.</p> <p>This Standard has been recently addressed with the development of Interfacility Transfer Guidelines that address the appropriate transfer of patients both for patients that need immediate transfer and those whose needs are not immediate. The latter situation is critical in our rural area in order to not deplete resources that respond to 911 calls.</p>	
5.11				X	<p>Nor-Cal EMS participated in the California Pediatric Readiness Project in July 2012. We had 100% participation from the hospitals in our region. Each hospital received a summary of their response to the survey.</p>	
5.12				X	<p>We have been attending the RTCC meeting for Region III and chair the sub-committee on Inter-facility transfers. It is our recommendation that pediatric trauma be a sub-committee of the Region III RTCC meeting.</p> <p>We also participated in the summit of Pediatric Trauma and Access to Care that was held in 2011. We support the recommendation of the California Trauma Pediatric Network and would support a statewide pediatric trauma system. We have recently initiated an ePCR program that will capture CEMESIS/NEMESIS data on pediatric trauma</p> <p>Because each of the hospitals in agency's area is a rural small hospital and each has been designated as a Critical Access Hospital, specialty care hospitals have not been designated with the exception of Level IV Trauma Centers.</p>	
5.13		X			<p>In order to best accommodate the appropriate movement of patients to the proper definitive care, an Interfacility Transfer Policy has been</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					The policy calls for hospitals to develop written policies governing transfers, develop written agreements with facilities offering resources and specialty services not available internally and that the accepting facility has the capacity to care for the patient and has consented to accept the patient.	
6.01		X			Lead by the agency's Medical Director and EMS Systems Specialist, the program involves the spectrum of EMS system participants. With the implementation of area-wide usage of ePCR systems QI activities will be improved for both the agency and providers.	
6.04		X			This Standard has been met. We customarily in the course of investigating an Unusual Occurrence Report, work closely with medical dispatch to analyze the timeliness and appropriateness of medical response and the information provided..	
6.05		X			The agency is examining alternatives to the electronic PCR system currently in place, as well as the trauma data system. Any alternatives to be considered must be CEMSIS compliant. The agency continues to provide both prehospital and trauma data to EMSA.	
6.06		X		X	The agency remains active in pursuing the best means of improving its evaluation program including the exploration of improved data systems.	
6.07		X			All transport agencies now utilize an ePCR system that is CEMSIS compliant.	
6.08		X			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.10		X			Through the CEMIS System, trauma data provides opportunities to measure system compliance and determine system improvements. This is currently being enhanced with core measures data.	
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency is involved in the injury and illness prevention effort. During this year the Northstate Prehospital Conference had over 100 attendees.	
8.01		X			The agency staff has been very active in participating in and coordinating exercises that involve catastrophic events including toxic substances. Much of this activity has come about as a result of the agency's participation in the Hospital Preparedness Project in fulfilling the Local EMS Agency role.	
8.05		X			This standard is met through the designation of Control Facilities that coordinate the distribution of patients according to their severity to the appropriate facility that can meet the patient's needs.	
8.07		X			This is addressed through the development of disaster protocols and procedures.	
8.09		X			This is met through the activities of the Hospital Preparedness Project.	
8.10		X			This is met through the activities of the Hospital preparedness project.	
8.11		X			This has been met through participation as the Local EMS Agency in the Hospital Preparedness Project.	
8.12		X			This activity has occurred in conjunction with HPP projects.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	

TABLE 2

SYSTEM ORGANIZATION & MANAGEMENT
BUDGET
FEE STRUCTURE
ORGANIZATION/MANAGEMENT
ORGANIZATIONAL CHART

Reporting Year 2020

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: Reporting Year 2020

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

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

County: Lassen

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Modoc

A. Basic Life Support (BLS)	10%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	90%

County: Plumas

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Sierra

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Trinity

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____
4. Indicate the non-required functions which are performed by the agency:

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 329,706.00
Contract Services (e.g. medical director)	46,000.00
Operations (e.g. copying, postage, facilities)	76,073.98
Travel	10,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	56,150.69
Dispatch center operations (non-staff)	N/A
Training program operations	Include in numbers above
Other: Misc. Contractual	17,419.87
Other: Legal	2,000.00
Other: Contingency	28,817.42
TOTAL EXPENSES	\$ 567,067.96

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	287,240.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	135,430.40
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	18,063.52

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	35,583.35
Contributions	N/A
EMS Fund (SB 12/612)	60,562.64
Other grants: _____	N/A
Other fees: Interest/Misc. Inc.	4,600.00
Other (specify): Conference, Advertising, Continuing Education	8,000.00
TOTAL REVENUE	\$ 571,479.91

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

Both Revenue and Expenses equal \$510,917.27 for the 2019-2020 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2019-2020 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass-through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2019-2020. This is why the Revenue and Expenses show slightly different numbers on this report only.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

☒ Our fee structure is:

EMR certification	\$ 35.00
EMS dispatcher certification	N/A
EMT-I certification	45.00
EMT-I recertification	28.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	45.00
AEMT recertification	28.00
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	100.00
MICN/ARN recertification	28.00
EMT-I training program approval	--
AEMT training program approval	--
EMT-P training program approval	--
MICN/ARN training program approval	--
Base hospital application	--
Base hospital designation	--
Trauma center application	--
Trauma center designation	4,000
Pediatric facility approval	--
Pediatric facility designation	--
Other critical care center application	
Type: None	
Other critical care center designation	
Type: None	
Ambulance service license	--
Ambulance vehicle permits	--
Other: ALS Ambulance Application	500.00
Other: Ambulance Provider Fee	327 - 4,820 (a)
Other: County Contract Fee	12,000 - 78,000 (a)
	(a) based on formula

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin/Coord/Director	Chief Executive Officer	100.00%	31.55	33%	
Asst. Admin/Admin Asst/Admin Mgr.	Clerical Assistant	35.00%	14.00	33%	
	Director	10.00%	51.95	11%	
	Administrative Assistant	100.00%	15.58	31%	
ALS Coord./Field Coord./Trng Coordinator	EMS Specialist	47.00%	25.00	37%	Part-time position
Program Coordinator/Field Liaison (Non-clinical)	Project Coordinator	20.00%	25.00	13%	Part-time position
Trauma Coordinator					
Medical Director	Medical Director	20.00%	85.00	--	Contract Position
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Director of Information Technology	80.00%	38.19	38%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Northern California EMS, Inc.
Organizational Chart - 2020

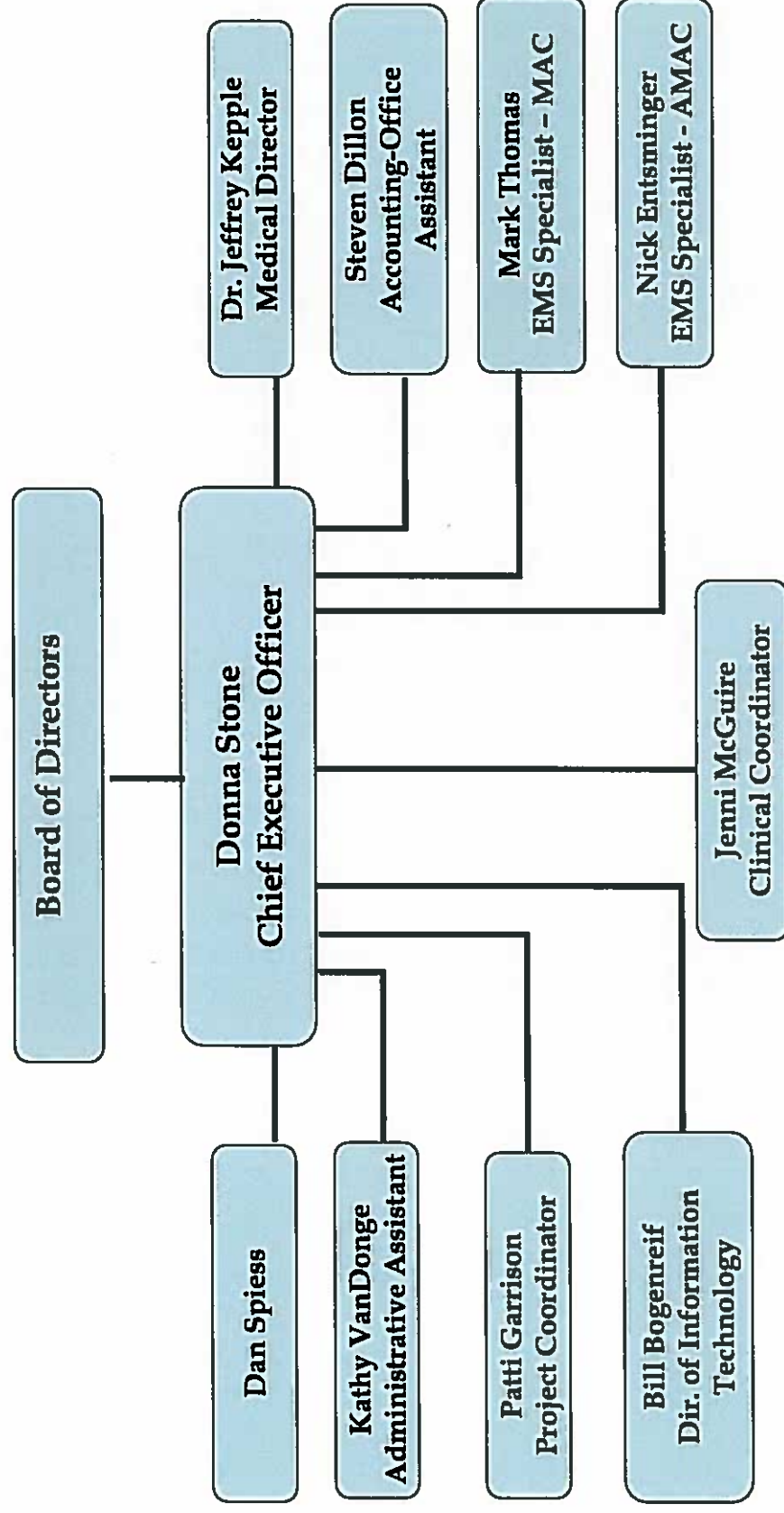


TABLE 3

STAFFING AND TRAINING

REPORTING YEAR 2020

TABLE 3: STAFFING/TRAINING

Reporting Year: Reporting Year 2020

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	157	21		3
Number newly certified this year	31	6		0
Number recertified this year	126	15		3
Total number of accredited personnel on July 1 of the reporting year			117	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0			
c) suspensions	0			
d) revocations	0			
e) denials	2			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
b) Number of public safety (defib) certified (non-EMT-I)

444

333

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 4

COMMUNICATIONS

REPORTING YEAR 2020

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2020

County: Lassen

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2020

County: Modoc

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2020

County: Plumas

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>None</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>None</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | Various |
| b. Other methods | Races |
| c. Can all medical response units communicate on the same disaster communications system? Unknown if all EMS follow the local TICP | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2020

County: Sierra

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 156.165 | |
| b. Other methods _____ | |
| c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2020

County: Trinity

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>2</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX | |
| b. Other methods: County has multi-agency radio communication system and Reverse 9-1-1 | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | |
| 2) Between operation area and the region and/or state? | |

TABLE 5

RESPONSE – TRANSPORTATION

REPORTING YEAR 2020

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2020

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 17

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	01:46:03	01:21:26
Early defibrillation responder	No data available	No data available	No data available	No data available
Advanced life support responder	N/A	No data available	02:14:11	0:40:13
Transport Ambulance	N/A	00:40:15	01:55:02	0:40:29

Notes: N/A - Not Applicable

TABLE 6

FACILITIES – CRITICAL CARE

REPORTING YEAR 2020

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year 2020

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1203</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>980</u>
3. Number of major trauma patients transferred to a trauma center	<u>9</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>214</u>

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>1</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7

DISASTER – MEDICAL

REPORTING YEAR 2020

TABLE 7: DISASTER MEDICAL

Reporting Year 2020

County: Lassen

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? CCP's are mobile and based on where incidents occur as needed.

b. How are they staffed? Local EMS personnel, Public Health Staff, Volunteers if needed.

c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

2. CISM

Do you have a CISM provider with 24-hour capability? ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☐ Yes ☒ No

b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No

c. Are they available for statewide response? ☐ Yes ☒ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No

b. At what HazMat level are they trained? FRA/FRO/Decon, First Receiver.

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

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

OPERATIONS

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

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

3. Have you tested your MCI Plan this year in a:

a. real event? ☐ Yes ☒ No

b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
State/Regional mutual aid, no other written agreements.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Public Health
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? N/A

TABLE 7: DISASTER MEDICAL

Reporting Year 2020

County: Modoc

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
Region III Counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health Department Agency
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?

TABLE 7: DISASTER MEDICAL

Reporting Year 2020

County: Plumas

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Chester, Quincy, Greenville, Portola
 - b. How are they staffed? Hospital & Public Health Personnel
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? EMT – FRO & Decon levels
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 7: DISASTER MEDICAL

Reporting Year 2020

County: Sierra

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Do not have designated CCPs
 - b. How are they staffed? As designated by Sheriff/Coroner and staffed as needed.
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☐ Yes ☒ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
 - d. Do you have the ability to do decontamination in the field? ☐ Yes ☒ No

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement: N/A
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? There are no hospitals in Sierra County ☐ Yes ☒ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response?
- Health Care Coalition Agreement ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Sierra County Health & Humans Service
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?
- We are the Health Department ☐ Yes ☒ No

TABLE 7: DISASTER MEDICAL

Reporting Year 2020

County: Trinity

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Weaverville Airport, Hayfork Fairgrounds
 - b. How are they staffed? EMS and Public Health staff
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? FRO/Decon
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
We have mutual aid through Region III RDMHS protocol; however, no independent MAAs with any counties. Would like to start one with Humboldt County eventually.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health and Human Services, OES Manager
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8

RESPONSE – TRANSPORTATION – PROVIDERS

REPORTING YEAR 2020

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Lassen Address: 1545 Paul Bunyon, Suite 3 Provider: SEMSA Ground Susanville Response Zone: 1
 Susanville, CA 96130 Lassen Ambulance/Adin/Fall
 775-691-4720 River Mills (S64-50873)
 Number of Ambulance Vehicles in Fleet: 4
 Average Number of Ambulances on Duty 3
 At 12:00 p.m. (noon) on Any Given Day:

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

3501	Total number of responses	2708	Total number of transports
3069	Number of emergency responses	2345	Number of emergency transports
432	Number of non-emergency responses	363	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Lassen Provider: California Correctional Center/High Response Zone: Inside Zone 1
 Desert State Prison Fire Dept
 (S64-51224)
 Address: 711-45 Center Road Number of Ambulance Vehicles in Fleet: 1
 Susanville, CA 96127
 Phone Number: 530-257-2181 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Lassen

Provider: SEMSA Ground Adin - Lassen
Ambulance/Adin/Fall River Mills
(S64-51811)

Response Zone: 1

Address: 205 Ash Valley Rd

Adin, CA 96006

Phone

Number: 530-299-3110

Number of Ambulance Vehicles in Fleet: 1

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

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

Transporting Agencies

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

1 Total number of transports
 1 Number of emergency transports
 0 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 2020

Response/Transportation/Providers

County: Lassen Provider: Sierra Army Depot (S64-51804) Response Zone: Inside Zone 1

Address: 74 Currant St – Box 5000 Number of Ambulance Vehicles in Fleet: 0

Herlong, CA 961413

Phone Number: 530-827-2111

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

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

Transporting Agencies

309	Total number of responses	<u>0</u>	Total number of transports
304	Number of emergency responses	<u>0</u>	Number of emergency transports
5	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Lassen Provider: SEMSA Air Susanville Response Zone: Zone 1
 Address: 17301 Valley Mall (S64-51803) See Aircraft Map
 Susanville, CA 96130
 Phone Number: 530-257-9475 Number of Ambulance Vehicles in Fleet: 1
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Transporting Agencies

Total number of responses	_____	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

302	Total number of responses	295	Total number of transports
296	Number of emergency responses (SCENE)	289	Number of emergency transports (SCENE)
6	Number of non-emergency responses (IFT)	6	Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Lassen

 Provider: SEMSA Air Adin - Lassen
 Ambulance/Adin/Fall River Mills
 (S64-51812)

Response Zone: See Aircraft Map

Address: 205 Ash Valley Rd

Adin, CA 96006

Number of Ambulance Vehicles in Fleet: 1

Phone

Number: 530-299-3110

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

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

Transporting Agencies

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

208 Total number of responses

202 Number of emergency responses

6 Number of non-emergency responses

200

195

5

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Lassen Provider: PHI Air NorCal Prog 61 CA Response Zone: See Aircraft Map

Address: 471-920 Johnstonville Dr (Hanger #9) Number of Ambulance Vehicles in Fleet: 1

Susanville, CA 96130

Phone Number: 530-251-4908 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

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

37	Total number of responses	37	Total number of transports
36	Number of emergency responses (SCENE)	36	Number of emergency transports (SCENE)
1	Number of non-emergency responses (IFT)	1	Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: **Modoc** **Provider:** Modoc Medical Center/Last Frontier Health District (S64-50632) **Response Zone:** 1
Address: 228 W. McDowell St **Number of Ambulance Vehicles in Fleet:** 4
 Auburn, CA 96101
Phone Number: 530-233-5131 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Transporting Agencies

800	Total number of responses	688	Total number of transports
709	Number of emergency responses	604	Number of emergency transports
91	Number of non-emergency responses	84	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Modoc

Provider: Surprise Valley Hospital
Ambulance S64-50915

Response Zone: 2

Address: P O Box 246

Cedarville, CA 96104

Number of Ambulance Vehicles in Fleet: 2

Phone

Number: 530-279-6111

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

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

Transporting Agencies

88	Total number of responses	85	Total number of transports
48	Number of emergency responses	47	Number of emergency transports
40	Number of non-emergency responses	38	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 2020

County: **Plumas** Provider: **Chester Fire (S64-50284)** Response Zone: **1**

Address: **P O Box 177** Number of Ambulance Vehicles in Fleet: **3**

County: Plumas
Provider: Chester Fire (S64-50284)
Response Zone: 1

Address: P O Box 177

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-258-3456

Transporting Agencies

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Plumas Provider: Peninsula Fire S64-50724 Response Zone: 2
 Address: 801 Golf Club Road Number of Ambulance Vehicles in Fleet: 2
Lake Almanor, CA 96137
 Phone Number: 530-259-2309 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

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

Transporting Agencies

178	Total number of responses	86	Total number of transports
170	Number of emergency responses	81	Number of emergency transports
8	Number of non-emergency responses	5	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Plumas

 Provider: PHI Ground Greenville Prog 93
 CA (S64-51725) (old Lassen
 Ambulance)

Response Zone: 3

Address: 710 Ash Street

Number of Ambulance Vehicles in Fleet: 1

Susanville, CA 96130

Phone

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

Number: 530-310-0225

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

Transporting Agencies
 6 Total number of responses
 6 Number of emergency responses
 0 Number of non-emergency responses

 6 Total number of transports
 6 Number of emergency transports
 0 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 2020

Response/Transportation/Providers

County: **Plumas**

Provider: **Care Flight Ground Operations - Plumas (S64-50751) (AKA Plumas Ambulance District**

Response Zone: **4**

Address: **1065 Bucks Lake Road Quincy, CA 95971**

Number of Ambulance Vehicles in Fleet: **3**

Phone Number: **530-283-2127**

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

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

Transporting Agencies

1432 Total number of responses
 791 Number of emergency responses
 641 Number of non-emergency responses

1100 Total number of transports
 604 Number of emergency transports
 496 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 2020

Response/Transportation/Providers

County: **Plumas** Provider: **Eastern Plumas District Hospital** Response Zone: **5 (Sierra Zone 2 & Sierra Zone 3)**

Address: **500 First Avenue** Number of Ambulance Vehicles in Fleet: **5**

Portola, CA 96122

Phone Number: **530-832-4277** Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: **2**

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

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

Transporting Agencies

1074	Total number of responses	931	Total number of transports
848	Number of emergency responses	626	Number of emergency transports
326	Number of non-emergency responses	305	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Plumas

Provider: Care Flight - Beckwourth

Response Zone: See Aircraft Map

Address: Nervino Airport, 96129

Number of Ambulance Vehicles in Fleet: 1

Phone

Average Number of Ambulances on Duty

Number: 530-832-9915

At 12:00 p.m. (noon) on Any Given Day: 1

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

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

367	Total number of responses	356	Total number of transports
358	Number of emergency responses (SCENE)	347	Number of emergency transports (SCENE)
9	Number of non-emergency responses (IFT)	9	Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Sierra Provider: Downieville Fire (S64-50346) Response Zone: 1
 Address: P O Box 25 Number of Ambulance Vehicles in Fleet: 4
 Downieville, CA 95936
 Phone Average Number of Ambulances on Duty
 Number: 530-289-3201 At 12:00 p.m. (noon) on Any Given Day: 2

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

Transporting Agencies

176	Total number of responses	118	Total number of transports
143	Number of emergency responses	116	Number of emergency transports
33	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Trinity Provider: Coffee Creek (S64-50303) Response Zone: 2
 Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1
 Trinity Center, CA 96091
 Phone Number: 530-286-2270 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Transporting Agencies

10	Total number of responses	2	Total number of transports
9	Number of emergency responses	2	Number of emergency transports
1	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: Trinity Provider: Trinity Center F.D.(S64-50937) Response Zone: 2Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1Trinity Center, CA 96091Phone Number: 530-286-2270 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Transporting Agencies

<u>42</u>	Total number of responses	<u>12</u>	Total number of transports
<u>41</u>	Number of emergency responses	<u>12</u>	Number of emergency transports
<u>1</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year 2020

Response/Transportation/Providers

County: **Trinity** Provider: **Southern Trinity Area Rescue** Response Zone: **3**
 Address: **P O Box 4** Number of Ambulance Vehicles in Fleet: **2**
 Mad River, CA 95552
 Phone Number: **707-574-6613** Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: **1**

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

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

Transporting Agencies

85	Total number of responses	51	Total number of transports
76	Number of emergency responses	47	Number of emergency transports
9	Number of non-emergency responses	4	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

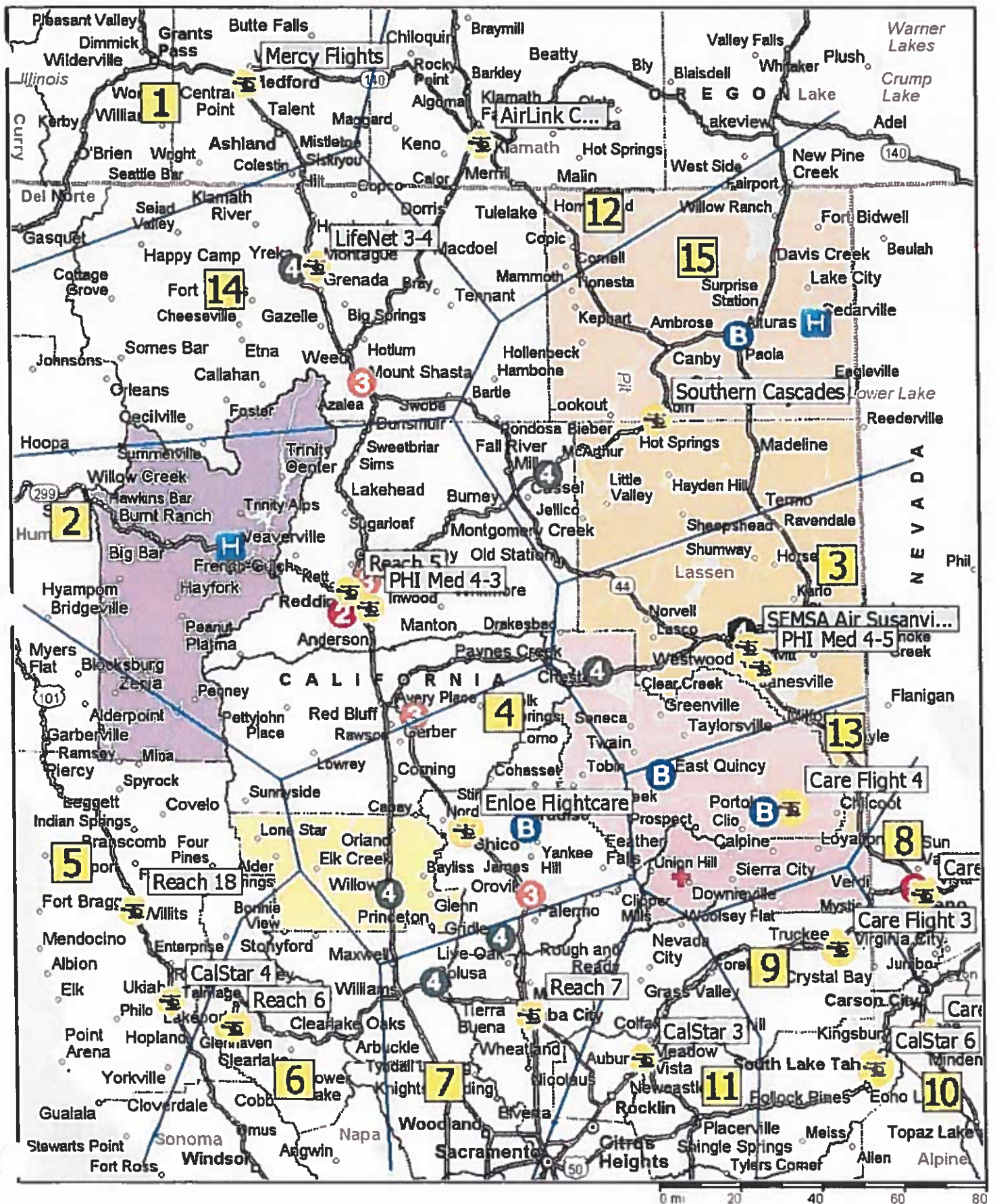


TABLE 9

FACILITIES

REPORTING YEAR 2020

TABLE 9: FACILITIES

Reporting Year 2020

County: Lassen

Facility: Banner-Lassen Medical Center Telephone Number: 530-252-2000

Address: 1800 Spring Ridge Drive

Susanville, CA 96130

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

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
---	--	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year 2020

County: Modoc

Facility: Modoc Medical Center Telephone Number: 530-708-8800

Address: 1111 N. Nagle St – PO Box 190

Alturas, CA 96101

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

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

TABLE 9: FACILITIES

Reporting Year 2020

County: Modoc

Facility: Surprise Valley Health Care District Telephone Number: 530-279-6111

Address: 741 North Main St

Cedarville, CA 96104

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

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

TABLE 9: FACILITIES

Reporting Year 2020

County: Plumas

Facility: Eastern Plumas Health Care Telephone Number: 530-832-6500
Address: 500 1st Avenue
Portola, CA 96122

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP ² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU ³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

TABLE 9: FACILITIES

Reporting Year 2020

County: Plumas

Facility: Plumas District Hospital Telephone Number: 530-283-2121
 Address: 1065 Bucks Lake Road
Quincy, CA 95971

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

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

TABLE 9: FACILITIES

Reporting Year 2020

County: Plumas

Facility: Seneca District Hospital Telephone Number: 530-258-2648

Address: 130 Brentwood Drive
Chester, CA 96020

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

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
---	--	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

TABLE 9: FACILITIES

Reporting Year 2020

County: Trinity

Facility: Mountain Community Healthcare District

Address: 60 Easter Avenue

Weaverville, CA 96093

Telephone Number: 530-623-5541

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

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

TABLE 10

APPROVED TRAINING PROGRAMS

REPORTING YEAR 2020

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Lassen

Training Institution:		Lassen Community College		Telephone Number:		530-257-6181
Address:		P O Box 3000				X8994
		Susanville, CA 96130				
* Student Eligibility:	Open Current CPR, FR Course or Current FR Certification	Cost of Program:	** Program Level	EMT-1		
		Basic:	\$350	Number of students completing training per year:		20
		Refresher:	\$100	Initial training:		10
				Continuing Education:		
				Expiration Date:		11-1-2022
				Number of courses:		2
				Initial training:		1
				Refresher:		1
				Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Lassen

Training Institution:		Fireline EMS		Telephone Number:		530-260-7554
Address:		P.O. Box 270327 Susanville, CA 96127				
* Student Eligibility:	Open	** Program Level		EMR		
Cost of Program:						
Basic:						
Refresher:						
Number of students completing training per year:						
Initial training:		20				
Refresher:		10				
Continuing Education:						
Expiration Date:		10/15/2022				
Number of courses:						
Initial training:		1				
Refresher:		1				
Continuing Education:						

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Lassen

Training Institution:		USFS Lassen National Forest		Telephone Number:	530-336-3334
Address:		P.O. Box 220 Fall River Mills, CA 96028			
* Student Eligibility:	Restricted	** Program Level		EMR	
Cost of Program:		Number of students completing training per year:			
Basic:		Initial training:			
Refresher:		Refresher:			
		Continuing Education:			
		Expiration Date:			
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			
		5/10/2025			
		1			
		1			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Lassen

Training Institution:		Janesville Fire Protection District		Telephone Number:	530-310-1154
Address:		463-390 MAIN ST., JANESVILLE CA 96114			
* Student Eligibility:	Restricted	** Program Level	EMR		
Cost of Program:		Number of students completing training per year:			
Basic:		Initial training:			
Refresher:		Refresher:			
		Continuing Education:			
		Expiration Date:			
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			
		10/5/2021			
		1			
		1			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Lassen

Training Institution: Southern Cascades CSD Address: 205 Ash Valley Road Adin, CA96006		Telephone Number: (530)299-3110
* Student Eligibility: Open	** Program Level EMT-1	
Cost of Program: Basic: _____ Refresher: _____	Number of students completing training per year: Initial training: _____ Refresher: _____	
	Continuing Education: Expiration Date: 7/8/2024	
	Number of courses: Initial training: 1 Refresher: 1 Continuing Education: _____	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Modoc

Training Institution:		Modoc Medical Center		Telephone Number:		Rena Sweet	
Address:		228 West McDowell				530-233-1272	
		Alturas, CA 96101					
* Student Eligibility:	Restricted			** Program Level	EMT-1		
		Cost of Program:		Number of students completing training per year:			
		\$100 + Book		Initial training:			
		Basic: <input checked="" type="checkbox"/>		Refresher:			
		Refresher: <input type="checkbox"/>		Continuing Education:			
				Expiration Date:			
				Number of courses:			
				Initial training:			
				Refresher:			
				Continuing Education:			
				10			
				2/6/2022			
				1			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Modoc

Training Institution:		Modoc Medical Center		Telephone Number:		Rena Sweet 530-233-1272	
Address:		228 West McDowell Alturas, CA 96101					
* Student Eligibility:	Restricted	** Program Level		EMR			
		Cost of Program:					
		\$100 + Book					
		Basic: <input checked="" type="checkbox"/>		Number of students completing training per year:			
		Refresher: <input type="checkbox"/>		Initial training: 10			
				Refresher: <input type="checkbox"/>			
				Continuing Education: <input type="checkbox"/>			
				Expiration Date: 3/19/2021			
				Number of courses: 1			
				Initial training: <input type="checkbox"/>			
				Refresher: <input type="checkbox"/>			
				Continuing Education: <input type="checkbox"/>			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Modoc

Training Institution: Address:	Big Sage EMS Productions Po Box 633 Cedarville, CA 96104	Telephone Number:	209-769-4737
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:		
	Basic:	Number of students completing training per year:	
	Refresher:	Initial training:	20
		Refresher:	
		Continuing Education:	
		Expiration Date:	2/22/2024
		Number of courses:	
		Initial training:	2
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Plumas

Training Institution:		Feather River Community College		Telephone Number:		Judy Mahan 530-283-0202 ext. 235
Address:		570 Golden Eagle Ave Quincy, CA 95971				
* Student Eligibility:	Open	** Program Level	EMT-1			
Cost of Program:						
Basic:		\$230	Number of students completing training per year:			
Refresher:			Initial training: 40			
			Refresher:			
			Continuing Education:			
			Expiration Date: 3/1/2022			
			Number of courses: 2			
			Initial training:			
			Refresher:			
			Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Plumas

Training Institution:		Care Flight	Telephone Number:	530-604-6850
Address:		2306 Chandler Road Quincy, CA 95971		
* Student Eligibility:	Restricted	** Program Level	EMR	
		Cost of Program:		
		Basic:		
		Refresher:		
		Number of students completing training per year:		
		Initial training:	40	
		Refresher:		
		Continuing Education:		
		Expiration Date:	1/9/2023	
		Number of courses:	2	
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Plumas

Training Institution:		Graeagle Fire and Rescue		Telephone Number:	530-836-1340
Address:		7620 Hwy 70 Graeagle, CA 96103			
* Student Eligibility:	Restricted	** Program Level	EMR		
Cost of Program:		Number of students completing training per year:			
Basic:		Initial training:			
Refresher:		Refresher:			
		Continuing Education:			
		Expiration Date:			
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			
		20			
		3/21/2021			
		1			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Plumas

Training Institution:		Plumas Eureka Fire Department		Telephone Number:	530-836-1953
Address:		200 Lundy Lane, Blaridsen, CA 96103			
* Student Eligibility:	Restricted	** Program Level	EMR		
		Cost of Program:			
		Basic:			
		Refresher:			
		Number of students completing training per year:			
		Initial training:		40	
		Refresher:		20	
		Continuing Education:			
		Expiration Date:		3/31/2024	
		Number of courses:			
		Initial training:		3	
		Refresher:		2	
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Plumas

Training Institution:		West Shore FD (Prev West Almanor CSD)		Telephone Number:	530-259-2500
Address:		947 Long Iron Drive Chester, CA 96020			
* Student Eligibility:	Restricted	** Program Level	EMR		
Cost of Program:					
Basic:		Number of students completing training per year:			
Refresher:		Initial training:			
		Refresher:			
		Continuing Education:			
		Expiration Date:			
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Plumas

Training Institution:		Plumas District Hospital		Telephone Number:		530-283-2121
Address:		2306 Chandler Road Quincy, CA 95971				
* Student Eligibility:	Open	** Program Level	EMT-1			
Cost of Program:		Number of students completing training per year:				
Basic:		Initial training:				
Refresher:		Refresher:				
		Continuing Education:				
		Expiration Date:				
		Number of courses:				
		Initial training:				
		Refresher:				
		Continuing Education:				
		11/1/2024				

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Sierra

Training Institution: Address:	Downieville Fire Protection District PO Box 25 Downieville, CA 95936	Telephone Number:	530-307-0576
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:		
	Basic:	Number of students completing training per year:	
	Refresher:	Initial training:	10
		Refresher:	
		Continuing Education:	
		Expiration Date:	2/13/2024
		Number of courses:	
		Initial training:	1
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Sierra

Training Institution: Address:	Downieville Fire Protection District PO Box 25 Downieville, CA 95936		Telephone Number:	530-307-0576
* Student Eligibility:	Open	** Program Level	EMT-1	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:	Refresher:		
		Continuing Education:		
		Expiration Date:		
		Number of courses:		
		Initial training:		
		Refresher:		
		Continuing Education:		
		15		
		10/2/2024		
		1		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Sierra

Training Institution: Downieville Fire Protection District Address: PO Box 25 Downieville, CA 95936		Telephone Number: 530-307-0576
* Student Eligibility:	Restricted _____ Cost of Program: _____ Basic: _____ Refresher: _____	** Program Level AEMT _____ Number of students completing training per year: _____ Initial training: _____ Refresher: _____ Continuing Education: _____ Expiration Date: 10/17/2021 Number of courses: _____ Initial training: _____ Refresher: _____ Continuing Education: _____

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Trinity

Training Institution:	Southern Trinity Area Rescue		Telephone Number:	Brooke Johnston 707-574-6616
Address:	P O Box 4			
	Mad River, CA 95552			
* Student Eligibility:	Open	** Program Level	EMT-1	
		Cost of Program:		
		Basic:	EMT \$60	
		Refresher:	None	
		Number of students completing training per year:		
		Initial training:		12-20
		Refresher:		
		Continuing Education:		
		Expiration Date:		11/19/2021
		Number of courses:	EMT-1	
		Initial training:		1
		Refresher:		1
		Continuing Education:		

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

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

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Trinity

Training Institution: Address:	Trinity County Life Support 610 Washington St Weaverville, CA 96093	Telephone Number:	530-623-2500
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	20
	Refresher:	Refresher:	
		Continuing Education:	
		Expiration Date:	3/1/2024
		Number of courses:	2
		Initial training:	1
		Refresher:	
		Continuing Education:	

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

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

EMS System: Northern California EMS, Inc

Reporting Year 2020

County: Trinity

Training Institution:	Trinity County Life Support		Telephone Number:	530-623-2500
Address:	610 Washington St			
	Weaverville, CA 96093			
* Student Eligibility:	Open	** Program Level	EMT-1	
		Cost of Program:	Number of students completing training per year:	
		Basic: \$500	Initial training:	
		Refresher:	Refresher:	
			Continuing Education:	
			Expiration Date:	
			Number of courses: 2	
			Initial training:	
			Refresher:	
			Continuing Education:	
			10-20	
			3/22/2024	
			1	

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

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

TABLE 11

DISPATCH AGENCY

REPORTING YEAR 2020

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year 2020

Name, address & telephone: PRIMARY Lassen County's Sheriff's Office 1491 5 th St. Susanville, CA 96130		Primary Contact: Dean Growdon, Sheriff-Coroner 530-251-8013 (sheriff@co.lassen.ca.us)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 25 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal Number of Ambulances: 0

Name, address & telephone: PRIMARY: Susanville Interagency Fire Center 1491 5 th St. Susanville, CA 96130		Primary Contact: Josh Kern, Battalion Chief 530-257-8509 (josh.kern@fire.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal Number of Ambulances: 0

Name, address & telephone: PHI Air Medical 471-910 Johnstonville Dr Hangar #9 Susanville, CA 96130		Primary Contact: Erin Cox 530-949-9875 (eacox@phiairmedical.com)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 2 ALS 0 BLS 0 LALS 0 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Air Medical	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Air Ambulance: 1 Rotor in Susanville and 1 Ground Ambulance in Greenville.

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year 2020

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: William Dowdy, Sheriff 530-233-4416 (wdowdy@modocsheriff.us)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 4 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		
		Number of Ambulances: 6 Fire Department: 14 PSAP for County			

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year 2020

Name, address & telephone:		PRIMARY: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971		Primary Contact: Becky Grant 530-283-6375 (beckygrant@pc50.net)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 0		

Name, address & telephone:		SECONDARY: Eastern Plumas Healthcare District 500 First Avenue Portola, CA 96122		Primary Contact: Corina Corbridge 530-832-6586 (corina.corbridge@ephc.org)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 15 BLS 0 LALS 6 Other: RNs		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 2		

Name, address & telephone:		SECONDARY: Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971		Primary Contact: Sam Blasse 530-283-2121 (sblasse@remsa-cf.com)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other: RNs		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 3		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year 2020

Name, address & telephone:		Sierra County Sheriff's Office PO Box 66 100 Courthouse Square Downieville, CA 95936		Primary Contact: Michael Fisher, Sheriff-Coroner 530-289-3700 (mikefisher@sierracounty.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 5 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year 2020

Name, address & telephone:		Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville, CA 96093		Primary Contact: Bruce Haney, Sheriff 530-623-2611 (bhaney@trinitycounty.org)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 0		

EMS PLAN

AMBULANCE ZONE SUMMARY FORMS

AND

ZONE MAPS

REPORTING YEAR 2020

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.

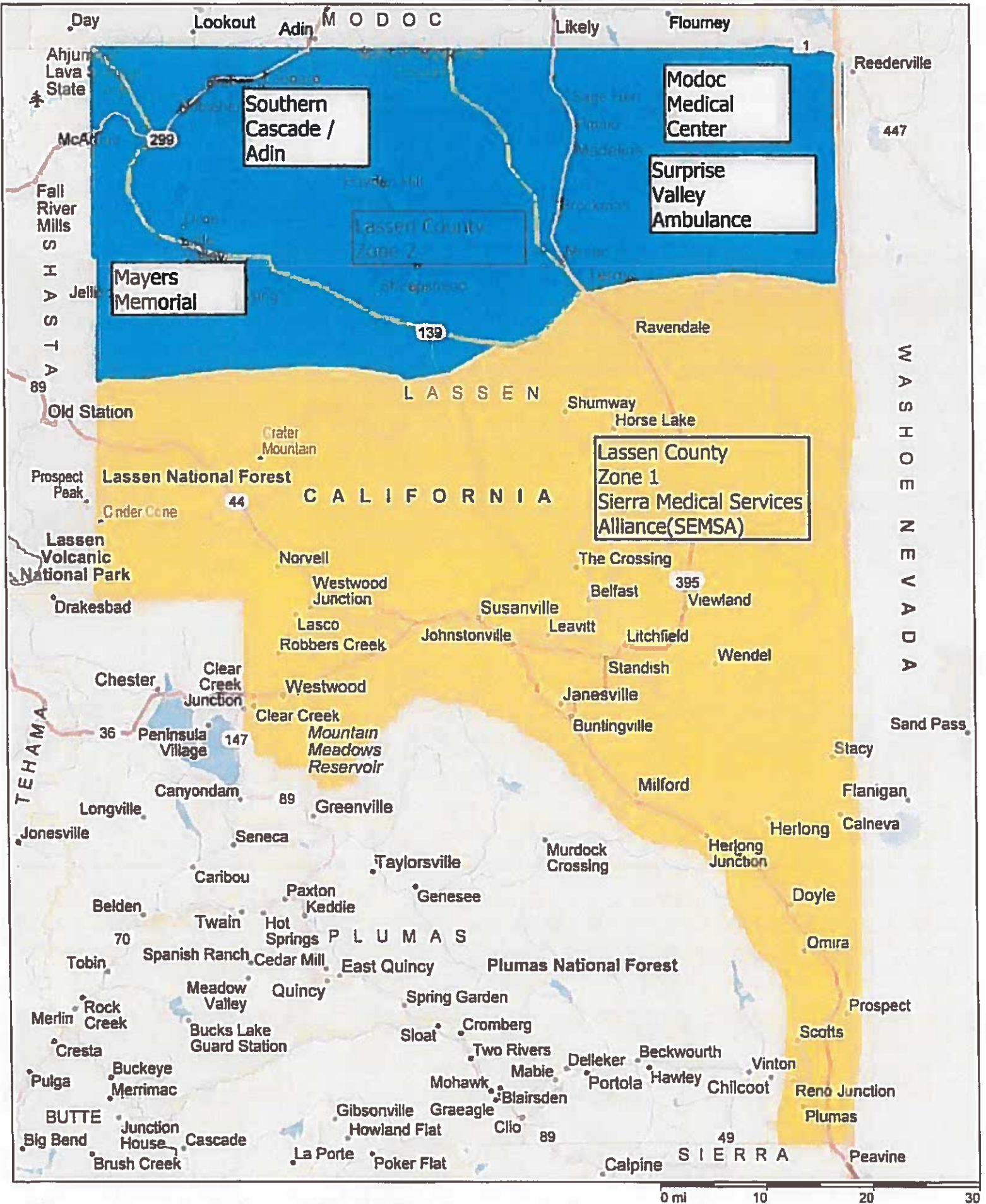
Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
Area or Subarea (Zone) Name or Title: <p style="text-align: center;">Zone 1 (Central, West and East County Areas)</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <p style="text-align: center;">Sierra Emergency Medical Services Agency (SEMSA)</p>
Area or Subarea (Zone) Geographic Description: <p style="text-align: center;">Refer to map</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <p style="text-align: center;">Exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <ol style="list-style-type: none"> 1. Emergency ambulance services, ground including: <ul style="list-style-type: none"> • all 9-1-1-/PSAP requests for ground service; • all seven-digit telephone number requests for ground ambulance services. 2. Inter-facility ambulance transports from a general acute care hospital in Lassen County to any other general acute care hospital, excluding those that involve ground transportation by an air-ambulance operator to an airport for additional transfer by a fixed-wing air ambulance, critical care transports, hospital based neonatal transport services, and physician-staffed ambulance transports. 3. BLS non-emergency services; and 4. Standby service with transportation authorization
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> <p style="text-align: center;">Competitively determined by RFP process</p>

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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title: Zone 2 (North County Area)
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Southern Cascade (Adin) Mayer's Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east central) since the 1940s Surprise Valley Hospital Ambulance (eastern extreme)
Area or Subarea (Zone) Geographic Description: North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> N/A

Lassen Map



**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.

Local EMS Agency or County Name:

Northern California EMS, Inc./ Modoc County

Area or subarea (Zone) Name or Title:

Zone 1

Name of Current Provider(s):

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

Last Frontier Health Care District (Modoc Medical Center)

Area or subarea (Zone) Geographic Description:

North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.

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.

N/A

**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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc 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. Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
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. N/A

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.

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc./ Modoc County</p>
Area or subarea (Zone) Name or Title: <p style="text-align: center;">Zone 3</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">Southern Cascade (Adin)</p>
Area or subarea (Zone) Geographic Description: <p>SR 299E at Big Valley Summit east through Big Valley and over Adin Pass to Modoc MP 21 on 299E. Nearest landmark is the Cal Trans Canby Bridge Sand House. West from Modoc Co Rd 84 and National Forest System Roads off Modoc County Rd 84 ending at Modoc Co Rd 91.</p> <p>East of Adin on Ash Valley Road at Holbrook Reservoir and East of SR 139 on Grasshopper Rd to the town of Thermo on US Hwy 395.</p> <p>South of Adin on SR 139 to Lassen MP 33.5. Nearest landmark is Cleghorn Rd Intersection of Grasshopper Fire Station.</p> <p>West – follows the peak of the Big Valley Mountain Range from the Summit of Big Valley Mountain to the ridgeline of Whitehorse Mountain Range then to the corner of Modoc, Shasta, Siskiyou Counties through Modoc County into Siskiyou County and the Northern Pacific Power Intertie. Line then travels north and east of the Burnt Lava Flow over Border Mountain to the Southeast Corner of the Glass Mountain Geologic Area - then east to the intersection of Modoc Co Rd and Hwy 139.</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> <p style="text-align: center;">Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <p style="text-align: center;">N/A</p>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <p style="text-align: center;">N/A</p>

**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.

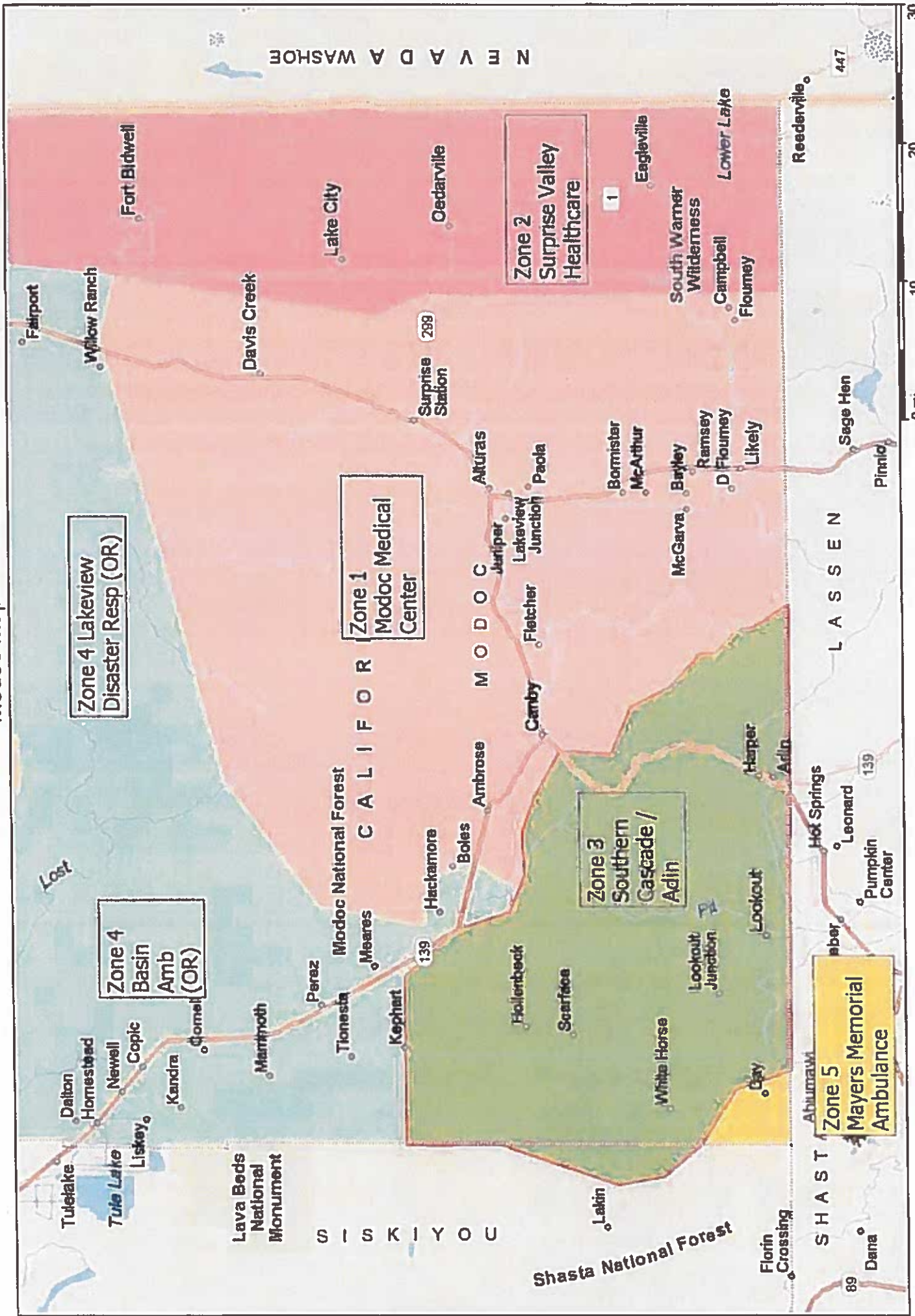
Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Basin Ambulance and Lakeview Disaster Response (Oregon)
Area or subarea (Zone) Geographic Description: Northwest Modoc County – See map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mayers Memorial Hospital
Area or subarea (Zone) Geographic Description: S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.
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. N/A

Modoc Map



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.

Local EMS Agency or County Name: <div style="text-align: center;">Northern California EMS, Inc./ Plumas County</div>	
Area or Subarea (Zone) Name or Title: <div style="text-align: center;">Zone 1</div>	
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <div style="text-align: center;">Chester Fire Protection District</div>	
Area or Subarea (Zone) Geographic Description: <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>North:</p> <p>East</p> <p>South:</p> <p>Southwest:</p> <p>West:</p> </div> <div style="width: 85%;"> <p>Lassen Volcanic National Park including Highway 89 to Summit Lake</p> <p>SR 36 to the top of Johnson's Grade including the rest area at the top of Johnson's Grade</p> <p>SR 89 up to and including the Lake Almanor Dam</p> <p>SR 32 Southwest to the Tehama/Butte County line</p> <p>SR 36 to the SR 89 (North) intersection at the top of Morgan Summit</p> <p>And wilderness areas most accessible by ground from those corridors</p> </div> </div>	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <div style="text-align: center;">Non-exclusive</div>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <div style="text-align: center;">N/A</div>	
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> <div style="text-align: center;">N/A</div>	

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.

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
Area or subarea (Zone) Name or Title: <p style="text-align: center;">Zone 2</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">Peninsula Fire Protection District</p>
Area or subarea (Zone) Geographic Description: <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>North:</p> <p>Northeast:</p> <p>East:</p> <p>West:</p> <p>South:</p> </div> <div style="width: 85%;"> <p>Lassen County line – wilderness area.</p> <p>Highway 147 to the Lassen County line</p> <p>SR 36 to the Lassen County line</p> <p>Highway 36 to the top of Johnson's Grade – East of the rest area</p> <p>Highway 147 to 1.5 miles North of Hwy 89 – the area of Old Haun Road</p> </div> </div>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">N/A</p>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>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.</small> <small>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.</small> <p style="text-align: center;">N/A</p>

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.

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
Area or subarea (Zone) Name or Title: <p style="text-align: center;">Zone 3</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">CareFlight (Greenville)</p>
Area or subarea (Zone) Geographic Description <div style="margin-left: 40px;"> <p>Northwest: Hwy 89 up to the Lake Almanor Dam, this is to include the community of Canyon Dam and the Community of Seneca</p> <p>Northeast: Hwy 147 to the area of Old Haun Road, 1.5 miles North on Hwy 147</p> <p><u>No additional changes:</u> Will continue to respond within the current Indian Valley Hospital District Boundaries</p> <p>South: Highway 89/70 junction at the Greenville Wye</p> </div>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">N/A</p>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>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.</small> <small>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.</small> <p style="text-align: center;">N/A</p>

**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.

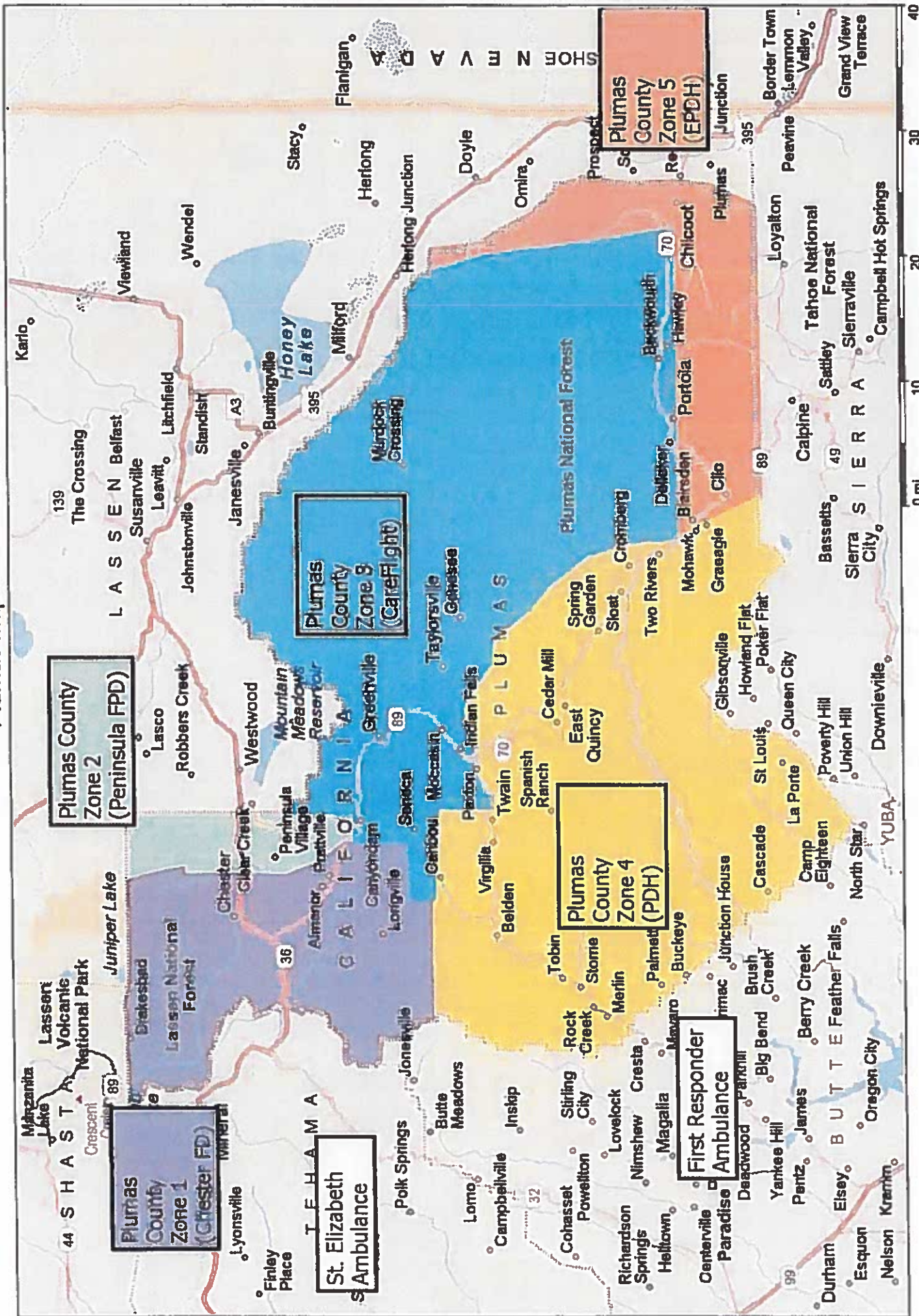
Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Plumas District Hospital Ambulance
Area or subarea (Zone) Geographic Description: North: Highway 89/70 junction at the Greenville Wye West: Highway 70 to the Butte County Line East: Highway 70/89 to Mt. Tomba on the east end of Crombert West: Quincy Oroville Highway to the Butte County Line Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response
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

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.

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
Area or subarea (Zone) Name or Title: <p style="text-align: center;">Zone 5</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">Eastern Plumas Health Care Ambulance</p>
Area or subarea (Zone) Geographic Description: <p style="text-align: center;">The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Non-Exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">N/A</p>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>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.</small> <small>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.</small>

Plumas Map



**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.

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description: North: To the Plumas County Line East: SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): <u>If 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. <u>If Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**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.

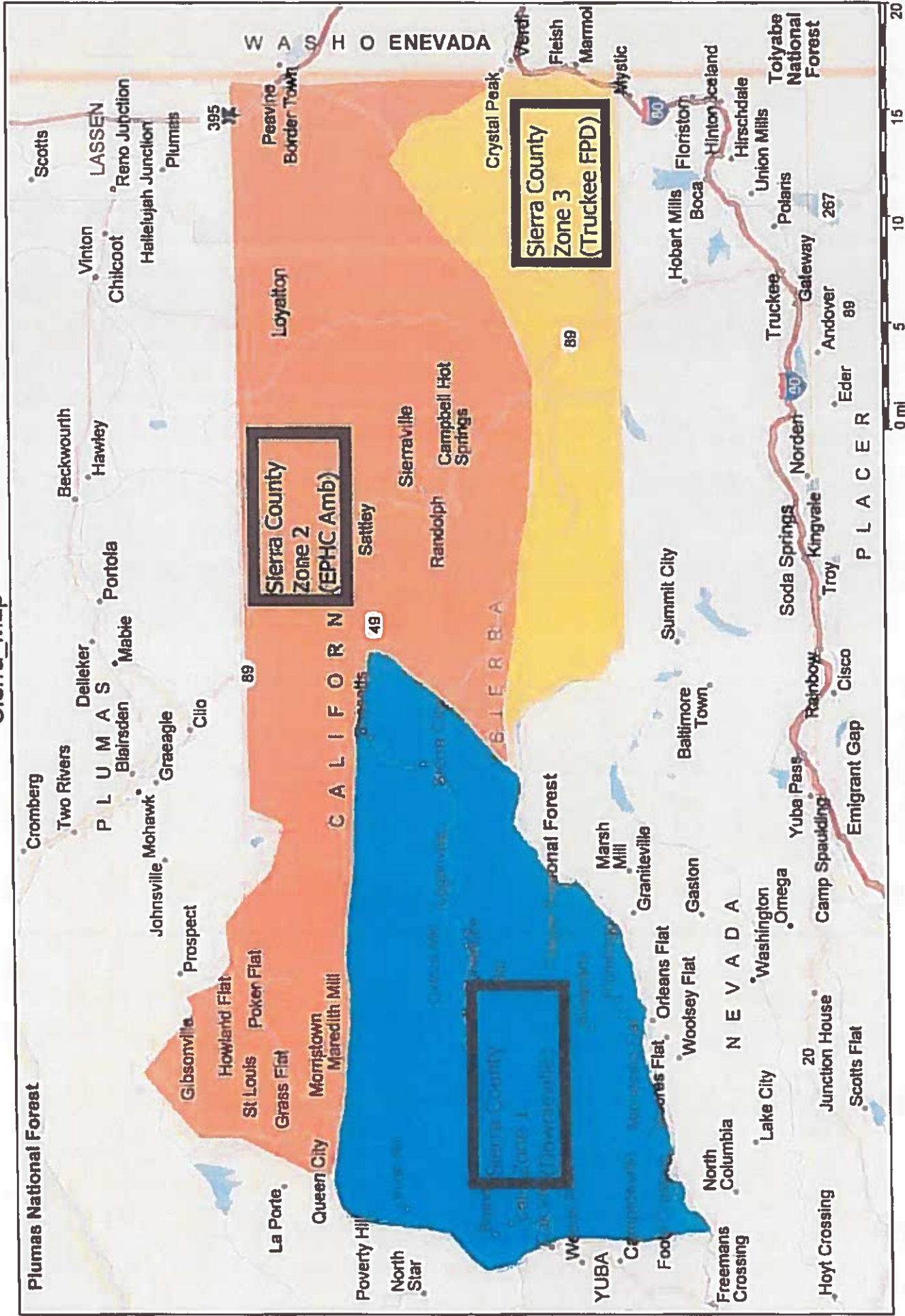
Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of French Men Lake East: To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
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. N/A

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.

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc./ Sierra County</p>
Area or Subarea (Zone) Name or Title: <p style="text-align: center;">Zone 3</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <p style="text-align: center;">Truckee Fire Protection District</p>
Area or Subarea (Zone) Geographic Description: <p style="margin-left: 40px;">North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860</p> <p style="margin-left: 40px;">East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection)</p> <p style="margin-left: 40px;">South: Nevada/Sierra County line</p> <p style="margin-left: 40px;">West: Nevada/Sierra County line up to the USFS 07 Road</p> <p style="margin-left: 40px;">And wilderness areas most accessible by ground from those corridors</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <p style="text-align: center;">Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <p style="text-align: center;">N/A</p>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>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.</small> <p style="text-align: center;">N/A</p>

Sierra_Map



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.

Local EMS Agency or County Name: <p>Northern California EMS, Inc. / Trinity County</p>
Area or Subarea (Zone) Name or Title: <p>Zone 1</p>
Name of Current Provider(s): <small>include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <p>Trinity County Life Support</p>
Area or Subarea (Zone) Geographic Description: <p>North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom</p> <p>And wilderness areas most accessible by ground from those corridors</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <p>Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <p>N/A</p>
Method to achieve Exclusivity, if applicable (HS 1797.224): <p>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.</p> <p>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.</p> <p>N/A</p>

**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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity 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 specific area or subarea. Coffee Creek VFD Trinity Center VFD
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
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. N/A

**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.

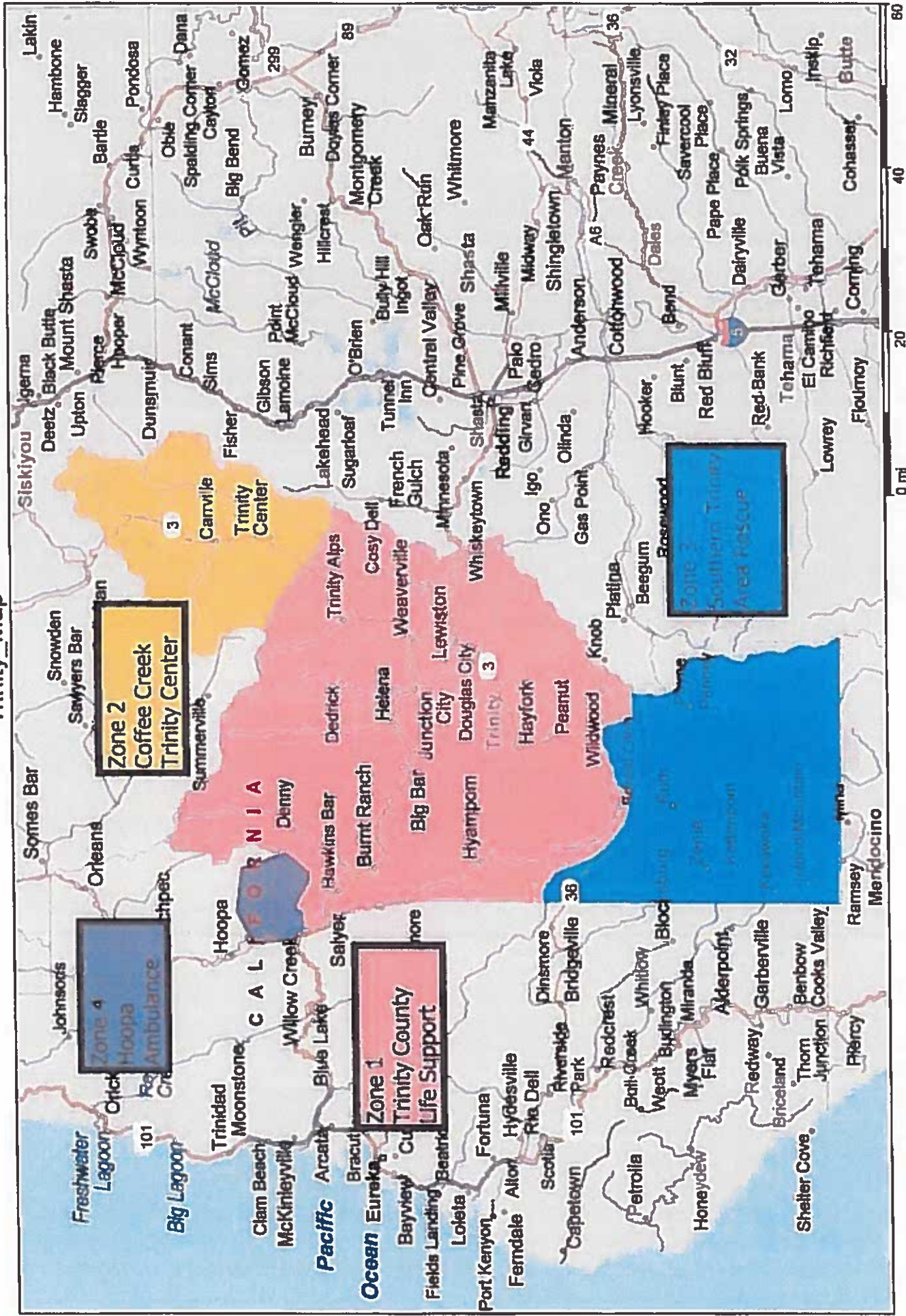
Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 3 – STAR (Southern Trinity Area Rescue)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Southern Trinity Area Rescue
Area or Subarea (Zone) Geographic Description: See attached map and specific response locations Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
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. N/A

**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.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 4 - Hoopa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Hoopa Ambulance
Area or Subarea (Zone) Geographic Description: Extreme Western Trinity County. Western 14 miles of Highway 299
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): 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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
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. N/A

Trinity_Map





Northern California EMS, Inc.

2020 - EMS CQI PROGRAM

(2018-2019 Reporting)

PREFACE

Introduction.....	3
-------------------	---

SECTION I –STRUCTURE AND ORGANIZATION

A. 1. LEMSA Structure and Operations.....	3
2. LEMSA Organizational Chart.....	4
B. Overview of CQI Organization.....	5
1. Mission Statement.....	5
2. EMS Services Provided.....	5
3. Goals of the Nor-Cal EMS Quality Improvement Plan.....	5
4. LEMSA CQI Team.....	6
5. LEMSA CQI Team Training and Experience.....	6
6. LEMSA CQI Team Responsibilities.....	7
7. Quality Task Force.....	8
8. External EMS Participants.....	8
9. Nor-Cal EMS CQI Flow Chart.....	9

SECTION II-DATA COLLECTION AND REPORTING

A. Overview.....	10
B. Core Measures.....	10
C. Skills and Medications Usage Form.....	10
D. Quarterly Overview Report Form.....	10
E. Unusual Occurrence Report Form.....	11
F. Exemplary Performance Award.....	11
G. Strategic Goals.....	11

SECTION III-EVALUATION OF INDICATORS

A. Process of Evaluation.....	11
-------------------------------	----

SECTION IV-ACTION TO IMPROVE

A. Process for Action to Improve.....	12
B. Implementation of FOCUS-PDSA.....	12

SECTION V-TRAINING AND EDUCATION

A. Process of Implementation of Training and Education.....	13
B. Policy Implementation and /or revisions.....	13

SECTION VI-PLAN UPDATE

A. Update from CQI Plan 2009.....	14
-----------------------------------	----

INTRODUCTION

Northern California EMS, Inc. is a private, nonprofit public benefit corporation organized in 1982 to improve emergency medical care in Northeastern California. The agency provides services under contract to the five counties of, Lassen, Modoc, Plumas, Sierra, and Trinity. This encompasses more than 15,000 square miles and a resident population of approximately 77,138.

I. STRUCTURE AND OPERATIONS

A. LEMSA Structure and Operations

Nor-Cal EMS is governed by a Board of Directors representing the five counties in the Nor-Cal Region. The composition of the Board includes one Supervisor representative from each contracting county, one County Emergency Medical Care Committee representatives, who must be affiliated with an ambulance service, one hospital representative and two Members-At-Large.

Dan Spiess, Chief Executive Officer, oversees day to day operations and interacts closely with the county representatives.

Donna Stone, Director of Business Administration works closely with the Chief Executive Officer and handles all the financial operations of the business.

Bill Bogenreif, Director of Information Technology, provides the technology expertise of computer operations and program functions.

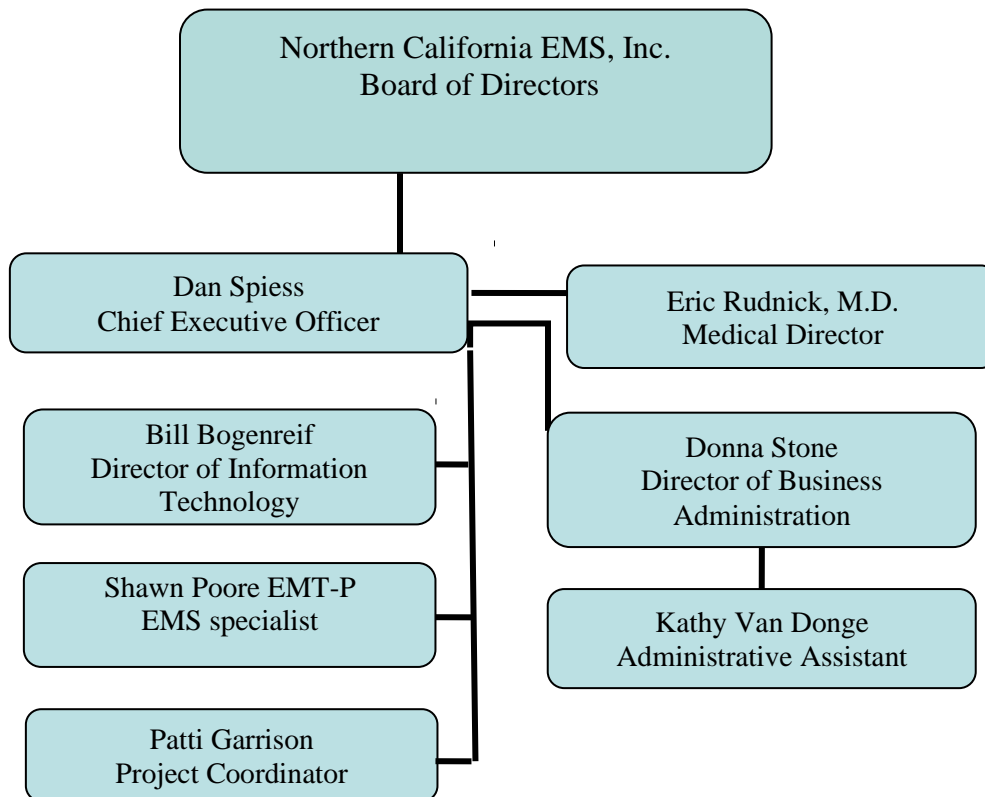
Patti Garrison, Project Coordinator, manages contracts, works with regional counties regarding disaster preparedness, processes certifications, and conducts investigations as related to the certification and disciplinary process.

Kathy VanDonge, Administrative Assistant, provides administrative support, conference planning and certification processing as well as secretarial support to the Chief Executive Officer.

Shawn Poore, EMT-P, EMS Specialist, provides clinical expertise to projects and operations of the agency as well as conducts investigations.

Eric Rudnick, MD, Medical Director, provides the medical oversight of the organization and works collaboratively with all the above members of the organization.

ORGANIZATIONAL CHART FOR NOR-CAL EMS



B. Overview of Organization

- 1. Mission Statement:** Northern California EMS provides leadership and excellence in emergency medical services in partnership with our community.
- 2. EMS Service Provided:** To conduct county "Local EMS Agency" responsibilities as called for in Division 2.5 of the California Health and Safety Code. In general, Nor-Cal EMS monitors and regulates emergency care on behalf of its contract counties. All LEMSA responsibilities have been delegated to Nor-Cal EMS by each of its five contracting counties.
- 3. Goals of the Quality Improvement (EQIP) Plan:** To establish a system wide program for evaluating and improving the quality of prehospital care in the Nor-Cal EMS region.

The development and implementation of the EQIP program (and all parts of it) is dependent on the availability of staff and the financial resources. This applies to both Nor-Cal EMS and all other entities identified in the program as participants in any way.

CQI is an ongoing process in which all levels of healthcare workers are encouraged to team together without fear of management repercussion and to develop and enhance the overall system. This mirrors the philosophy of a "Just Culture". It is only high risk behaviors that can't be allowed and cross over potentially into a disciplinary process. Most issues in healthcare are solved by a system approach trying to eliminate human error. Based on EMS community collaboration and a shared commitment to excellence, the EQIP process reveals potential areas for improvement of the EMS System, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, improvement, and evaluation.

Nor-Cal EMS is committed to the EQIP process and recognizes that greater results can be achieved by improving whole processes. We also understand that the EQIP Program is an ongoing, dynamic process that takes time to develop. A by-product of the plan is the alliance of public and private providers that offer emergency medical services within the Nor-Cal EMS region. This affords all participants an opportunity to work at peak capacity with energy and focus in a system that they too can support, believe in, and take "ownership". In addition, we attempt incorporate the three phases of the dynamic CQI/Medical Control process of being prospective, concurrent and retrospective into our plan.

4. LEMSA CQI Team – This team provides oversight and coordination of EQIP program activities. The EMS CQI Team includes, but is not limited to, the following representatives:

a. Nor-Cal EMS Medical Director

Our CQI Team is led by Eric Rudnick, MD, FACEP, FAAEM.

Dr. Rudnick works collaboratively with the EMS Specialist and the Director of Information Technology. Dr. Rudnick shares his passion for CQI with the team and our Medical Advisory Committee, (MAC). Dr. Rudnick also provides feedback to our Nor-Cal Board of Directors.

b. EMS Specialists

Shawn Poore, the EMS Specialist reviews run reports on high risk/low frequency skills and specific medications that have been identified for continuous review. As the information is reviewed, complex calls or deviation from standard protocols are identified and further reviewed by Dr. Rudnick. Feedback is then given to the provider agencies or individual for further clarification.

c. Nor-Cal EMS Director of Information Technology

Bill Bogenreif is the Director of Information Technology (IT). Our Director of Information Technology has worked with Mark Roberts, Data Manager at Inland Counties Emergency Medical Agency (ICEMA), on the implementation of Image Trend ePCR program to the region. Our IT Director writes analytical reports on collected data for the Core Measures when requested by the California Emergency Medical Services Authority (EMSA) as well as statistical reports for Nor-Cal EMS. Our IT Director works with the providers individually when they have questions regarding the ePCR program and provides the computer reports to provider agencies to run against their own collected data.

d. Members from our Medical Advisory Committee

Our Medical Advisory Committee (MAC) is formed by volunteer participation of the training officers, clinical field providers, emergency department physicians and Supervisors from throughout the area. The committee meets six times a year to discuss protocol development, current issues and trends, and CQI. Because of the large geographic distance covered by our five county region, Nor-Cal EMS uses a webinar/conference call format for the MAC meetings to allow members to participate without having to drive long distances and eliminate unsafe travel during possible inclement mountain weather, saving time and promoting participation.

5. LEMSA CQI Team-Training and experience:

- a. Our Medical Director, Dr. Eric Rudnick is a Board Certified in both Emergency Medicine and EMS Medicine. He has over twenty-eight years of experience. He is also the representative to the EMS Commission from the Emergency Medical Directors Association of California. In addition, our Medical Director has green and yellow belt Six Sigma Training. Dr.

Rudnick also represents rural California on the EMDAC Scope of Practice committee and has for the past 11 years.

- b. Shawn Poore, our EMS Specialist has extensive prehospital clinical experience. Shawn is presently an Air Medic with an out of area air provider.
- c. Bill Bogenreif has forty years' experience in database technologies and information systems. He has worked at Nor-Cal EMS for over eleven years. He actively participates in the EMSA Core Measures Committee.
- d. All members of the CQI Team have participated in the Core Measures workshops that the EMSA has offered. Our Director of IT and our Medical Director have attended both Hospital Information Exchange Conferences. Our Medical Director also actively participates in the LEMSA CQI Coordinators Group and has been involved in the process of developing the indicators which later become the Core Measures for the State of California data collection project.

6. EMS CQI Team Responsibilities:

- a. State EMSA EQIP participation (as time and resources allow):
 - i. Cooperate with the State of California Emergency Medical Services Authority (EMSA) in carrying out the responsibilities of the state EQIP Program.
 - ii. Participate with the EMSA in the development, approval, and implementation of state required and optional EMS system indicators and data collection processes to include Core Measure Workshops and Hospital Information Exchange Conferences.
- b. Regional EQIP Responsibilities:
 - i. Oversee, coordinate, and maintain documentation of regional EQIP programs and activities.
 - ii. Maintain Central Repository of local EMS data system information as it relates to EQIP activities.
 - iii. Provide technical assistance to facilitating the EMS QI Programs (EQIP) for all approved providers in the Nor-Cal EMS region.
 - iv. Provide reasonable availability of EQIP Program training and in-service education for EMS personnel under the statewide EMS QI Program.
 - v. Review and approve EQIP plans for designated EMS ground and air providers
 - vi. Review and approve EQIP plans for Base Hospitals and Receiving Facilities
 - vii. Publish summary of activity and plan implementation for distribution.

- viii. Seek and maintain relationships with EMS stakeholders, this can include the following entities, as appropriate for EQIP activity:

- 1) State EMSA
- 2) Local EMS Agencies (LEMSAs)
- 3) EMS Service Providers
- 4) Public Health Departments
- 5) Base Hospitals and Receiving Facilities
- 6) Specialty Care Centers
- 7) Law Enforcement Agencies
- 8) Public Safety Answering Points (PSAPs)
- 9) EMS Dispatch Center(s)

7. Quality Task Force: A Quality Task Force is an ad-hoc committee which may be developed by the EMS CQI Team for the purpose of finding a solution to a specific improvement need.

- a. This Task Force may be comprised of personnel from previously stated bodies or may include consultants or experts from other agencies as needed. Each Quality Task Force will be assigned one specific project and be disbanded upon completion of the project.
- b. Responsibilities of Quality Task Force Members:
 - i. To develop a performance improvement plan based on the objective as identified by the EMS CQI Team.
 - ii. Report back findings and recommendations to the EMS CQI Team.

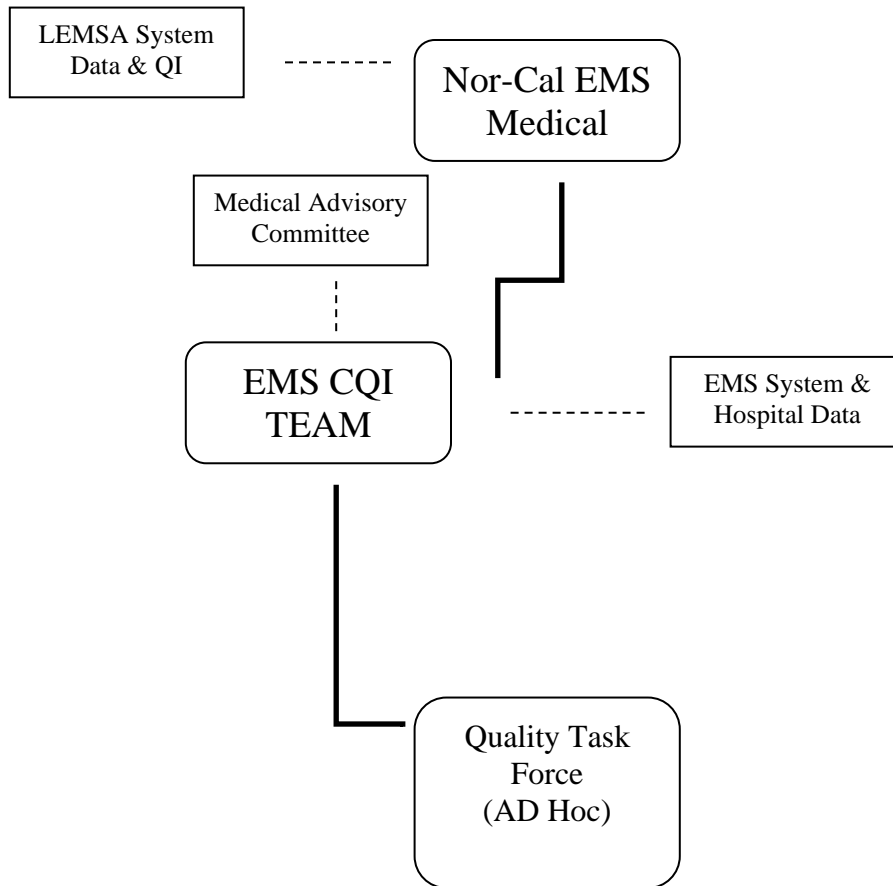
8. External EMS Participants

Nor-Cal EMS may find it necessary to call upon expertise from external resources to address a specific aspect of the EMS System. These resources will be utilized within the EMS CQI Team or Quality Task Force for their expertise and their guidance as it relates to their respective field. External EMS participants will be required to adhere to the same responsibilities as the group within whose confines they are operating. External participants may include, but are not limited to:

- a. Base Hospital Medical Directors
- b. Public Health Agencies
- c. Law Enforcement Agencies
- d. Local and Regional Dispatch Agencies
- e. First Responder Agencies
- f. Public Safety Answering Points (PSAPs)
- g. Communication Centers
- h. County Coroner

- i. EMS Aircraft providers and/or their Medical Directors
- j. Skilled nursing facility representatives
- k. California State Department of Corrections
- l. Physician Specialists
- m. Community Groups
- n. Various other EMS participants or their Medical Directors

Nor-Cal EMS CQI Flow Chart



II - DATA COLLECTION AND REPORTING

- A. **Overview:** Data collection and reporting are two of the most important elements in the EQIP process. The data collected must be valid, reliable, and standardized with all other system participants.
1. Nor-Cal EMS is utilizing electronic patient care records to retrieve, correlate and analyze data from the providers in our region.
 2. Providers are required to submit reports and necessary documentation for selected indicators on a quarterly basis.
 3. Reports can be made available to our provider agencies and our Board of Directors on an annual basis. In these instances, we aggregate data for formal reports and for changing policy. Large numbers will ensure statistical significance.
 4. All proceedings, documents, and discussions of the Medical Advisory Group and other related QI activities shall be confidential. This will include statements of confidentiality that participants from the various provider agencies will sign.
 5. Patient confidentiality is maintained. PCR care records will be reviewed for quality purposes only and patient identifiers will be deleted from overview reports. We strive to be HIPPA compliant.
- B. **Core Measures:** Nor-Cal EMS has complied with the EMSA's Core Measure data collection project analyzing, compiling and submitting data. Nor-Cal EMS has maintained compliance in reporting this data.
- C. **Quarterly Overview Report Form:**

To be submitted by the provider agencies on a quarterly basis to assist to track number of responses and eight areas of oversight.

The eight areas of information collected in a narrative format are:

1. Personnel issues
2. Equipment and Supplies
3. Documentation, utilizing the Peer Review Audit Form
4. Education, Skills Maintenance and Competency
5. Transportation issues
6. Public Education and Prevention
7. Risk Management
8. Focused Review

D. **Unusual Occurrence Report Form:**

Generated by the provider agency to document an occurrence that needs further investigation and follow-up. This form is currently being revised in order to help facilitate the follow-up and investigative process. The Unusual Occurrence

reports help to identify sentinel events for further evaluation of root cause analysis.

E. Strategic Goals:

1. Identify broad categories in order to select one or two indicators for region-wide analysis. We have previously queried our stakeholders to elicit their feedback to identify and prioritize the list of indicators. This process has stalled due to other pressing matters but once this list of broad categories is compiled, we plan to select one or two indicators that will be further broken down into specific measurable subcategories and benchmarked. An example might be airway management as the broad indicator and a subcategory might be the success rate for rescue airway placement, (King Airway). If the aggregate data demonstrates that the mean and/or median is not what we expect, then utilizing the rapid cycle improvement and the PDCA process, we can further analyze the data. We will choose the aggregate data to help ensure that we have an adequate volume and “n” to ensure statistical validity.
2. Develop and utilize a data dashboard system to improve the trending of data, based upon the ePCR template. The dashboard will be a crucial element in demonstrating quality and good patient outcomes.

III - EVALUATION OF INDICATORS

- A. Process of Evaluation: The Medical Director, EMS Specialist and the Director of Information Technology will review the data as follows:
 1. Identify the objectives by analyzing needs of the region. These objectives will follow the Specific, Measurable, Achievable, Realistic and Timely (SMART) format.
 2. Presentation of indicators and results/trends with our EMS CQI Team utilizing six sigma tools and analysis techniques.
 3. Compare performance with goals or benchmarks, using both State and National benchmark criteria.
 4. Discuss performance with the EMS CQI Team in a peer review protected manner.
 5. Determine whether improvement or further evaluation is required.
 6. Establish plan based upon Plan-Do-Study-Act model.
 7. Charter Quality Task Force, if indicated.
 8. Assign responsibility for post-decision action plan with assigned deliverable dates.
 9. Acknowledgement of positive trends; discussion of areas of improvement.
 10. Receive reports from Quality Task Force(s), if any, in a timely manner.
 11. Summarize action items identified at this meeting.
12. Recommend training/educational needs or policy development.

13. Provide input to the MAC to implement educational or policy development.
14. Re-evaluate objective to see if goal was achieved.

IV – ACTION TO IMPROVE

- A. Performance improvement shall be:
 1. Adaptable and applied to each situation as it is identified.
 2. Systematic and based upon evidence.
 3. Team oriented and be done in a way that does not overwhelm the process due to size and complexity.
- B. Once a need for improvement in performance has been identified the FOCUS-PDSA model will be implemented.

FOCUS-PDSA involves the following steps:

1. **Find** a process to improve, as identified by the AMAC, MAC or CQI Team.
 2. **Organize** a team that knows the process – the CQI Team will form Task Force(s) as needed and review process documents.
 3. **Clarify** current knowledge of the process – review indicator trends relevant to the process, collect other information.
 4. **Understand** causes of process variation utilizing tools such as fishbone diagrams, Pareto analyses, etc.
 5. **Select** process improvement to reduce or eliminate deviation and inappropriate care.
 6. **Plan** – State objective of the test, make predictions, develop plan to carry out the test (who, what where, when & how).
 7. **Do** – Test the hypothesis, document problems and unexpected observations, begin analysis of the data.
 8. **Study** - Complete the analysis of the data, compare the test data to predictions, and summarize what was learned.
 9. **Act** – The Medical Director in collaboration with the AMAC and MAC will decide what changes need to be institutionalized and if policy changes need to occur.
- C. Once an Action Plan has been implemented, the results of the improvement plan will be measured. Changes to the system will be standardized and/or integrated. A plan for monitoring future activities will be established.
 - D. Every effort shall be made to incorporate changes region wide.
 - E. The FOCUS-PDSA model will be implemented to conduct improvement planning and prepare recommendations or a report for review by the EMS CQI team. The EMS CQI team will modify or accept and implement recommendations of the Quality Task Force and prepare the report for distribution to the AMAC and MAC. The CQI team will also disband the Quality Task Force at the appropriate time.
 - F. This process follows the CQI Policy # 101 in the Nor-Cal EMS Policy Manual.

V - TRAINING AND EDUCATION

A. Process of implementation of training and education

Once the decision to take action or to solve a problem has occurred, training and education are critical components that will need to be addressed. Education needs will be identified in reports given at the MAC meetings.

Nor-Cal EMS will make recommendations for educational offerings region wide based on reports from these groups. Needs identified in these same ways will be taken into consideration when planning EMS conferences in the Nor-Cal EMS region. We will develop and implement evidence-based trainings based upon the outcomes of the CQI process. These trainings will be done live and via webinar to allow for greater dissemination of information. In addition, the trainings can be viewed online at a later date for continuing education credit. Many of these trainings may become mandatory depending on the nature of the issue. These trainings may in the future become part of the standard orientation process for certification or accreditation in the Nor-Cal Region.

The EMS CQI Team member responsible for educational oversight ensures that providers submit documentation that all training requirements have been met by all EMS system providers. This is accomplished via training memos, training program development, or by train-the-trainer programs. Providers are ultimately responsible for ensuring that staff is adequately trained. Rosters and training records shall be available to Nor-Cal EMS upon request.

B. Policy Implementation and/or revisions:

When an Action Plan has been recommended, Nor-Cal EMS will take those recommendations and incorporate them as directed by the Nor-Cal EMS Medical Director. Any new or revised policy DRAFTS will be drafted and taken back to the MAC meetings for discussion with the possibility of additional changes being made based on those discussions. The policy will then be posted on the Nor-Cal EMS website at www.norcalems.org for a 30 day public comment period. ***This process does not include policies falling into the emergency approval process for Nor-Cal EMS.*** Final changes to the policy may be based on provider comments received during the comment period.

The new or improved policy can then be implemented once training and education of system participants (if indicated) has been completed.

Additional revisions may be needed to comply with State or Federal mandates, these revisions may be presented at the MAC meetings.

We will continue to review all of patient care and administrative policies as required by regulation and as needed to maintain clinical relevance.

VI - PLAN

The following report is an update from our initial submission of our Continuous Quality Improvement Plan in 2009. From 2009 our Strategic Goals were as follows:

A. Establish a system-wide integration of e-PCR data systems-

In 2013 Nor-Cal EMS entered into an agreement with ICEMA EMS to provide an ePCR program from Image Trend at a low cost of implementation to our providers. Currently all of our ALS transport providers are using an ePCR to document patient care. We are also collecting data from our Level IV Trauma Centers for the Trauma Data Registry. We have plans that include if a provider agency does not utilize the ImageTrend platform that at their cost, software will be developed that will ensure that their data will flow into the ImageTrend database repository.

B. Establish a system-wide CQI process and develop individual CQI programs for providers to cultivate standardization of QI processes.

A webinar was held on March 27, 2012 and is currently available on our website for continuing education credit. This was the first step in on-going development of the CQI process for provider agencies. Many of these agencies are small and staffed with volunteers who may or may not be technically adept. It continues to take time, encouragement and resources to slowly cultivate change. Our Director of IT works tirelessly with our small agencies since staff turn-over is constant.

C. Promote the timely and compassionate provision of high quality emergency services to the NCEMS region.

This evaluation is ongoing and accomplished through our CQI activities such as our Quarterly Overview Report Forms.

D. Continue to formulate CQI agreements with all emergency ambulance providers and receiving facilities.

All of our providers have a CQI plan on file with Nor-Cal EMS as a contractual requirement.

E. Develop and implement hospital receiving center content.

The collection of data from base and receiving facilities is an ongoing challenge, not only for our region but the state as well. Nor-Cal supports the EMSA efforts to rectify this problem.

F. Evaluate that the level of patient care is consistent with policies and field treatment guidelines.

This is done through various methods of continuous quality improvement, including peer reviews and prospective, concurrent and retrospective medical control.

G. Evaluate and update local scope of practice using regional protocols.

Nor-Cal conducts bi-monthly meetings to discuss protocol revisions through our Medical Advisory Committee, (MAC). This committee was implemented in 2010 and all of our providers are encouraged to attend. Participation is available through conference call and simultaneous webinar to reach out to our rural providers.

Sentinel cases will be discussed in an anonymous manner to illustrate potential pitfalls and establish best practice to prevent error or deviation from occurring to improve patient safety, a foundation of any healthcare organization.

- H. Evaluate and recommend updated patient care treatment equipment to reflect the established standard of care.

At our MAC meetings we discuss current trends and changes to scope of practice. New products are evaluated by our Medical Director and recommendations are made. If new equipment or policy or protocols are developed, treatments are approved, education is provided via hands on skills training, webinars and PowerPoint presentations. As new protocols, training PowerPoints, videos, and other media are developed they are readily available on the website with accompanying examinations.

- I. Evaluate system-wide performance and compliance of certification and recertification processes.

Through our accreditation and certification examinations. These examinations are reviewed and updated to reflect current clinical standards of care.

- J. Review the system to ensure that our partners are engaging with the community through offering educational opportunities.