

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



March 9, 2023

John Poland, EMS Director
Sierra - Sacramento Valley EMS Agency
535 Menlo Drive, Suite A
Rocklin, CA 95765

Dear Mr. Poland,

This letter is in response to Sierra – Sacramento Valley Emergency Medical Services (EMS) Agency's 2021 & 2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI), submissions to the EMS Authority on December 5, 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, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, Stroke, and QI plans, based on compliance with Chapters 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

In accordance with HSC § 1797.254, EMS Plans are required to be submitted to the EMS Authority annually. Sierra - Sacramento Valley EMS Agency will not be considered current unless an EMS Plan is submitted each year.

Your 2023 EMS plan will be due on or before March 9, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885 or mark.olivas@emsa.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads 'Tom McGinnis'.

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

Enclosure
AW: rd

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Sierra-Sacramento Valley EMS 2021 & 2022 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT ALS	Standby Service with Transport Auth.
	EXCLUSIVITY			TYPE			LEVEL						
Butte County		X	Competitive	X				X	X	X		X	
Colusa County													
Zone 1	X												
Glenn County													
Zone 1		X	Non Competitive	X				X					
Zone 2	X												
Nevada County													
Zone 1 - Donner Summit		X	Non Competitive	X				X		X			
Zone 2 - Nevada City/ Grass Valley		X	Non Competitive	X				X		X			
Zone 3 - Penn Valley		X	Non Competitive	X				X		X			
Zone 4 - Truckee	X												
Placer County													
Zone 1 - Foresthill		X	Non Competitive	X				X		X			
Zone 2 - Granite Bay		X	Non Competitive	X				X		X			
Zone 3 - I-80 Corridor		X	Non Competitive	X				X		X			
Zone 4 - North Tahoe		X	Non Competitive	X				X		X			
Shasta County													
Zone 1 - Fall River Mills	X												
Zone 2	X												
Zone 3	X												
Siskiyou County													
Zone 1 - Butte Valley	X												
Zone 2 - Etna	X												
Zone 3 - Happy Camp	X												
Zone 4 - McCloud	X												
Zone 5 - Mt. Shasta		X	Non Competitive	X				X		X			



S-SV EMS AGENCY

Sierra – Sacramento Valley Emergency Medical Services (S-SV EMS) 2021 & 2022 EMS Plan

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,
Siskiyou, Sutter, Tehama, & Yuba Counties

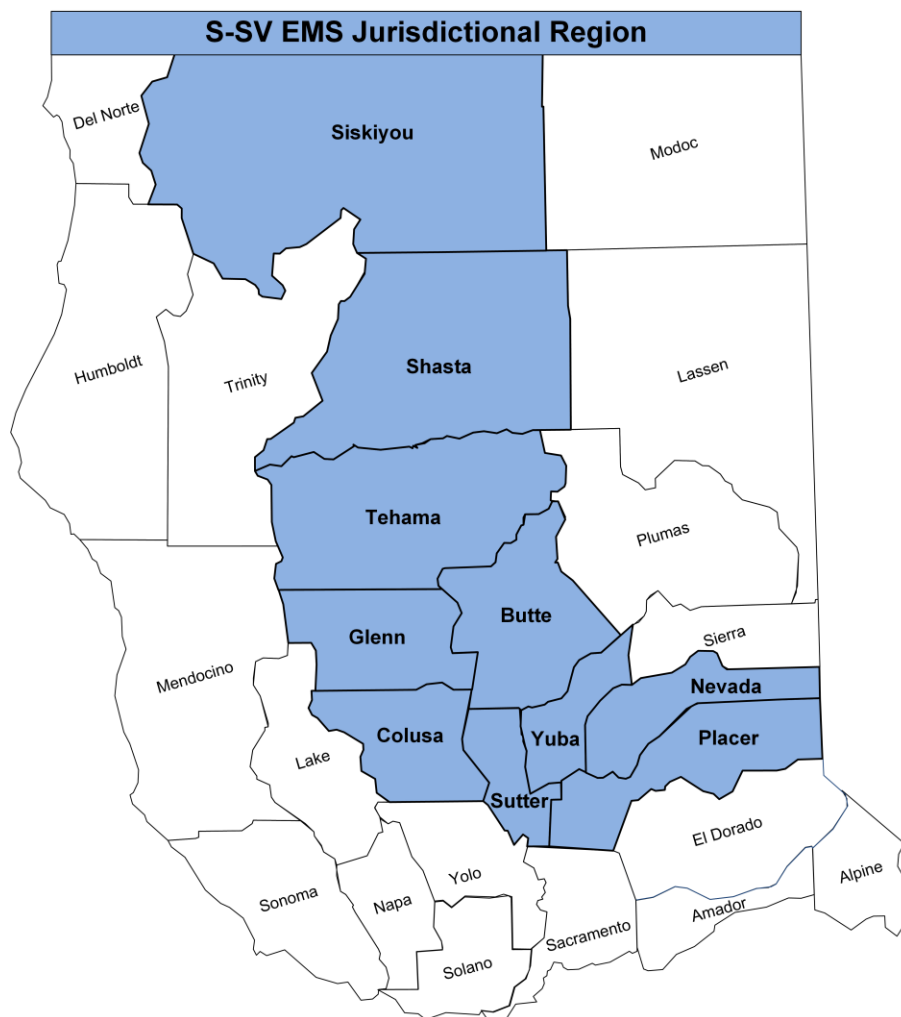




About S-SV EMS

S-SV EMS serves as the statutory required local emergency medical services agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba counties. S-SV EMS was established as a multi-county government Joint Powers Agency (JPA) in 1975 and functions pursuant to California Health and Safety Code, Division 2.5, § 1797.200. The 10 county S-SV EMS region encompasses 22,000+ square miles, ranging from remote rural areas to large urban centers, and has a static population of approximately 1,300,000.

There were no significant changes related to the S-SV EMS LEMSA jurisdictional region or S-SV EMS provider agencies during the 2021 and 2022 calendar years. The S-SV EMS Regional Executive Director (Vickie Pinette) retired in August of 2022 and John Poland was appointed as the replacement S-SV EMS Regional Executive Director in September 2022. S-SV EMS also completed a restructuring of LEMSA personnel positions, titles, and job responsibilities in July 2022 to better meet the needs of our member counties, EMS system participants, and the public.





S-SV EMS Governance & Responsibilities

The S-SV EMS JPA Governing Board is comprised of publicly elected County Supervisors from each of the S-SV EMS member counties, and is responsible for planning, development, implementation, and oversight of all EMS system components within the 10 county S-SV EMS jurisdictional region, including:

- Ensuring compliance with all local and state EMS statues/regulations
- Local EMS system design and oversight:
 - Lay rescuer automated external defibrillator (AED) programs
 - EMS dispatch centers
 - EMS components of law enforcement (LE) & fire department (FD) public safety organizations
 - EMS ground and air transport providers (including contracting/permitting activities)
 - Specialty EMS programs (tactical EMS, fireline EMS, etc.)
 - Establishing specialty systems of care (STEMI, stroke, trauma)
 - Designation of EMS base hospitals and specialty receiving centers (STEMI, stroke, trauma)
- Approval, review, and monitoring of EMS training programs
- Certification/accreditation, oversight, and enforcement activities for all prehospital care personnel
- Development, implementation, and maintenance of county/regional EMS system plans
- Development, implementation, and maintenance of EMS system policies & treatment protocols
- EMS system quality management (quality assurance/quality improvement) activities
- Medical and health disaster planning/response, in collaboration with local public health, regional, and statewide medical/health system entities (CAL OES, EMSA, CDPH, DHCS)
- EMS data collection/review/validation and public education activities

EMS Training Programs & EMS Personnel

EMS Personnel Level	Minimum Required Training Hours	# of S-SV EMS Approved/Monitored Training Programs	# of EMS Personnel in the S-SV EMS Region	Notes
Public Safety First Aid (PSFA)	24 hours	26	1000+	Minimum training for lifeguards, LE, and FD personnel
Emergency Medical Responder (EMR)	48 – 60 hours	19	300	Basic Life Support (BLS)
Emergency Medical Technician (EMT)	170 hours	10	3600	Basic Life Support (BLS)
Advanced EMT (AEMT)	EMT Certification +160 hours	2	25	Limited Advanced Life Support (LALS)
Paramedic	EMT Certification +1094 hours	3	1200	Advanced Life Support (ALS)



S-SV EMS System Participants

S-SV EMS staff work collaboratively with multiple public and private EMS system participants to ensure the ongoing provision of coordinated, professional, competent, consistent, and equitable EMS care for all residents and visitors throughout the S-SV EMS region and surrounding areas, regardless of the patient's location or socioeconomic status. A summary of the S-SV EMS system participants is included below.



- **18** – 911 Public Safety Answering Point (PSAP) dispatch centers (many providing S-SV EMS approved emergency medical dispatch services)
- **3** – Public (CAL FIRE) air ambulance coordination centers
- **7** – Private EMS provider ground and/or air ambulance dispatch centers



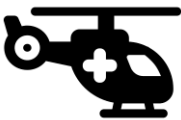
- Multiple law enforcement agencies, many providing S-SV EMS approved optional/enhanced EMS services (AED utilization for cardiac arrest patients, naloxone administration for opioid/narcotic overdose patients, tactical EMS, etc.)



- **104** – Basic life support (BLS), limited advanced life support (LALS), and/or advanced life support (ALS) fire department first responder organizations, many providing S-SV EMS approved optional/enhanced EMS services



- **23** – 911 ground ambulance providers (11 public, 12 private)
- **14** – Interfacility, medical transport, special event ground ambulance providers
- **375** – Ground ambulance vehicles



- **5** – Air ambulance providers (7 total helicopter aircraft/bases)
- **1** – ALS air rescue provider (2 total helicopter aircraft/bases)
- **2** – BLS air rescue providers (2 total helicopter aircraft/bases)

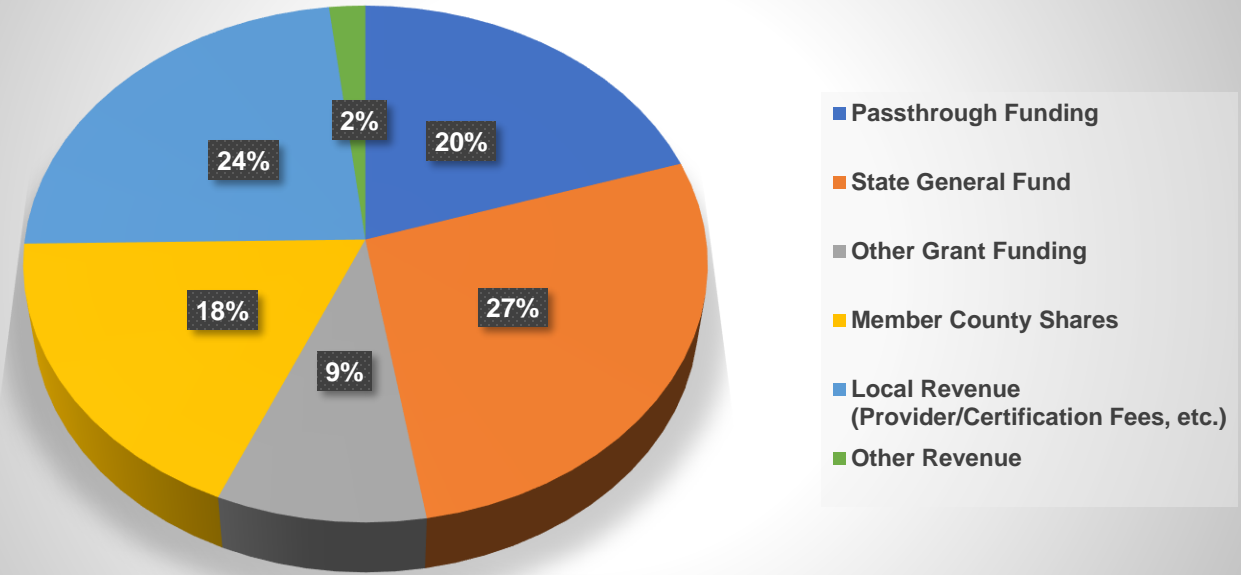


- **17** – Acute care hospitals (including 6 – critical access hospitals, 6 – S-SV EMS designated STEMI receiving centers, 12 – S-SV EMS designated stroke receiving centers, and 8 – S-SV EMS designated trauma centers)

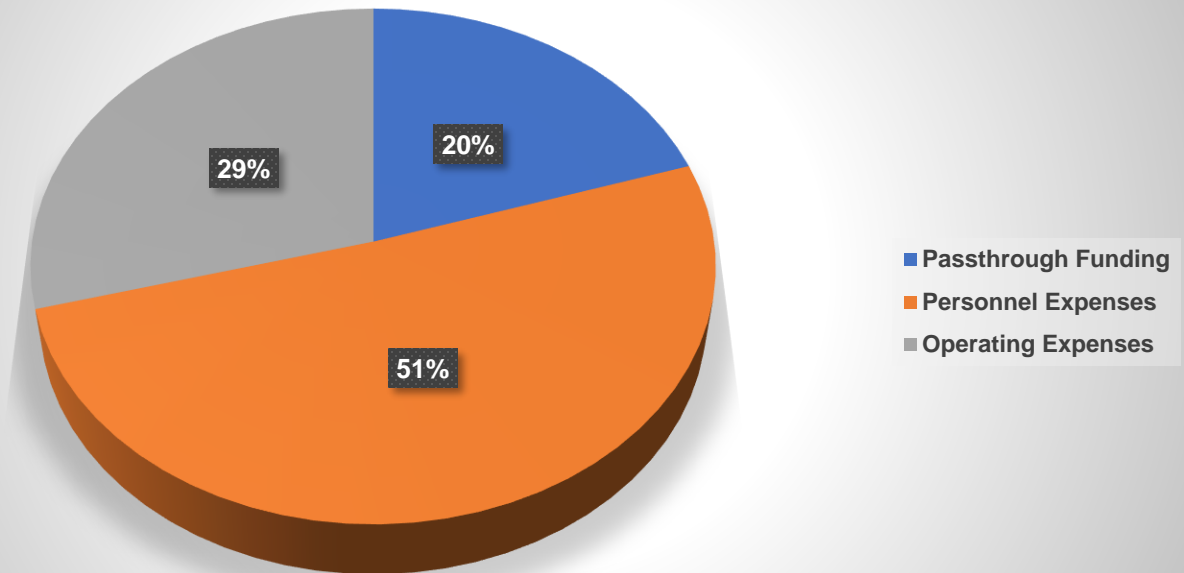


S-SV EMS Budget

S-SV EMS Agency Revenue Sources

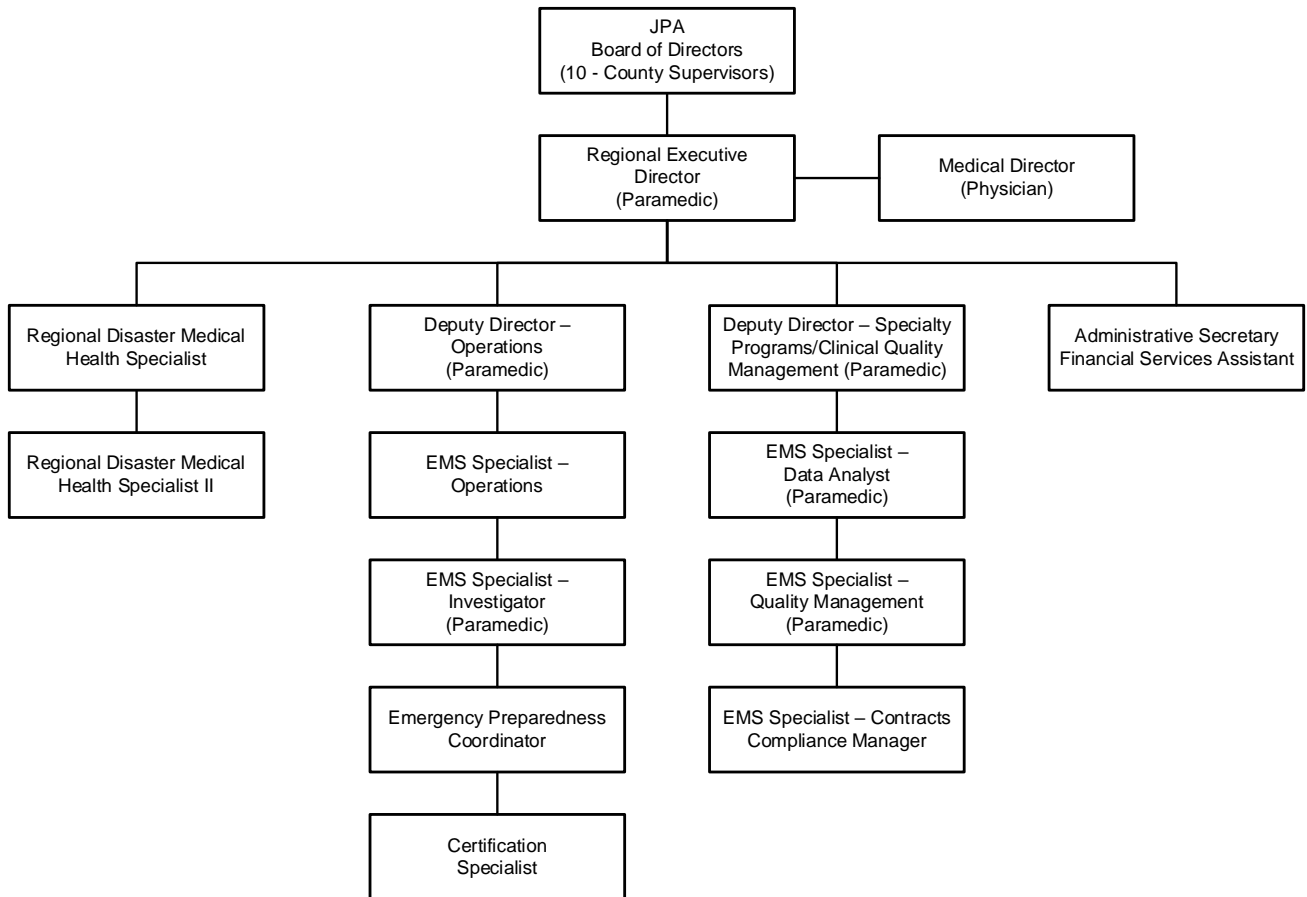


S-SV EMS Agency Expenditures





S-SV EMS Organizational Chart & Leadership Staff Responsibilities



S-SV EMS Leadership Staff Primary Responsibilities

- **Regional Executive Director:** Responsible for overall administration of the S-SV EMS Agency, including the discharge of all LEMSA responsibilities pursuant to California Health and Safety Code, California Code of Regulations, and other EMS laws, regulations, policies, and procedures.
- **Medical Director:** Responsible for medical control, direction and oversight of the S-SV EMS system and all EMS personnel within the S-SV EMS region. Assists in the development and approval of all S-SV EMS policies and treatment protocols.
- **Deputy Director – Operations:** Assists the Regional Executive Director and Medical Director with management/oversight of S-SV EMS operational activities/responsibilities.
- **Deputy Director – Specialty Programs/Clinical Quality Management:** Assists the Regional Executive Director and Medical Director with management/oversight of S-SV EMS specialty programs (helicopter EMS, STEMI, stroke, trauma) and clinical quality management activities/responsibilities.



S-SV EMS Leadership Team



**John Poland, Paramedic
Regional Executive Director**

John has worked for the S-SV EMS Agency since 2009, including previous positions as Quality Improvement/Education Coordinator, Associate Regional Executive Director, and Interim Regional Executive Director. John is a California licensed paramedic with 30+ years EMS experience, working in multiple field and management capacities for both public and private EMS organizations.



**Troy M. Falck, MD, FACEP, FAAEM
Medical Director**

Dr. Falck has been the Medical Director of the S-SV EMS Agency since 2008. Dr. Falck received his medical degree from the University of Washington and completed residencies with Loma Linda University Medical Center (General Surgery) and the University of California, Irvine Medical Center (Emergency Medicine). He has practiced Emergency Medicine in both the Sacramento and Roseville areas for the past 21 years. Dr. Falck also serves as President of the Sierra Community Medical Foundation as well as a Director of the Placer-Nevada Medical Society.



**Patrick Comstock, Paramedic
Deputy Director – Operations**

Patrick has worked for the S-SV EMS Agency since 2017, including his previous position as the Quality Improvement Coordinator. Patrick previously worked fire-based EMS as a firefighter/paramedic. Patrick is a California licensed and Nationally Registered paramedic and has a bachelor's degree in finance as well as a master's degree in Public Administration.



**Michelle Moss, Paramedic, FP-C, CSTR
Deputy Director – Specialty Programs/Clinical Quality Management**

Michelle is a California licensed paramedic and Flight Paramedic (FP-C). She has worked for the S-SV EMS Agency since 2016, previously as the Specialty Programs Manager. She has worked for 27+ years as a critical-care paramedic, in the emergency department, EMS ground and air transport environments, and has held management/leadership positions for several public and private EMS and healthcare organizations.



S-SV EMS MCI/Disaster Preparedness/Response

As an integral part of the California disaster healthcare system, S-SV EMS staff work closely with multiple local, regional, state, and federal emergency management and medical/health entities to prepare for and respond to multi-casualty incident (MCI) and disaster events. In addition to the 30+ MCIs occurring throughout the S-SV EMS region each year, notable events include:

- April 2014 Glenn County I-5 bus accident, involving 10 deaths and 30+ injured victims requiring EMS treatment and transport to 7 acute care hospitals in 5 counties using 14 ground and 7 air ambulances.
- February 2017 Lake Oroville Dam Spillway incident, involving the evacuation of 180,000+ residents, including several hospitals and other medical facilities. S-SV EMS staff worked closely with multiple public and private EMS system participants to facilitate the evacuation and transportation of 600+ medically fragile and 50+ acute care hospital patients to alternative medical facilities in 11 California counties.



The S-SV EMS region has also experienced an unprecedented number of large, destructive, and deadly wildfire incidents over the past several years, most of which have required significant initial and ongoing EMS response/coordination (ambulance strike teams, medical facility evacuations, evacuation shelter medical support, etc.) to assist with the medical/health needs of medically fragile individuals and other vulnerable populations. A listing of some of the largest wildfire incidents occurring within the S-SV EMS region over the past several years is included below.

Wildfire Event	Year	California Historical Significance
Camp	2018	#1 deadliest, #1 most destructive wildfire event
August Complex	2020	#1 largest, #19 most destructive wildfire event
Dixie	2021	#2 largest, #14 most destructive wildfire event
Mendocino Complex	2018	#3 largest wildfire event
LNU Lightning	2020	#6 largest, #16 deadliest, #11 most destructive wildfire event
North Complex	2020	#7 largest, #5 deadliest, #5 most destructive wildfire event
Rush	2021	#11 largest wildfire event
Carr	2018	#14 largest, #15 deadliest, #9 most destructive wildfire event
Monument	2021	#15 largest wildfire event
Caldor	2021	#16 largest, #16 most destructive wildfire event
River Complex	2021	#18 largest wildfire event
Klamath Theater Complex	2008	#20 largest wildfire event



S-SV EMS Regional Disaster Management

S-SV EMS also manages the Regional Disaster Medical Health Coordination Program for the 13 counties in California OES Mutual Aid Region III (Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba). This program consists of the statutorily appointed Regional Disaster Medical Health Coordinator (RDMHC) and Regional Disaster Medical Health Specialist (RDMHS) staff, who assist the RDMHC in fulfilling the scope of work required by the California Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH).



RDMHS staff work directly with the Medical Health Operation Area Coordinator (MHOAC) in each California OES Mutual Aid Region III County to provide assistance in all aspects of the medical/health system during any type of emergency response/disaster, or as dictated by EMSA or CDPH. This includes all CDPH licensed healthcare facilities, public health agencies, LEMSAs, and any medical aspect of non-licensed healthcare facilities, such as evacuation shelters.

RDMHS staff act as the intermediary between the County and the State, as appropriate, for a variety of medical/health system needs, including development of regional medical preparedness/response plans, securing/overseeing regional emergency medical caches, medical resource requesting and fulfillment, coordinating EMS resources (ambulance strike teams, etc.), and other assistance requested by the MHOACs.

S-SV EMS Contact Information



S-SV EMS Agency Office Telephone Number: (916) 625-1702



S-SV EMS Agency Website: www.ssvems.com



S-SV EMS Agency Email Address: info@ssvems.com



Region III RDMHS 24/7 Duty Officer: (916) 625-1709



S-SV EMS Agency 24/7 Duty Officer: (916) 625-1710

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- EMS Quality Improvement Plan (EMSQIP) Annual Update

2021 & 2022 S-SV EMS PLAN

TABLE 1

**MINIMUM STANDARDS/
RECOMMENDED GUIDELINES**

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2021 & 2022

		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			
1.03	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X			
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance With Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			
1.20	DNR Policy		X			
1.21	Determination Of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Advanced Life Support:						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		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			

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			
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT Training		X			
2.09	CPR Training		X			
2.10	Advanced Life Support		X			

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 1

STAFFING/TRAINING (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

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			
3.02	Radios		X			
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	911 Planning/ Coordination		X			
3.08	911 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

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			
4.02	Monitoring		X			
4.03	Clarifying 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	Intercounty Response		X			

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level (continued):					
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		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			

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			
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management					
5.05	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Ambulance Regulation:						
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			
5.11	Emergency Departments		X			

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 1

FACILITIES/CRITICAL CARE (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Pediatric Emergency Medical and Critical Care System (continued):						
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Programs:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

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			
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			

PUBLIC INFORMATION AND EDUCATION

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

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	Haz Mat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties		X			
8.06	Needs Assessment		X			
8.07	Disaster Comms		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			

DISASTER MEDICAL RESPONSE (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level (continued):					
8.14 Hospital Plans		X			
8.15 Interhospital Comms		X			
8.16 Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

2021 & 2022 S-SV EMS PLAN

TABLE 2

SYSTEM RESOURCES AND

OPERATIONS

SYSTEM ORGANIZATION &

MANAGEMENT

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2021 & 2022

1. Percentage of population served by each level of care by county:

County: **Butte**

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

County: **Colusa**

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

County: **Glenn**

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

County: **Nevada**

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

County: **Placer**

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

County: **Shasta**

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

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 2

County: **Siskiyou**

A. Basic Life Support (BLS)	<u>2%</u>
B. Limited Advanced Life Support (LALS)	<u>3%</u>
C. Advanced Life Support (ALS)	<u>95%</u>

County: **Sutter**

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

County: **Tehama**

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

County: **Yuba**

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

2. Type of agency: Joint Powers Agency

3. Person responsible for EMS Agency daily activities reports to: Board of Directors

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

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

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 2

5. LEMSA Revenues/Expenses

S-SV EMS Agency FY 2021/2022 Budget

Sierra Sacramento Valley EMS Agency									
2021/2022 final for approval May 2021									
Account No.		State Revenue			2021/2022	2020/2021			
7396		General Fund Grant			582756	582756			
		RDMHS			251,502	251,502			
		HPP LEMSA Component			56127	56127			
		Ebola Grant				29158			
		HPP YR Yuba			176007	176007			
		HPP YR Sutter			179928	179928			
		COVID Funding			30000	300983			
		CERBT reimbursement for retiree health			41931				
		Total State and Grant Revenues			1318251	1576461			
Account No.		Local Revenue					2020	2021	
7284	45060	Member County Shares			614598	616890	Butte	\$98,322	\$95,121
8193		Certification Fees			50000	50000	Colusa	\$19,199	\$19,344
8306	45010	Ambulance Ordinance			7500	7500	Nevada	\$51,208	\$50,936
8192		Placer County First Responder Fund (AMR)	(pass-through)		150000	150000	Placer	\$179,559	\$180,097
8307	46260	SRMC Trauma Center			101369	101369	Shasta	\$84,779	\$84,675
		Enloe Trauma Center			60000	60000	Siskiyou	\$28,674	\$28,619
		Mercy Medical Center - Redding			60000	60000	Sutter	\$52,315	\$52,541
		Level III trauma center fees			75000	75000	Tehama	\$37,354	\$37,449
6950	42010	Interest			30000	30000	Yuba	\$43,133	\$43,351
8255		Air Dispatch Fee	(pass-through)		73570	73570	Glenn	\$22,348	22465
8302		Air Application Fee			7500	7500			
	45060	Air Monitoring Fee			25000	15000		\$616,890	\$614,598
8304		ALS/CE application fees			10500	10500			
		Training Program site visits			5700	5700			
8764	48030	Miscellaneous			1200	1200			
	41085	Contract Fees	KH salary plus benefits		30000	30000			
		EOA Fees (Butte Co EMS)			20000	20000			
		Non-EOA fees Shasta (AMR, Mercy)			20000	20000			
		AMR Placer			100000	100000			
		Butte County CSA	(pass-through)		10000	10000			
	45010	Data system fees	(inc EMResource pass-through)		24128	24128			
	46260	Stroke Center Fees			55000	55000			
		STEMI Center Fees			90000	90000			
		Total Local Revenue			1621065	1613357			
		Total Projected Funding							
		State Revenue			1318251	\$ 1,576,461			
		Local Revenue			1621065	\$ 1,613,357			
		Net Asset (Fund Balance) designation							
		Total Revenues			2,939,316	\$ 3,189,818			
		Total Expenditures			2,939,316	\$ 3,184,818			
									(0)

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 2

S-SV EMS Agency FY 2022/2023 Budget

Sierra - Sacramento Valley EMS Agency Final Budget (FY 2022/2023) Summary (Revised 09/2022)		
Revenue Categories		
Revenue Description	FY 2022/2023	FY 2021/2022
State & Grant Revenues	\$1,625,287	\$1,288,251
Local (Member County Shares + Provider & Other) Revenues	\$1,752,750	\$1,750,675
Total Revenues	\$3,378,037	\$3,038,926
Expense Categories		
Expense Description	FY 2022/2023	FY 2021/2022
Personnel Expenses	\$1,715,124	\$1,488,517
Administration/Accounting Expenses	\$25,000	\$17,100
Communications Expenses	\$77,900	\$46,604
Insurance Expenses	\$55,000	\$40,000
Materials & Supplies Expenses	\$98,559	\$118,871
Medical Supplies Expenses	\$133,671	\$91,193
Memberships & Subscriptions Expenses	\$4,500	\$11,000
Miscellaneous Expenses	\$0	\$0
Professional Services Expenses	\$921,643	\$876,908
Legal Services Expenses	\$45,000	\$45,000
Space Expenses	\$150,291	\$139,291
Training Expenses	\$56,449	\$77,158
Travel Expenses	\$94,900	\$87,284
Total Expenses	\$3,378,037	\$3,038,926
Total Funding		
Revenue Description	FY 2022/2023	FY 2021/2022
Total Revenues	\$3,378,037	\$3,038,926
Total Expenses	\$3,378,037	\$3,038,926
Net Asset (fund balance designation)	\$0	\$0

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 2

6. LEMSA Fee Structure:

SSV EMS AGENCY FEE SCHEDULE - EFFECTIVE JULY 1, 2022	
S-SV EMS Certification, Accreditation, Authorization Fees	
Item	Fee
S-SV EMS EMR Certification/Recertification Fee	\$35
S-SV EMS EMT/AEMT Certification/Recertification Fee	\$45
EMSA EMT/AEMT State Registry Passthrough Fee - Initial	\$75
EMSA EMT/AEMT State Registry Passthrough Fee - Recertification	\$37
S-SV EMS Paramedic Accreditation Fee	\$100
S-SV EMS MICN Authorization/Reauthorization Fee	\$100
Certification, Accreditation, Authorization Electronic Payment Processing Fee	\$4
Miscellaneous Fees	
Item	Fee
Replacement Certification/Accreditation/Authorization Wallet Card Fee	\$10
Field Manual Fee	\$10
Ground EMS Service Provider Permit Fees	
Item	Fee
BLS Special Event Temporary Permit Fee (Up To 6 Events)	\$150
BLS Transport/Special Event Provider Initial/Annual Permit Fee	\$500
Volunteer ALS/LALS Provider Initial/Annual Permit Fee	\$500
Non-Volunteer ALS/LALS Provider Initial/Annual Permit Fee	\$1,000
Ground EMS Service Provider Permit Electronic Payment Processing Fee	\$35
Air Ambulance Provider Permit/Monitoring Fees	
Item	Fee
Air Ambulance Provider Initial/Annual Permit Fee	\$5,000
Air Ambulance Provider Annual Monitoring Fee	\$5,000
EMS Training Program Approval/Renewal/Monitoring Fees	
Item	Fee
EMS CE Program - Initial Approval Fee (4 year approval)	\$100
EMS CE Program - Renewal Approval Fee (every 4 years)	\$100
PSFA Training Program - Initial Approval Fee (4 year approval)	\$100
PSFA Training Program - Renewal Approval Fee (every 4 years)	\$100
EMR Training Program - Initial Approval Fee (4 year approval)	\$200
EMR Training Program - Renewal Approval Fee (every 4 years)	\$100
EMS CE, PSFA or EMR Training Program Electronic Payment Processing Fee	\$4
EMT/AEMT Training Program - Initial Approval Fee (4 year approval)	\$1,000
EMT/AEMT Training Program - Renewal Approval Fee (every 4 years)	\$500
Paramedic Training Program Initial Approval Fee (4 year approval)	\$5,000
Paramedic Training Program - Renewal Approval Fee (every 4 years)	\$2,500
Specialty Receiving Center Approval/Monitoring Fees	
Item	Fee
Level I or II Trauma Center Initial Designation Fee	\$20,000
Level I or II Trauma Center Annual Monitoring Fee	\$60,000 + volume
Level III Trauma Center Initial Designation/Annual Monitoring Fee*	\$16,391
Level IV Trauma Center Initial Designation/Annual Monitoring Fee*	\$5,305
Stroke Receiving Center Initial Designation/Annual Monitoring Fee*	\$5,305
STEMI Receiving Center Initial Designation Fee	\$20,000
STEMI Receiving Center Annual Monitoring Fee*	\$16,391
*Applicable specialty receiving center monitoring fees increase by 3% annually, (effective July 1, 2020), as previously approved by the S-SV EMS JPA Board	

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 2


7. LEMSA Salary Schedule

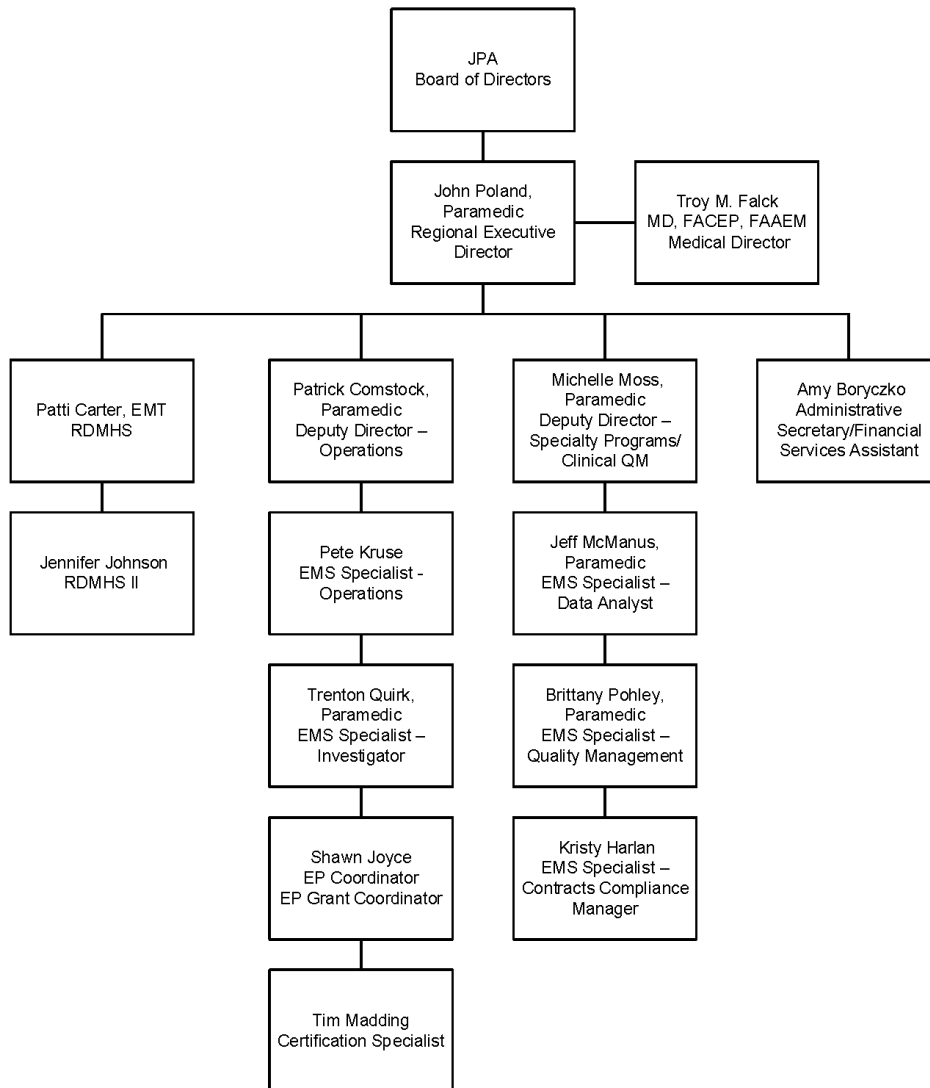
S-SV EMS AGENCY - SALARY SCHEDULE							
Approved & Adopted by the S-SV EMS JPA Governing Board of Directors - Effective July 10, 2022 (Note: Year 2 of 3 of S-SV EMS JPA Governing Board Approved COLA: 3%/year for 3 years)							
POSITION		SALARY RANGE AND STEPS					
		A	B	C	D	E	(15 yrs service) F
Regional Executive Director (FTE)	Hourly	\$57.89	\$60.78	\$63.82	\$67.01	\$70.37	\$72.48
	Annual	\$120,411	\$126,432	\$132,753	\$139,391	\$146,361	\$150,751
Deputy Director - Operations (FTE)	Hourly	\$43.72	\$45.91	\$48.20	\$50.61	\$53.14	\$54.74
	Annual	\$90,938	\$95,484	\$100,259	\$105,272	\$110,535	\$113,851
Deputy Director - Specialty Programs/ Clinical Quality Management (FTE)	Hourly	\$43.72	\$45.91	\$48.20	\$50.61	\$53.14	\$54.74
	Annual	\$90,938	\$95,484	\$100,259	\$105,272	\$110,535	\$113,851
RDMHS (FTE)	Hourly	\$34.07	\$35.77	\$37.56	\$39.44	\$41.41	\$42.65
	Annual	\$58,572	\$74,409	\$78,129	\$69,388	\$86,138	\$88,722
RDMHS II (FTE)	Hourly	\$32.95	\$34.60	\$36.33	\$38.14	\$40.05	\$41.25
	Annual	\$68,536	\$71,963	\$75,561	\$79,339	\$83,306	\$85,805
Administrative Secretary/Financial Services Assistant (FTE)	Hourly	\$25.90	\$27.20	\$28.55	\$29.98	\$31.48	\$32.43
	Annual	\$53,872	\$56,566	\$59,394	\$62,364	\$65,482	\$67,446
EMS Specialist - Operations (FTE)	Hourly	\$32.95	\$34.60	\$36.33	\$38.14	\$40.05	\$41.25
	Annual	\$68,536	\$71,963	\$75,561	\$79,339	\$83,306	\$85,805
EMS Specialist - Investigator (FTE)	Hourly	\$34.96	\$36.71	\$38.54	\$40.47	\$42.49	\$43.77
	Annual	\$72,717	\$76,353	\$80,170	\$84,179	\$88,388	\$91,039
Emergency Preparedness Coordinator/ Emergency Preparedness Grant Coordinator (FTE)	Hourly	\$35.31	\$37.08	\$38.93	\$40.88	\$42.92	\$44.21
	Annual	\$73,445	\$77,117	\$80,973	\$85,022	\$89,273	\$91,951
Certification Specialist (FTE)	Hourly	\$21.48	\$22.55	\$23.68	\$24.87	\$26.11	\$26.89
	Annual	\$44,678	\$46,912	\$49,258	\$51,721	\$54,307	\$55,936
EMS Specialist - Data Analyst (FTE)	Hourly	\$34.96	\$36.71	\$38.54	\$40.47	\$42.49	\$43.77
	Annual	\$72,717	\$76,353	\$80,170	\$84,179	\$88,388	\$91,039
EMS Specialist - Quality Management (FTE)	Hourly	\$34.96	\$36.71	\$38.54	\$40.47	\$42.49	\$43.77
	Annual	\$72,717	\$76,353	\$80,170	\$84,179	\$88,388	\$91,039
EMS Specialist - Contracts Compliance Manager (FTE)	Hourly	\$31.75	\$33.34	\$35.00	\$36.75	\$38.59	\$39.75
	Annual	\$66,040	\$69,342	\$72,809	\$76,450	\$80,272	\$82,680

LEMMSA Salary Notes

- FTE benefits are an additional 37% of salary listed above
- Medical Director is a contracted position at a rate of \$130/hour

8. LEMSA Organizational Chart

Sierra – Sacramento Valley EMS Agency Program Policy			
S-SV EMS Agency Organizational Chart			
	Effective: 10/01/2022	Next Review: As Needed	201
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE



2021 & 2022 S-SV EMS PLAN

TABLE 3

SYSTEM RESOURCES AND

OPERATIONS

PERSONNEL/TRAINING

TABLE 3: SYSTEM RESOURCES AND OPERATIONS

PERSONNEL/TRAINING

Reporting Year: 2021

Reporting Category	EMTs	AEMTs	Paramedics	MICNs	EMS Dispatchers
Total certified	1474	9	510	203	0
Newly certified	386	0	135	65	0
Recertified	1088	9	375	138	0
Total personnel on 7/1 of reporting year	3294	18	1401	300	0
a. Formal investigations	6	0	9	0	N/A
b. Probation	2	0	N/A	0	N/A
c. Suspensions	0	0	0	0	N/A
d. Revocations	0	0	N/A	0	N/A
e. Denials	0	0	N/A	0	N/A
f. Denials of renewal	0	0	N/A	0	N/A
g. No action taken	4	1	N/A	0	N/A

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 3

Reporting Year: 2022

Reporting Category	EMTs	AEMTs	Paramedics	MICNs	EMS Dispatchers
Total certified	1833	9	713	240	0
Newly certified	560	3	238	61	0
Recertified	1273	6	475	179	0
Total personnel on 7/1 of reporting year	3345	18	1322	438	0
a. Formal investigations	28	1	10	0	N/A
b. Probation	9	0	N/A	0	N/A
c. Suspensions	3	0	0	0	N/A
d. Revocations	3	0	N/A	0	N/A
e. Denials	0	0	N/A	0	N/A
f. Denials of renewal	0	0	N/A	0	N/A
g. No action taken	16	1	N/A	0	N/A

2021 & 2022 S-SV EMS PLAN

TABLE 4

SYSTEM RESOURCES AND

OPERATIONS

COMMUNICATIONS

TABLE 4: SYSTEM RESOURCES AND OPERATIONS

COMMUNICATIONS

County: Butte	Reporting Year: 2021 & 2022
# Of primary PSAPs:	5
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	1
# Of dispatch centers utilizing EMD:	2
Primary dispatch for day-to-day emergencies:	CAL FIRE Oroville ECC
Primary dispatch agency for a disaster:	CAL FIRE Oroville ECC
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Colusa	Reporting Year: 2021 & 2022
# Of primary PSAPs:	2
# Of secondary PSAPs:	0
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	0
Primary dispatch for day-to-day emergencies:	Colusa County SO
Primary dispatch agency for a disaster:	Colusa County SO
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Glenn	Reporting Year: 2021 & 2022
# Of primary PSAPs:	1
# Of secondary PSAPs:	0
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	1
Primary dispatch for day-to-day emergencies:	Glenn County SO
Primary dispatch agency for a disaster:	Glenn County SO
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Nevada	Reporting Year: 2021 & 2022
# Of primary PSAPs:	4
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	1
# Of dispatch centers utilizing EMD:	1
Primary dispatch for day-to-day emergencies:	CAL FIRE Grass Valley ECC
Primary dispatch agency for a disaster:	CAL FIRE Grass Valley ECC
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Placer	Reporting Year: 2021 & 2022
# Of primary PSAPs:	4
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	3
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	5
Primary dispatch for day-to-day emergencies:	Placer County SO, City of Lincoln, City of Rocklin, City of Roseville, CAL FIRE ECC
Primary dispatch agency for a disaster:	Placer County SO, City of Lincoln, City of Rocklin, City of Roseville, CAL FIRE ECC
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Shasta	Reporting Year: 2021 & 2022
# Of primary PSAPs:	1
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	1
Primary dispatch for day-to-day emergencies:	SHASCOM
Primary dispatch agency for a disaster:	SHASCOM
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Siskiyou	Reporting Year: 2021 & 2022
# Of primary PSAPs:	4
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	1
# Of dispatch centers utilizing EMD:	0
Primary dispatch for day-to-day emergencies:	CAL FIRE Yreka ECC
Primary dispatch agency for a disaster:	CAL FIRE Yreka ECC
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Sutter	Reporting Year: 2021 & 2022
# Of primary PSAPs:	2
# Of secondary PSAPs:	0
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	1
Primary dispatch for day-to-day emergencies:	Sutter County SO
Primary dispatch agency for a disaster:	Sutter County SO
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4


County: Tehama	Reporting Year: 2021 & 2022
# Of primary PSAPs:	4
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	0
Primary dispatch for day-to-day emergencies:	CAL FIRE Red Bluff ECC
Primary dispatch agency for a disaster:	CAL FIRE Red Bluff ECC
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

County: Yuba	Reporting Year: 2021 & 2022
# Of primary PSAPs:	2
# Of secondary PSAPs:	1
# Of ground ambulance dispatch centers:	1
# Of EMS Aircraft dispatch centers:	0
# Of dispatch centers utilizing EMD:	1
Primary dispatch for day-to-day emergencies:	Yuba County SO
Primary dispatch agency for a disaster:	Yuba County SO
Do you have an OA disaster communication system?	Yes
a. Primary radio frequency	See attached
b. Other communication methods	Web EOC, EMResource, Med-Net, CAHAN
c. Can all medical units communicate on the same disaster comms	Yes
d. Do you participate in OASIS?	Yes
e. Do you plan to utilize RACES as a back-up communications system?	Yes
1. Within the Operational Area (OA)	Yes
2. Between the OA & region/state	Yes

Sierra – Sacramento Valley EMS Agency Program Policy

911 Ground Ambulance Dispatch Requirements

	Effective: 12/01/2022	Next Review: 09/2025	414
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish minimum 911 ground ambulance dispatch requirements.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 4, Article 1, § 1797.223.
- B. CCR, Title 22, Division 9, Chapter 4.
- C. GC, Title 5, Division 2, Part 1, Chapter 1, Article 6, § 53110.

POLICY:

- A. A public agency shall not delegate, assign, or enter into a contract for 911 call processing services for the dispatch of emergency response resources except if the delegation or assignment is to, or the contract or agreement is with, another public agency.
- B. If applicable, a public safety agency that provides 911 call processing services for emergency medical response shall make a connection available from the public safety agency dispatch center to an emergency medical services (EMS) provider’s dispatch center for the timely transmission of emergency response information.
 - 1. For purposes of this policy, “connection” means either a direct computer aided dispatch (CAD) to CAD link, where permissible under law, between the public safety agency and an EMS provider or an indirect connection, including, but not limited to, a ring-down line, intercom, radio, or other electronic means for timely notification of caller data and the location of the emergency response.
 - 2. A public safety agency shall be entitled to recover from an EMS provider the actual costs incurred in establishing and maintaining this connection.
 - 3. An EMS provider that elects not to use this connection shall be dispatched by the appropriate public safety agency and charged a rate negotiated by the parties.

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- C. Any dispatch center (including non-emergency providers) receiving a request for emergency medical assistance from any member of the public, either through the 911 system or a non-emergency number, shall promptly notify the applicable dispatch center for the first responder and/or 911 ambulance provider of the call.
- D. All 911 ambulance providers shall operate their own dispatch center, contract with an existing dispatch center, or join with other providers to operate a dispatch center. If a 911 ambulance provider utilizes dispatch services provided by another organization, it must have a written contract for those services.
- E. All 911 ambulance providers shall maintain dispatch services necessary to receive and respond to requests for emergency ambulance services. The 911 ambulance provider's dispatch center shall:
1. Receive calls for emergency medical assistance from applicable public safety answering points (PSAPs) and non-emergency telephone lines.
 2. Identify and dispatch the closest available 911 ambulance to the scene of the emergency in accordance with current EOA and non-EOA agreements/permits.
 3. Only dispatch the number of ambulances appropriate for the type of incident or as requested by the Incident Commander (IC).
 4. Notify responding personnel and agencies of pertinent incident information.
 5. Monitor and track responding resources.
 6. Coordinate with law enforcement, first responders and other EMS providers.
 7. Provide required dispatch data to S-SV EMS.
- F. To maintain the integrity of EOA's within the S-SV EMS region, the exclusive 911 ambulance provider for the service area where the call is located shall be dispatched to all emergency medical incidents within that service area, unless a closer authorized provider is requested through automatic/mutual aid.
- G. If the dispatch center utilizes an S-SV EMS approved MPDS, the dispatcher shall follow the protocols associated with that system.
- H. Ambulances shall not at any time proceed at a level of response other than as directed by the applicable PSAP or ambulance provider dispatch center.
- I. 911 ambulance providers shall have a written policy and shall make all reasonable efforts to immediately notify the jurisdictional PSAP, if applicable, of the location from where the ambulance is responding from.
-

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- J. The dispatch center shall be staffed with sufficient properly trained personnel to accomplish all applicable dispatch functions.
 - K. A computer-aided dispatch (CAD) system shall be utilized to record dispatch information for all 911 ambulance requests. CAD system information shall include a minimum of caller, incident date, incident location, assigned unit ID, reason for cancellation (if applicable), and all appropriate incident times (hours, minutes, and seconds).
 - L. The dispatch center shall have capabilities for 24-hour real time recordings of all emergency telephone lines and radio frequencies. All radio and telephone communications shall be recorded on tape or other digital recording medium and maintained for a minimum of 90 days.
 - M. 911 ambulance providers shall have a plan to provide ambulance dispatch services during any period of primary dispatch failure. The plan shall ensure that an equivalent dispatch center or dispatch system is able to serve as a backup within five (5) minutes of failure of the primary dispatch center.

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 4

S-SV EMS Receiving Facility Frequency and Tone Guide					
Receiving Facility		County	Primary Med CH	Alternate Med CH(s)	Notes
Orchard Hospital		Butte	MED 8	N/A	CA PL Tone 13 (141.3)
Enloe Med Center		Butte	MED 4 (ED)	MED 2 (Disp.)	CA PL Tone 13 (141.3)
Oroville Hospital		Butte	MED 8	N/A	CA PL Tone 13 (141.3)
Colusa Med Center		Colusa	MED 2	N/A	CA PL Tone 13 (141.3)
Glenn Med Center		Glenn	MED 2	N/A	CA PL Tone 13 (141.3)
Sierra Nevada Hospital		Nevada	MED 7	MED 8,6	S-SV EMS PL Tone 6 (203.5)
Tahoe Forest Hospital		Nevada	MED 6	MED 3	CA PL Tone 5 (146.2)
Kaiser Roseville Med Center		Placer	MED 5	MED 4,2,1	CA PL Tone 16 (192.8)
Sutter Auburn Faith Hospital		Placer	MED 2	MED 1,6,7,8	S-SV EMS PL Tone 2 (173.8)
Sutter Roseville Med Center		Placer	MED 4	MED 1,2,3,7	S-SV EMS PL Tone 3 (186.2)
Kaiser South Med Center		Sacramento	Ambulances use MED-9, Tone 186.2		Dispatch can patch to 800MHz
Mercy San Juan Med Center		Sacramento	Ambulances use MED-9, Tone 186.2		Dispatch can patch to 800MHz
UC Davis Med Center		Sacramento	MED 8	MED 5	S-SV EMS PL Tone 3 (186.2)
Mayers Memorial Hospital		Shasta	MED 8	MED 5	CA PL Tone 6 (156.7)
Mercy Med Center - Redding		Shasta	MED 4 (Ground)	MED 3 Air/Trinity	CA PL Tone 14 (151.4)
Shasta Regional Med Center		Shasta	MED 2 (Ground)	MED 3 Air/Trinity	CA PL Tone 14 (151.4)
Fairchild Med Center		Siskiyou	MED 3	N/A	CA PL Tone 3 (131.8)
Mercy Mt. Shasta		Siskiyou	MED 7	MED 3 & 1	CA PL Tone 3 (131.8)
St. Elizabeth Hospital		Tehama	MED 5	N/A	CA PL Tone 14 (151.4)
Adventist Health Rideout		Yuba	MED 6	MED 7, 1 & 9	S-SV EMS PL Tone 7 (210.7)
Med Channel PL Tones & Frequencies					
Med Channel PL Tones			Med Channel	RX Frequency	TX Frequency
California (CA) Standard PL Tones		S-SV EMS PL Tones	MED 1	463.0000	468.0000
			MED 2	463.0250	468.0250
1 - 110.9 Hz	9 - 100.0 Hz	1 - 131.8	MED 3	463.0500	468.0500
2 - 123.0 Hz	10 - 107.2 Hz	2 - 173.8	MED 4	463.0750	468.0750
3 - 131.8 Hz	11 - 114.8 Hz	3 - 186.2	MED 5	463.1000	468.1000
4 - 136.5 Hz	12 - 127.3 Hz	4 - 146.2	MED 6	463.1250	468.1250
5 - 146.2 Hz	13 - 141.3 Hz	5 - 192.8	MED 7	463.1500	468.1500
6 - 156.7 Hz	14 - 151.4 Hz	6 - 203.5	MED 8	463.1750	468.1750
7 - 167.9 Hz	15 - 162.2 Hz	7 - 210.7	MED 9	462.9500	467.9500
8 - 103.5 Hz	16 - 192.8 Hz	8 - 167.9	MED 10	462.9750	467.9750

2021 & 2022 S-SV EMS PLAN

TABLE 5

SYSTEM RESOURCES AND

OPERATIONS

RESPONSE/TRANSPORTATION

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

RESPONSE/TRANSPORTATION

Reporting Year: 2021

Early Defibrillation Providers	
1. Number of PSFA/EMR early defibrillation providers	35
2. Number Of EMT early defibrillation providers	85

Ground Transport Providers	
1. Number of exclusive operating areas (EOAs)	11
2. Percentage of population covered by EOAs	75%
3. a) Total number of emergency responses	153,285
b) Total number of non-emergency responses	21,059
4. a) Total number of emergency transports	110,504
b) Total number of non-emergency transports	20,438

EMS Aircraft Providers	
1. Number of air ambulance providers	4
2. Number of ALS rescue aircraft providers	1
3. a) Total number of emergency responses	1,325
b) Total number of non-emergency responses	2,310
4. a) Total number of emergency transports	646
b) Total number of non-emergency transports	2,299

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 5

System Standard Response Times (90th Percentile)

	Metro/ Urban	Suburban/ Rural	Wilderness	Systemwide
BLS & CPR capable first responder	5 min	10 min	15 min	N/A
Early defibrillation capable responder	5 min	10 min	15 min	N/A
Advance Life Support (ALS) responder	6 min	8 min	20 min	N/A
Transport ambulance provider	8 min	15 min	30 min	N/A

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 5

Reporting Year: 2022

Early Defibrillation Providers	
3. Number of PSFA/EMR early defibrillation providers	35
4. Number Of EMT early defibrillation providers	85

Ground Transport Providers	
5. Number of exclusive operating areas (EOAs)	11
6. Percentage of population covered by EOAs	75%
7. a) Total number of emergency responses	156,160
b) Total number of non-emergency responses	21,352
8. a) Total number of emergency transports	115,782
b) Total number of non-emergency transports	20,790


EMS Aircraft Providers	
5. Number of air ambulance providers	4
6. Number of ALS rescue aircraft providers	1
7. a) Total number of emergency responses	1,510
b) Total number of non-emergency responses	2,405
8. a) Total number of emergency transports	700
b) Total number of non-emergency transports	2,328

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 5**System Standard Response Times (90th Percentile)**

	Metro/ Urban	Suburban/ Rural	Wilderness	Systemwide
BLS & CPR capable first responder	5 min	10 min	15 min	N/A
Early defibrillation capable responder	5 min	10 min	15 min	N/A
Advance Life Support (ALS) responder	6 min	8 min	20 min	N/A
Transport ambulance provider	8 min	15 min	30 min	N/A

Sierra – Sacramento Valley EMS Agency Program Policy

911 Ambulance Response Time Criteria

	Effective: 03/01/2020	Next Review: 03/2023	415
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish 911 ambulance provider response time standards and reporting criteria.

AUTHORITY:

- A. HSC, Division 2.5, § 1797 et seq.
- B. CCR, Title 13, Division 2, Chapter 5, § 1100.7 and 1105.
- C. CCR, Title 22, Division 9.
- D. CVC, Division 11, § 21055.

DEFINITIONS:

- A. **Ambulance Response Zone** – A geographic area with boundaries established by the S-SV EMS Agency.
- B. **Code 2** – A non-life-threatening emergency response without the use of emergency lights or siren.
- C. **Code 3** – An emergency response using emergency lights and siren.
- D. **Dispatch Time** – The time when a 911 ambulance is notified of a request for an emergency ambulance.
- E. **On Scene Time** – The time when a 911 ambulance arrives at the address or staging area of an emergency call.
- F. **Provider Dispatch Center** – A dispatch center that the PSAP or Secondary PSAP transfers/relays emergency calls to for the purpose of dispatching 911 ambulance resources.
- G. **Provider Dispatch Notification Time** – The time when the 911 ambulance provider dispatch is notified of a 911 call.

-
- H. **PSAP** – Public Safety Answering Point – The designated primary public safety agency where a 911 call is first received.
 - I. **PSAP Notification Time** – The time when a 911 call is received by the PSAP.
 - J. **Response Time** – The time calculated from “Response Time Clock Start” to “Response Time Clock Stop”.
 - K. **Response Time Clock Start** – The time the clock starts for each individual 911 ambulance provider.
 - L. **Response Time Clock Stop** – The time the clock stops for each individual 911 ambulance provider.
 - M. **Secondary PSAP** – Secondary Public Safety Answering Point – A dispatch center that the PSAP transfers/relays 911 calls to for the purpose of dispatching resources.
 - N. **Secondary PSAP Notification Time** – The time when the secondary PSAP is notified of a 911 call.

POLICY:

- A. 911 ambulance providers shall ensure that an Advanced Life Support (ALS) ambulance is on scene of all applicable calls 90% of the time, as measured within the Ambulance Response Zones defined in this policy.
- B. The calculation of the ninety (90%) requirement shall be made monthly.
- C. Actual response times shall be computed to the second, with no rounding.
- D. The following calls shall be excluded from response time compliance calculations:
 - 1. Calls dispatched Code 2 or downgraded from Code 3 to Code 2, unless the provider has specific Code 2 response time requirements listed in this policy.
 - 2. Calls cancelled prior to ambulance arrival on scene.
 - 3. Calls located outside the provider’s designated response zone.
- E. Declared disasters or extreme weather conditions may be considered for exemption to response time standards by S-SV EMS upon request.
- F. If response time compliance for single or multiple zones with a call volume of less than 50 calls in that calendar month fall below 90%, the 911 ambulance provider may

exclude one (1) late call from each applicable zone that falls below 90% compliance for that month for the purpose of response time calculation. Provider must notify S-SV EMS of the call(s) that they are excluding, the total response time for the excluded call(s), and the reason why the excluded call(s) were late.

G. The 911 ambulance provider is responsible for maintaining official response times in a secure manner that prevents the changing of any information without such a change being permanently recorded.

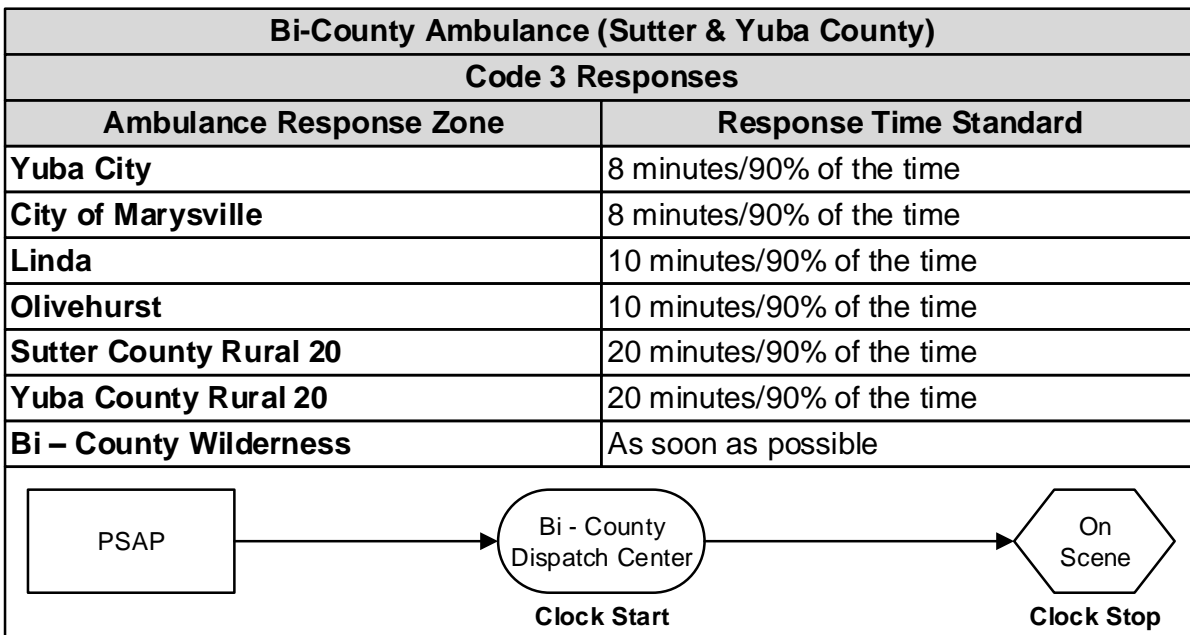
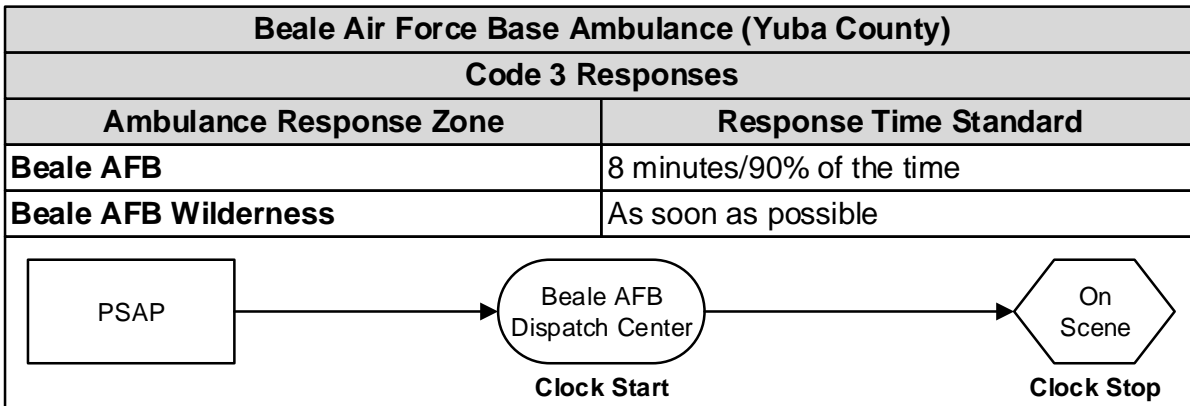
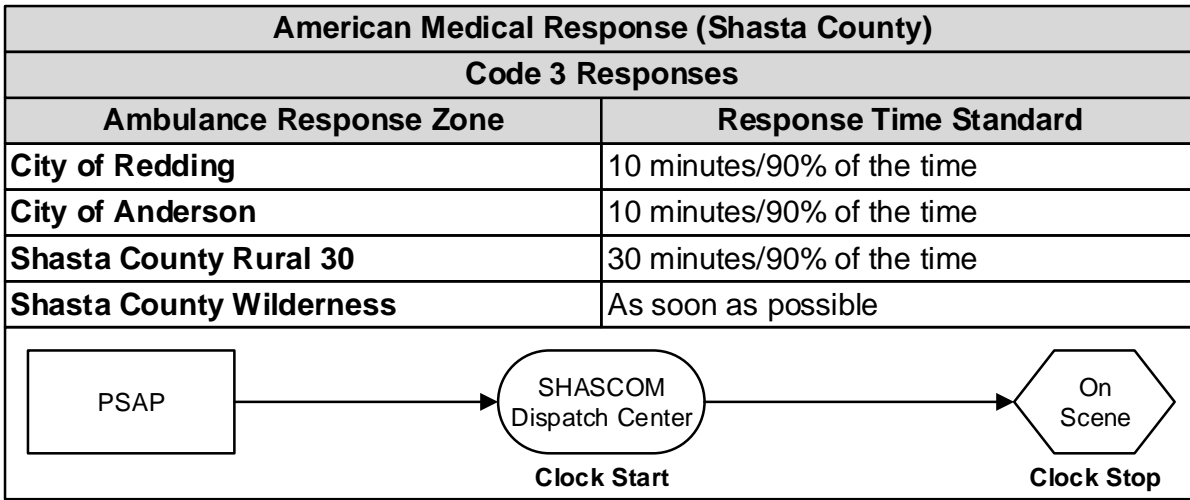
H. 911 ambulance providers shall submit a monthly response time compliance report, utilizing CAD data, to S-SV EMS. All records are subject to audit by S-SV EMS.

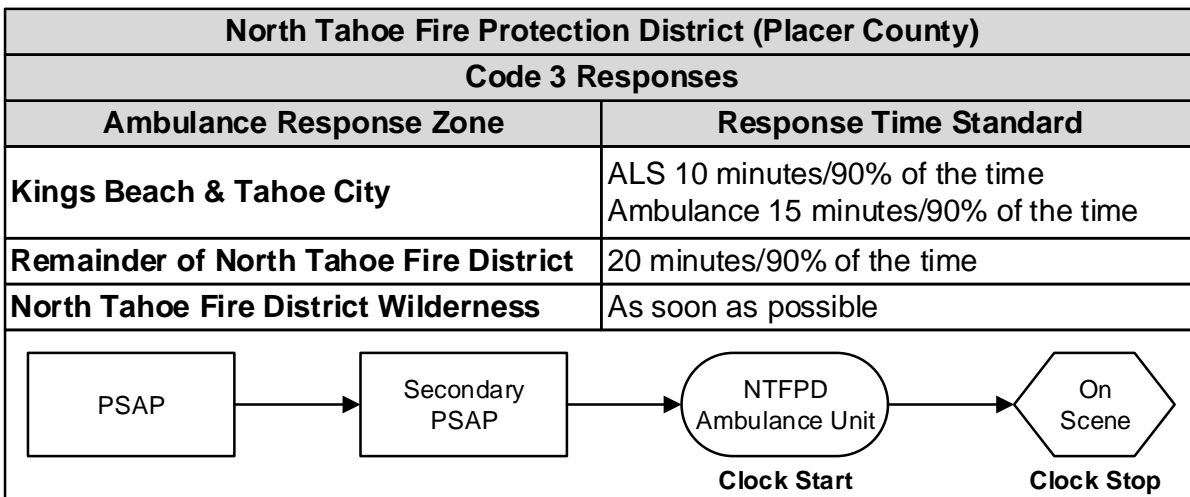
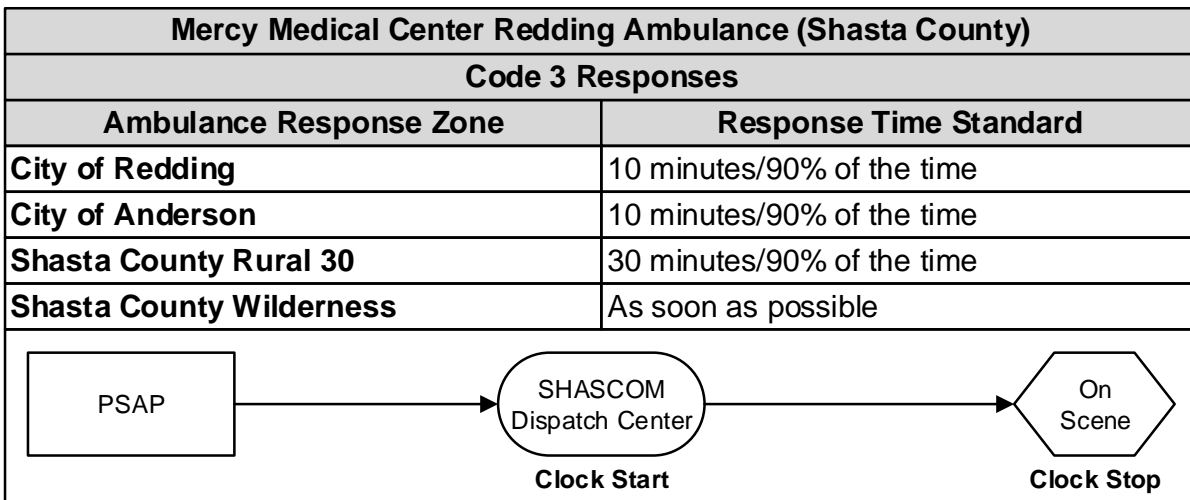
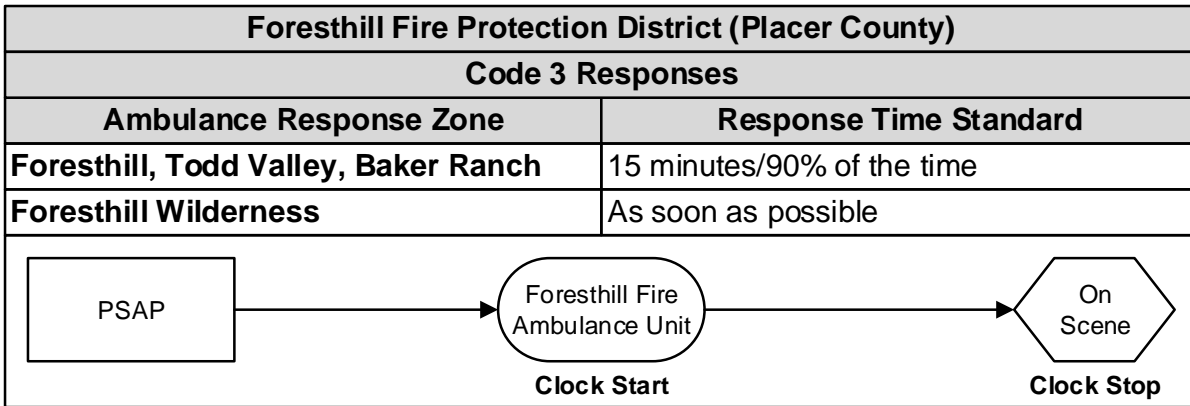
AMBULANCE PROVIDER RESPONSE TIME CRITERIA:

American Medical Response (Placer County)	
Code 3 Responses	
Ambulance Response Zone	Response Time Standard
City of Roseville	8 minutes/90% of the time
City of Rocklin	8 minutes/90% of the time
Auburn City	8 minutes/90% of the time
City of Lincoln	10 minutes/90% of the time
East of Auburn including Colfax	15 minutes/90% of the time
West of Auburn to Rocklin	15 minutes/90% of the time
AMR Placer County Rural	20 minutes/90% of the time
AMR Placer County Wilderness	As soon as possible
Code 2 Responses	
Ambulance Response Zone	Response Time Standard
Cities of Auburn, Lincoln, Roseville & Rocklin	16 minutes/90% of the time
East of Auburn including Colfax & West of Auburn to Rocklin	30 minutes/90% of the time
AMR Placer County Rural	40 minutes/90% of the time
AMR Placer County Wilderness	As soon as possible


```

    graph LR
      PSAP[PSAP] --> SecondaryPSAP[Secondary PSAP  
(in some cases)]
      SecondaryPSAP --> AMR[AMR Dispatch Center  
Clock Start]
      AMR --> OnScene{{On Scene  
Clock Stop}}
  
```





Penn Valley Fire Protection District (Nevada County)	
Code 3 Responses	
Ambulance Response Zone	Response Time Standard
Penn Valley Proper & Portions of Lake Wildwood	ALS 10 minutes/90% of the time Ambulance 15 minutes/90% of the time
Penn Valley Rural	ALS 20 minutes/90% of the time Ambulance 30 minutes/90% of the time
Penn Valley Wilderness	As soon as possible


```

    graph LR
      PSAP[PSAP] --> SecondaryPSAP[Secondary PSAP]
      SecondaryPSAP --> PennValleyUnit((Penn Valley Ambulance Unit))
      PennValleyUnit --> OnScene{{On Scene}}
      PennValleyUnit --- ClockStart[Clock Start]
      OnScene --- ClockStop[Clock Stop]
  
```

Sierra Nevada Ambulance (Nevada County)	
Code 3 Responses	
Ambulance Response Zone	Response Time Standard
City of Grass Valley & Nevada City	9 minutes/90% of the time
Sierra Nevada Rural 15	15 minutes/90% of the time
Sierra Nevada Rural 20	20 minutes/90% of the time
Sierra Nevada Wilderness	As soon as possible

Code 2 Responses	
Ambulance Response Zone	Response Time Standard
City of Grass Valley & Nevada City	18 minutes/90% of the time
Sierra Nevada Rural 30	30 minutes/90% of the time
Sierra Nevada Rural 40	40 minutes/90% of the time
Sierra Nevada Wilderness	As soon as possible


```

    graph LR
      PSAP[PSAP] --> SecondaryPSAP[Secondary PSAP]
      SecondaryPSAP --> SierraNevadaUnit((Sierra Nevada Ambulance Unit))
      SierraNevadaUnit --> OnScene{{On Scene}}
      SierraNevadaUnit --- ClockStart[Clock Start]
      OnScene --- ClockStop[Clock Stop]
  
```

South Placer Fire Protection District (Placer County)	
Code 3 Responses	
Ambulance Response Zone	Response Time Standard
South Placer Fire Protection District	ALS 10 minutes/90% of the time Ambulance 15 minutes/90% of the time


```

    graph LR
      PSAP[PSAP] --> SPFPD((SPFPD Ambulance Unit))
      SPFPD --> OnScene{{On Scene}}
      subgraph ClockStart [Clock Start]
        SPFPD
      end
      subgraph ClockStop [Clock Stop]
        OnScene
      end
  
```

St. Elizabeth Community Hospital Ambulance (Tehama County)	
Code 3 Responses	
Ambulance Response Zone	Response Time Standard
City of Red Bluff	10 minutes/90% of the time
City of Corning	10 minutes/90% of the time
Tehama County Rural 15	15 minutes/90% of the time
Tehama County Rural 30	30 minutes/90% of the time
Tehama County Wilderness	As soon as possible

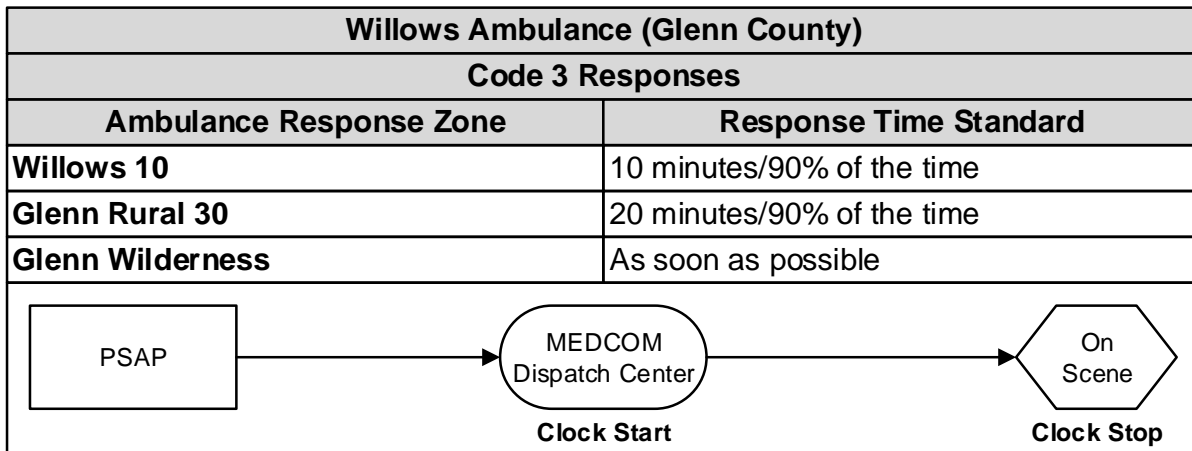
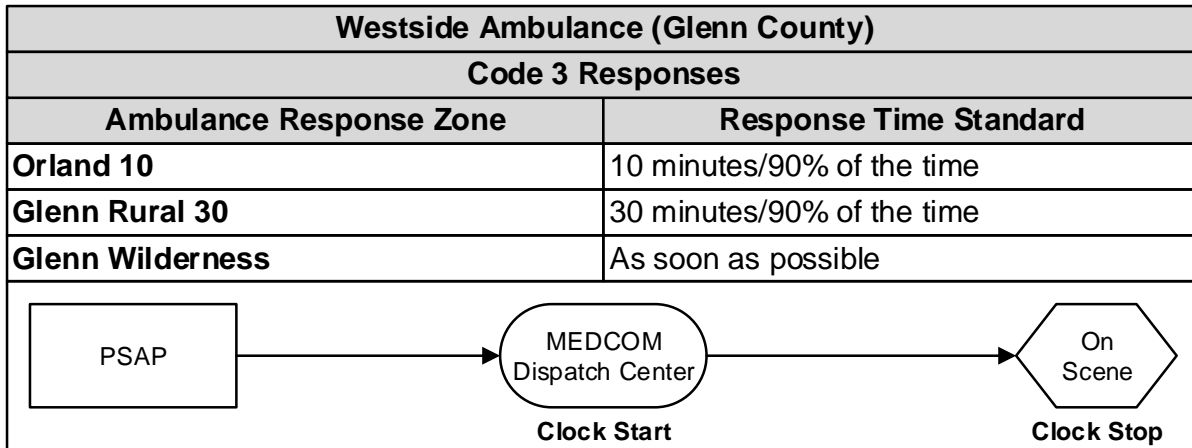

```


    graph LR
      PSAP[PSAP] --> SecPSAP[Secondary PSAP]
      SecPSAP --> StElizabeth((St. Elizabeth Ambulance Unit))
      StElizabeth --> OnScene{{On Scene}}
      subgraph ClockStart [Clock Start]
        StElizabeth
      end
      subgraph ClockStop [Clock Stop]
        OnScene
      end
  
```

Truckee Fire Protection District (Nevada County)	
Code 3 Responses	
Ambulance Response Zone	Response Time Standard
City of Truckee	ALS 10 minutes/90% of the time Ambulance 15 minutes/90% of the time
Truckee/Donner Summit Rural 20	ALS 20 minutes/90% of the time Ambulance 30 minutes/90% of the time
Truckee/Donner Summit Wilderness	As soon as possible


```

    graph LR
      PSAP[PSAP] --> SecPSAP[Secondary PSAP]
      SecPSAP --> TruckeeFire((Truckee Fire Ambulance Unit))
      TruckeeFire --> OnScene{{On Scene}}
      subgraph ClockStart [Clock Start]
        TruckeeFire
      end
      subgraph ClockStop [Clock Stop]
        OnScene
      end
  
```



Sierra – Sacramento Valley EMS Agency Program Policy		
HEMS Aircraft Authorization, Classification & Operations		
	Effective: 12/01/2022	Next Review: 09/2025
	Approval: Troy M. Falck, MD – Medical Director	450
	Approval: John Poland – Executive Director	SIGNATURE ON FILE

PURPOSE:

To establish standards for the authorization, classification, and operations of HEMS aircraft/personnel.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.200 – 1797.276, 1798 – 1798.8 & 1798.170.
- B. CCR, Title 22, Chapter 8.
- C. Federal Aviation Regulations, 91.3, 91.11 and 91.12.

DEFINITIONS:

- A. **Helicopter Emergency Medical Services (HEMS) Aircraft** – Rotor wing aircraft utilized for the purpose of prehospital emergency response and patient transport. HEMS aircraft include air ambulances and all ALS/BLS rescue aircraft.
- B. **Air Ambulance** – Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients, whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support.
- C. **Rescue Aircraft** – Aircraft whose usual function is not patient transport but may be used for patient transport when the use of an air or ground ambulance is inappropriate or not readily available. Rescue aircraft are classified as one of the following:
 - 1. **Advanced Life Support (ALS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant licensed as a paramedic.
 - 2. **Basic Life Support (BLS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant certified as an EMT.
 - 3. **Auxiliary Rescue Aircraft** – A rescue aircraft that does not have a medical flight crew, or whose flight crew does not meet ALS/BLS rescue aircraft requirements.

POLICY:

- A. S-SV EMS is responsible for classifying/authorizing HEMS aircraft based within the S-SV EMS region, except that the California EMS Authority (EMSA) is responsible for classifying aircraft of the California Highway Patrol, CAL FIRE, and California National Guard. S-SV EMS classification/authorization will be provided by written agreements with HEMS aircraft providers.
- B. No person or organization shall provide or hold themselves out as providing HEMS aircraft services unless that organization has aircraft which have been classified/authorized by a local EMS agency (LEMSA) or, in the case of the California Highway Patrol, CAL FIRE, and California National Guard, by EMSA.
- C. Except for mutual aid requests, HEMS aircraft must be classified/authorized by S-SV EMS and possess a current/valid S-SV EMS air ambulance service provider permit to operate within the S-SV EMS region. A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, CAL FIRE, California National Guard, or the Federal Government.
- D. HEMS aircraft providers, owners, operators, or any hospital where a HEMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state, and local statutes, ordinances, policies, and procedures related to HEMS aircraft operations, including qualifications of flight crews and aircraft maintenance.
- E. All ALS HEMS aircraft shall employ a provider medical director who is a physician licensed in the State of California who by training and experience, is qualified in emergency medicine. The medical director shall be responsible for the supervision of the quality assurance/improvement program of air medical transport patient care.
- F. Medical Control:
 - 1. The medical direction/management of the EMS system shall be under the medical control of the S-SV EMS medical director.
 - 2. Flight paramedics shall operate under S-SV EMS policies/protocols. Paramedics employed by S-SV EMS authorized air ambulance providers who have been approved for Unified Paramedic Optional Scope of Practice may perform skills and administer medications in accordance with applicable S-SV EMS and/or HEMS aircraft provider approved policies/protocols.
 - 3. Flight RNs may perform skills and administer medications beyond the S-SV EMS paramedic scope of practice, in accordance with RN specific policies/protocols developed/approved by the provider's medical director and agreed to by the S-SV EMS medical director. HEMS aircraft provider patient care policies/protocols shall be submitted to S-SV EMS initially and upon subsequent revision.

G. Personnel:

1. Air ambulances shall be staffed with a minimum of two (2) ALS medical flight crew members. Staffing can be achieved with any combination of:
 - S-SV EMS accredited paramedic.
 - Registered nurse (RN) who has successfully completed an S-SV EMS paramedic accreditation course or similar S-SV EMS approved training.
2. Rescue aircraft shall be staffed with a minimum of one (1) S-SV EMS accredited paramedic or EMT medical flight crew member, based on their classification level.
3. The medical flight crew of HEMS aircraft shall have training in aeromedical transportation equivalent to DOT Air Medical Crew National Standard Curriculum.
4. Medical flight crews shall participate in such continuing education requirements as required by their license/certification.
5. In situations where the flight crew is less medically qualified than the ground personnel from whom they receive patients, they may only assume patient care responsibility in accordance with applicable S-SV EMS policies/protocols.


H. Communications:

1. HEMS aircraft providers shall be honest, open, ethical, and responsible for accurately informing the air ambulance coordination center and/or requesting PSAP of any changes in availability or response status. This shall include any circumstance and/or activity that will delay their ability to respond (maintenance, training flights, interfacility transports, need for refueling, etc.).
2. HEMS aircraft shall provide an updated ETA to the air ambulance coordination center, requesting PSAP and/or designated LZ contact when enroute.
3. All communications between HEMS aircraft and the designated LZ contact should be done using CALCORD operational frequency of 156.075.
4. HEMS aircraft shall have the capability of communicating directly, while in flight, with the following entities:
 - Required FAA facilities.
 - Air ambulance coordination center and/or requesting PSAP.
 - Ground units.
 - Base, modified base and receiving hospitals.
 - S-SV EMS air to air EMS aircraft on frequency 123.025.

5. Air ambulance providers shall notify the applicable air ambulance coordination center when entering/flying through their geographical area. The air ambulance coordination center will inform air ambulance personnel of any other known aircraft activities in the area (fire suppression, other responding aircraft, etc.).
 6. Air ambulance coordination centers will not routinely perform flight-following operations with HEMS aircraft. This will remain the responsibility of the requesting PSAP and/or the HEMS aircraft provider's dispatch center.
 7. Air ambulance providers shall maintain and update their availability on EMResource a minimum of once per pilot shift. EMResource will not be used as a primary method of determining HEMS aircraft availability by the air ambulance coordination centers.
- I. Air Ambulance Coordination Center Data Recording and Reporting:
1. Air ambulance coordination centers shall adequately record all air ambulance resource request activities.
 2. Air ambulance coordination centers shall provide air ambulance coordination data to S-SV EMS upon request.
- J. Space & Equipment:
1. HEMS aircraft shall be configured so that:
 - There is sufficient space to accommodate one (1) patient on a stretcher and one (1) patient attendant. Air ambulances shall have space to accommodate one (1) patient and two (2) patient attendants, at a minimum.
 - There is sufficient space for medical personnel to have adequate patient access to carry out necessary procedures on the ground and in the air.
 - There is sufficient space for medical equipment and supplies required by applicable regulations and S-SV EMS policies.
 2. HEMS aircraft shall have adequate safety belts and tie-downs for all personnel, patients, stretchers, and equipment to prevent inadvertent movement.
 3. HEMS aircraft shall have onboard equipment and supplies commensurate with the scope of practice of the medical flight crew, as approved by S-SV EMS.
 4. HEMS aircraft shall be equipped with a radio headset for each crew member, ride along and patient. Each crew member headset should allow for communications with ground stations, base/modified base and receiving hospitals.

Sierra – Sacramento Valley EMS Agency Program Policy

HEMS Aircraft Requesting & Utilization

	Effective: 12/01/2022	Next Review: 09/2025	862
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish criteria for the requesting and utilization of HEMS aircraft on 911 incidents.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.200 – 1797.276, 1798 – 1798.8 & 1798.170.
- B. CCR, Title 22, Division 9, Chapters 4 & 8.

DEFINITIONS:

- A. **Air Ambulance Coordination Center** – An emergency dispatch center designated by S-SV EMS for the purpose of coordinating air ambulance requests within the S-SV EMS region. The following EMS Aircraft Coordination Centers have been designated by S-SV EMS:
 - 1. CAL FIRE Grass Valley Emergency Command Center: Colusa, Nevada, Placer, Sutter, and Yuba counties.
 - 2. CAL FIRE Oroville Emergency Command Center: Butte, Glenn, Shasta, and Tehama counties.
 - 3. CAL FIRE Yreka Interagency Command Center: Siskiyou County
- B. **Public Safety Answering Point (PSAP)** – A public safety dispatch center where a 911 call is first received (primary PSAP) or where a 911 call is transferred/relayed for the purpose of dispatching resources (secondary PSAP).
- C. **Helicopter Emergency Medical Services Aircraft (HEMS Aircraft)** – Rotor wing aircraft utilized for the purpose of prehospital emergency response and patient transport. HEMS aircraft include air ambulances and all ALS/BLS rescue aircraft.
- D. **Air Ambulance** – Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients, whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support.

E. **Rescue Aircraft** – Aircraft whose usual function is not patient transport but may be used for patient transport when the use of an air or ground ambulance is inappropriate or not readily available. Rescue aircraft are classified as one of the following:

1. **Advanced Life Support (ALS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant licensed as a paramedic.
2. **Basic Life Support (BLS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant certified as an EMT.
3. **Auxiliary Rescue Aircraft** – A rescue aircraft that does not have a medical flight crew, or whose flight crew does not meet ALS/BLS rescue aircraft requirements.

POLICY:

A. HEMS aircraft utilization criteria:

1. Trauma patients who meet RED Field Trauma Triage Criteria, and transport time to an appropriate level trauma center is ≥ 30 minutes by ground.
2. Prolonged extrication of an entrapped patient.
3. Multi-casualty incidents with a need for additional resources or distribution of patients to facilities ≥ 30 minutes by ground from the incident location.
4. Time-sensitive conditions where a decrease in transport time may reduce the risk of long-term disability or death.
5. Significantly reduced transport time for patients with specialty resource needs (significant burns, pediatric trauma, etc.).
6. Patients who are likely to require advanced procedures/medications beyond the scope of practice of ground providers.
7. Delayed accessibility to the scene by ground personnel and/or transport resources.
8. Initial dispatch for significant trauma mechanism or time-sensitive medical condition with ground transport provider time to scene ≥ 20 minutes.

B. HEMS aircraft transportation should not be used for the following patients:

1. Patients with CPR in progress.
2. Patients contaminated by hazardous materials who cannot be completely decontaminated prior to transport.

3. Patients who are combative, uncooperative, or have behavioral emergencies. However, a patient may be transported at the discretion of the flight crew.
- C. The use of HEMS aircraft should provide a significant reduction (≥ 20 minutes) in arrival time to a receiving facility capable of providing definitive care, including designated specialty care centers.
 - D. After assessing the incident location, conditions and patient needs, the most medically qualified provider on scene shall be responsible for determining if the patient/event meets HEMS aircraft utilization criteria and shall advise the Incident Commander (IC)/designee regarding the need for HEMS aircraft. The final authority to request or cancel HEMS aircraft is at the discretion of the IC/designee.
 - E. The pilot in command shall have the final authority in decisions to continue or abort the response. The pilot may also dictate the need to identify an alternate LZ/rendezvous location or deviate from S-SV EMS patient destination policies.
 - F. The most medically qualified provider on scene has the authority/obligation to ensure that the patient meets HEMS aircraft utilization criteria. If the patient does not meet HEMS aircraft utilization criteria, the flight crew may transfer care to the ground ambulance for transport to the most appropriate facility.
 - G. HEMS Aircraft Requesting and Coordination:
 1. For incidents likely meeting HEMS utilization criteria, appropriate HEMS resources should be requested early by applicable dispatch or ground EMS personnel, and may be cancelled prior to lift off, overhead or at scene when appropriate.
 2. An air ambulance should be utilized for any incident that does not require the need for air rescue operations. Rescue aircraft may be utilized when, in the opinion of the most medically qualified provider at scene, the patient's condition warrants immediate transport and/or air ambulance resources are not readily available. Consideration should be given to airway stabilization and/or the need for higher level medical procedures.
 3. No air ambulance shall respond to an EMS incident in the S-SV EMS region without the request of a designated air ambulance coordination center.
 4. HEMS aircraft shall be requested by the IC/designee on scene, through the PSAP of the agency having jurisdiction over the incident. A responding ground EMS provider may request appropriate HEMS resources while enroute to an incident ('rolling request'), if they believe the patient/event meets HEMS utilization criteria.
 - If communication with the IC is not possible or practical, HEMS aircraft shall be requested through the applicable PSAP.

- If a private ambulance arrives on scene before the arrival of public safety personnel, HEMS aircraft shall be requested through the applicable PSAP. If unable to contact the PSAP directly from the field, the private ambulance dispatch center may be used to relay the request to the PSAP.
5. HEMS aircraft requests received from providers still enroute may be overridden by the IC/designee on scene. Excluding safety reasons, the IC/designee shall consult with the most medically qualified provider on scene to determine the necessity for HEMS aircraft.
 6. The PSAP shall utilize the following procedures, based on the type and availability of HEMS aircraft resource requested:
 - Air ambulance resource request:
 - Contact the designated air ambulance coordination center for air ambulance resource requesting.
 - Rescue aircraft resource request:
 - The PSAP is responsible for contacting the applicable air rescue provider directly for resource requesting.
 7. PSAPs are required to provide the following information to the air ambulance coordination center or air rescue provider for all HEMS aircraft resource requests:
 - Incident or LZ location: the general geographic location will suffice.
 - Nature of call: type of incident and severity of injuries, if known.
 - The designated LZ contact identified by incident name (i.e., "Jones Road LZ"). Individual personnel/unit identifiers should not be used as the LZ contact.
 - Any known aircraft hazards in the area, including hazardous materials, other aircraft, or inclement weather conditions at the scene.
 8. The air ambulance coordination center will complete the following for all air ambulance resource requests:
 - Verify the incident/LZ location and identify the closest air ambulance.
 - Contact the closest air ambulance provider to obtain their availability to respond to the incident.
 - If the air ambulance resource is available and accepts the request, they will be assigned to the incident by the air ambulance coordination center.
 - If the air ambulance resource is unavailable/declines the request, the air ambulance coordination center will contact the next closest air ambulance provider to obtain their availability to respond to the incident. This process will continue until an air ambulance is assigned, or it is determined that no timely air ambulance resources are available to respond to the incident.

- Air ambulance coordination centers shall consider the location of an available airborne air ambulance in determining the closest resource to the incident when this information is known to the coordination center.
 - Air ambulance providers who have multiple aircraft shall accept/decline the request based on the availability of the specific aircraft resource requested.
 - The air ambulance provider will be allowed up to five (5) minutes to check weather. If the air ambulance provider does not accept/decline the assignment within five (5) minutes, the air ambulance coordination center will re-contact the air ambulance provider to confirm their status prior to contacting the next closest air ambulance provider.
 - If an air ambulance provider declines due to inclement weather at the incident/LZ location, it is unlikely that an alternate air ambulance provider will subsequently accept the request. The IC/designee shall be notified of this information as soon as possible. Personnel on scene may consider appropriate alternatives (utilizing an alternate LZ/rendezvous location; requesting the availability of rescue aircraft which are allowed to operate under different weather minimums; initiating ground ambulance transport; etc.).
 - Relay the assigned air ambulance resource identifier and initial ETA to the requesting PSAP.
9. The requesting PSAP shall notify all responding agencies when a HEMS aircraft has been requested/assigned and shall keep responding agencies updated as to the HEMS aircraft status (delays, aborts, etc.).
10. HEMS aircraft personnel are responsible for communicating to the requesting PSAP any response delays or aborts in a timely manner.
11. Once assigned to an incident, HEMS aircraft shall not commit/respond to another assignment unless cancelled by the initial incident requestor.
12. If multiple aircraft are responding to or in the area of the incident, the air ambulance coordination center and/or the requesting PSAP shall notify all agencies of multiple aircraft responders.
13. All parties are responsible for informing HEMS aircraft providers of inclement weather related to the response, including previous HEMS aircraft providers who declined the flight due to weather conditions (at base, enroute, or at scene).
14. CALCORD operational frequency (156.075) should be utilized for air-to-ground communication. The IC/designee will communicate to all responding agencies if an alternate frequency will be utilized for the event.

H. Ground Provider Responsibilities:

1. If the event is a declared MCI, the IC/designee is responsible for notifying all responding HEMS aircraft of such.
2. If required by S-SV EMS policies/protocols, the most medically qualified provider on scene shall contact the appropriate facility for patient destination consultation prior to EMS aircraft arrival (when possible).
3. If ground personnel are at scene, the IC/designee shall assign appropriate personnel to establish/prepare a landing zone (LZ) and assure scene safety during landing. The LZ should meet the following criteria:
 - 100' x 100' open area, clear of hazards, obstacles, sloped terrain, loose surface materials, animals, overhead wires, foreign object debris (FOD).
 - If the LZ is on a dirt surface, assure that the area is watered down to reduce the risk of brown out upon aircraft landing.
 - Locate the LZ upwind from any incident with known hazardous materials.

The pilot has final authority to determine if a landing is appropriate, including instances when no ground personnel are at scene.

4. Ground personnel shall not approach the aircraft under a running/hot rotor unless accompanied by HEMS personnel.
5. If requested, ground EMS personnel may accompany a patient in a rescue aircraft if the appropriate medical equipment is available and they have received an adequate safety briefing prior to transport.
6. S-SV EMS Transfer of Patient Care policy shall be followed, and a verbal patient care report shall be provided to HEMS aircraft personnel.

I. HEMS Aircraft Provider Responsibilities:

1. HEMS aircraft providers are expected to be enroute within 15 minutes of incident acceptance. Response delays shall be documented in the PCR.
2. HEMS aircraft providers are expected to transport within 15 minutes from the time patient contact is made. Scene delays shall be documented in the PCR.
3. S-SV EMS Patient Destination policies/protocols shall be followed for all patients requiring HEMS aircraft transport. Patients shall be transported to the closest/most appropriate hospital with an approved helipad or HEMS aircraft landing site.

2021 & 2022 S-SV EMS PLAN

TABLE 6

SYSTEM RESOURCES AND

OPERATIONS

FACILITIES/CRITICAL CARE

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

FACILITIES/CRITICAL CARE

Reporting Year: 2021

Trauma	
1. Number of patients meeting trauma triage criteria	2415
2. Number of major trauma patients transported directly to a trauma center by ambulance	1931
3. Number of major trauma patients transferred to a trauma center	362
4. Number of patients meeting trauma triage criteria who weren't treated at a trauma center	122

Emergency Departments	
1. Total number of emergency departments	17
2. Number of referral emergency services	0
3. Number of standby emergency services	4
4. Number of basic emergency services	13
5. Number of comprehensive emergency services	0

Receiving Hospitals	
1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	15


Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 6

Reporting Year: 2022

Trauma	
5. Number of patients meeting trauma triage criteria	2107
6. Number of major trauma patients transported directly to a trauma center by ambulance	1665
7. Number of major trauma patients transferred to a trauma center	324
8. Number of patients meeting trauma triage criteria who weren't treated at a trauma center	118

Emergency Departments	
6. Total number of emergency departments	17
7. Number of referral emergency services	0
8. Number of standby emergency services	4
9. Number of basic emergency services	13
10. Number of comprehensive emergency services	0

Receiving Hospitals	
3. Number of receiving hospitals with written agreements	0
4. Number of base hospitals with written agreements	15

Sierra – Sacramento Valley EMS Agency Program Policy			
Base/Modified Base Hospital Program			
	Effective: 06/01/2021	Next Review: 03/2024	305
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish requirements for base and modified base hospitals in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.16, 1797.107, 1797.171, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.102, and 1798.104.
- B. CCR, Title 22, Division 9, Chapters 3 & 4.

DEFINITIONS:

- A. **Base Hospital** – A hospital that meets the requirements contained in this policy, and utilizes S-SV EMS authorized Mobile Intensive Care Nurses (MICNs) and/or emergency department physicians to provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region. Base hospitals shall have a current base hospital agreement in place with S-SV EMS in order to operate as such.
- B. **Modified Base Hospital** – A hospital that meets the requirements contained in this policy, and utilizes only emergency department physicians to provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region. Modified base hospitals shall have a current modified base hospital agreement in place with S-SV EMS in order to operate as such.
- C. **Emergency Medical Services Quality Improvement Program (EMSQIP)** – Methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct process, and recognize excellence in performance and delivery of care, pursuant to the provisions of California Code of Regulations, Title 22, Chapter 12 and S-SV EMS policies.

POLICY:

S-SV EMS shall designate base and modified hospitals to receive ambulance patients and provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region.

PROCEDURE:

- A. An S-SV EMS designated base or modified base hospital shall:
1. Be licensed by the California Department of Public Health as a general acute care hospital.
 2. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 3. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations, Title 22, Division 5, or have been granted approval by the California EMS Authority for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.
 4. Have and agree to utilize/maintain two-way telecommunications capable of direct two-way voice communication with prehospital EMS personnel.
 5. Maintain a record of all online medical direction between prehospital EMS and base/modified base hospital personnel as specified in S-SV EMS policies.
 6. Have a written agreement with S-SV EMS, which is reviewed every three (3) years, indicating the concurrence of hospital administration, medical staff and emergency department staff to meet the requirements for program participation as specified in this policy.
 7. Designate a base/modified base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. The requirement of board certification or prepared for certification may be waived by the S-SV EMS Medical Director. The base/modified base hospital medical director shall be regularly assigned to the emergency department, have experience in and knowledge of base/modified base hospital radio operations and S-SV EMS policies, procedures and protocols, and shall be responsible for functions of the base/modified base hospital including the EMSQIP.
 8. Identify a base/modified base hospital coordinator who is a California licensed Registered Nurse with experience in and knowledge of base/modified base hospital operations and S-SV EMS policies, procedures and protocols to act as a prehospital liaison to the local EMS system.
 9. Assure that nurses giving medical direction to prehospital personnel are trained and authorized as MICNs by S-SV EMS.

10. Have a physician licensed in the State of California, experienced in emergency medical care, assigned to the emergency department; available at all times to provide immediate medical direction to MICN and/or prehospital EMS personnel. This physician shall have experience in and knowledge of base/modified base hospital radio operations and S-SV EMS policies, procedures and protocols.

11. Ensure that a mechanism exists for prehospital EMS providers to contract for the provision of medications, medical supplies and equipment used for patient care according S-SV EMS policies and procedures.

12. Provide for continuing education in accordance with S-SV EMS policies.

13. Agree to participate in the S-SV EMS EMSQIP, which may include making available all relevant records for program monitoring and evaluation.

B. S-SV EMS may deny, suspend, or revoke base/modified base hospital approval for failure to comply with any applicable policies, procedures, statutes or regulations.

GENERAL PROVISIONS:

A. Education:

An S-SV EMS designated base/modified base hospital shall:

1. Act as an education resource for prehospital EMS provider agencies.
2. Maintain approval as an EMS continuing education provider.
3. Provide formal education programs for prehospital EMS personnel.
4. Assist in providing special and mandatory training programs deemed necessary by S-SV EMS.
5. Provide supervised clinical experience for prehospital EMS students/trainees in accordance with CCR, Title 22 and S-SV EMS policies and procedures.
6. Provide clinical skills remediation training for prehospital EMS personnel as needed.

B. EMS System Involvement:


An S-SV EMS designated base/modified base hospital shall participate in S-SV EMS regional committee meetings and other EMS activities that affect the region.

C. Patient Care Records:

An S-SV EMS designated base/modified base hospital shall participate in a collaborative manner with S-SV EMS data collection programs.

D. Multi Casualty Incidents/Disaster Planning and Response:

1. An S-SV EMS designated base/modified base hospitals shall reasonably participate in local and regional disaster drills; including utilization of EMResource.
2. An S-SV EMS designated base/modified base hospital shall actively participate in local and regional disaster related planning efforts.
3. During a Multi Casualty Incident (MCI) or disaster, the procedures indicated in applicable MCI plans and S-SV EMS policies shall be followed.

Sierra – Sacramento Valley EMS Agency Program Policy			
Base/Modified Base Hospital Recording & Maintenance Of EMS Patient Care Communications			
	Effective: 06/01/2020	Next Review: 05/2023	306
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish base/modified base hospital requirements for recording and maintaining EMS patient care communication.

AUTHORITY:


- A. HSC, Division 2.5, § 1797,220, 1798.104, 1798.2.
- B. CCR, Title 22, Division 9.
- C. GC, Section 34090.6.

POLICY:

- A. Base/modified base hospitals shall record all telephone and radio EMS patient care communications with prehospital personnel. Audio files shall be maintained for a minimum of 100 days.
- B. Base/modified base hospital personnel shall document all telephone and radio EMS patient care related communications with prehospital personnel on an appropriate hospital developed report/log. EMS patient care records and hospital communication reports/logs shall be maintained for a minimum of seven (7) years, or, if for a minor, one (1) year past the age of majority, whichever is greater.
- C. All communication records shall be maintained in such a manner to allow for medical control and continuing education of prehospital personnel. Quality Improvement records shall be maintained for a minimum of (2) two years.
- D. In the event of pending litigation or evidence requests, all audio files and written records shall be maintained until completion/resolution of all issues arising therefrom.

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Offload Time (APOT)

	Effective: 12/01/2020	Next Review: 11/2023	307
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

- A. To establish standards for the timely transfer of patient care responsibilities from EMS prehospital personnel to hospital emergency department (ED) medical personnel.
- B. To establish standardized methodologies for collecting, calculating and reporting Ambulance Patient Offload Time (APOT).

AUTHORITY:

- A. HSC, Division 2.5, Chapter 4, Article 1, § 1787.225, § 1797.227 & § 1797.228.
- B. CCR, Title 22, Division 9, Chapter 3, § 100127 & Chapter 4, § 100169.
- C. S-SV EMS Base/Modified Base Hospital Agreements.

DEFINITIONS:

- A. **Ambulance Patient Offload Time (APOT)** – The time interval between the arrival of a 911 ambulance patient at a hospital ED and the time the patient is transferred from the ambulance cot to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient.
- B. **APOT 1.1** – An APOT time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a median.
- C. **APOT 1.2** – An APOT interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a 90th percentile.
- D. **APOT 2** – An APOT time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target, and exceeding that time in reference to 60-, 120- and 180-minute intervals.

POLICY:**A. APOT Documentation and Standards:**

1. EMS prehospital personnel shall adequately document APOT on all incidents.
 - All incident times, including 'Patient Arrived at Destination Date/Time' and 'Destination Patient Transfer of Care Date/Time' shall be accurately documented in the electronic patient care report.
 - Any APOT greater than 60 minutes shall be additionally noted/documentated in the electronic patient care report narrative (i.e. "delayed patient offload time of greater than 60 minutes" or similar wording).
 - Any misrepresentation of APOT documentation in the electronic patient care report incident times or narrative sections is a serious infraction, which may result in disciplinary action.
2. The expectation is that all ambulance patients are transferred from the ambulance cot/equipment to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient as soon as possible after ED arrival. The standard APOT for the S-SV EMS region is 20 minutes, and 911 ambulance patients shall have an APOT time of 20 minutes or less, 90% of the time. The following time measurements exceed/significantly exceed S-SV EMS APOT standards:
 - Exceeds APOT Standard:
 - APOT 1.1: 21 – 30 minutes
 - APOT 1.2: 21 – 30 minutes
 - APOT 2: 21 – 60 minutes
 - Significantly Exceeds APOT Standard:
 - APOT 1.1: Greater than 30 minutes
 - APOT 1.2: Greater than 30 minutes
 - APOT 2: Greater than 60 minutes

B. APOT Calculations/Reporting:


1. APOT calculations will be completed by S-SV EMS staff on a monthly basis, utilizing electronic patient care report data from the S-SV EMS data system.
 - Incidents with obvious data errors, that cannot be subsequently resolved/verified, will be excluded from APOT calculations and reporting.
2. S-SV EMS will produce/publish a system-wide APOT report on a monthly basis. This APOT report will be available to all EMS system participants as well as the general public.

3. S-SV EMS will provide APOT data to the California EMS Authority, as required by current statutes and regulations.
4. S-SV EMS will utilize the following National Emergency Medical Services Information System (NEMESIS) Version 3.4 data codes, descriptions and criteria to calculate, evaluate and report APOT measures:

NEMESIS Data Code	Data Description	Criteria/ Calculation
dAgency.03	EMS Agency Name	All S-SV EMS Authorized 911 Transport Providers
eResponse.05	Type of EMS Service Requested	911 Response (Scene)
eDisposition.12	Pt Disposition	Pt Treated & Transported by EMS
eDisposition.01	Pt Destination/Transferred to	Hospitals receiving 911 pts transported by ambulance
eTimes.11 eTimes.12	Pt Arrived at Destination Time Pt Destination Transfer of Care Time	Calculation = Difference (in minutes) between eTimes.11 & eTimes.12

Sierra – Sacramento Valley EMS Agency Program Policy

Patient Destination

	Effective: 06/01/2021	Next Review: 03/2024	505
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish procedures for determining the appropriate destination of patients transported by ambulance in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.67, 1797.88, 1798.165 & 1798.170.
- B. CCR, Title 13, § 1105(c).
- C. CCR, Title 22, Division 9, Chapters 2, 3, 4 & 7.

POLICY:

- A. In the absence of decisive factors to the contrary, EMS personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients. In determining the most accessible facility, EMS personnel shall take into consideration traffic obstructions, weather conditions, or similar factors which clearly affect transport time.
- B. Hospitals unable to accept patients due to incapacitating internal disaster shall be considered not prepared to receive emergency cases.
- C. All hospitals shall maintain their current facility status on EMResource, and shall update their facility status no less than once every 24 hours. All hospitals shall respond to EMResource hospital polls initiated by S-SV EMS or the applicable Medical Health Operational Area Coordinator within 30 minutes of notification.

PROCEDURE:

- A. The most accessible medical facility shall ordinarily be the nearest licensed healthcare facility which maintains and operates a basic emergency department, except for the following circumstances:

1. The base/modified base hospital may direct a patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base/modified base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the prehospital provider's time and/or travel limitations.
 2. S-SV EMS policies/protocols governing transport of special category patients to designated special care facilities shall be followed.
 3. The Control Facility (CF) is responsible for the dispersal of all patients during multiple casualty incidents (MCIs).
 4. In the event of an unprecedented demand for medical/health services beyond the capacity of current providers and resources available through local, regional, state, and/or federal mutual aid, Crisis Standard of Care Procedures may be implemented to include alternate patient transportation/destination orders.
- B. A member of a health care service plan should be transported to a hospital that contracts with the plan when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the member permits such transport. However, when prehospital personnel determine that such transport would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of providing appropriate treatment.
- C. When a patient, or their legally authorized representative, requests transportation to a hospital other than the most accessible, the request should be honored when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the patient permits such transport; except when prehospital EMS personnel determine that such transport would unreasonably remove the transport unit from the area. In such cases:
1. Arrangements should be made for alternative transport if possible.
 2. If such transport cannot be obtained without unacceptable delay, the patient may be transported to the nearest hospital capable of providing appropriate treatment.
- D. When a private physician requests emergency transportation to a hospital other than the most accessible, the request should be honored unless:
1. The base/modified base hospital determines that the condition of the patient does not permit such transport. In such cases, base/modified base hospital directions shall be followed. If communication with the requesting physician is feasible, the base/modified base hospital should contact the physician and explain the situation.

2. Prehospital EMS personnel determine that such transportation would unreasonably remove the unit from the area. In such cases:

- Arrangements should be made for alternate transportation if possible.
- If alternate transportation cannot be arranged without unacceptable delay, and the private physician is immediately accessible, the patient may be transported to a mutually agreed-upon alternate destination.
- If alternate transportation cannot be arranged without unacceptable delay, and the private physician is not immediately accessible, the patient may be transported to the nearest hospital capable of providing appropriate treatment.



Sierra - Sacramento Valley EMS Regional Hospital Capabilities (505-A)



Hospital Type Abbreviations/Definitions

BASE (Base Hospital): EMS medical direction provided by MICNs and ED physicians.
MOD (Modified Base Hospital): EMS medical direction provided by ED physicians only (no MICNs).
REC (Receiving Hospital): Unable to provide EMS medical direction, but able to receive ambulance patients.

Stroke Center Abbreviations

PSC - Primary Stroke Center **TSC** - Thrombectomy Capable Stroke Center **CSC** - Comprehensive Stroke Center

Hospitals Located Within The S-SV EMS Region

Hospital Name	County	Hospital Type	Helispot/ Helipad	Trauma Center	Stroke Center	STEMI Center	L&D	Other
Enloe Medical Center	Butte	BASE	X	Level II	PSC	X	X	
Orchard Hospital	Butte	REC	X					
Oroville Hospital	Butte	BASE	X		PSC		X	
Colusa Medical Center	Colusa	MOD	X					
Glenn Medical Center	Glenn	REC	X					
Sierra Nevada Memorial Hospital	Nevada	MOD	X		PSC		X	
Tahoe Forest Hospital	Nevada	BASE	X	Level III			X	
Kaiser Roseville Medical Center	Placer	MOD			PSC	X	X	
Sutter Auburn Faith Hospital	Placer	MOD			PSC			
Sutter Roseville Medical Center	Placer	BASE	X	Level II	TSC	X	X	
Mayers Memorial Hospital	Shasta	MOD	X					
Mercy Medical Center Redding	Shasta	BASE	X	Level II	TSC	X	X	
Shasta Regional Medical Center	Shasta	BASE	X		PSC	X		
Fairchild Medical Center	Siskiyou	BASE	X	Level IV	PSC		X	
Mercy Medical Center Mt. Shasta	Siskiyou	BASE	X	Level III	PSC		X	
St. Elizabeth Community Hospital	Tehama	BASE	X	Level III	PSC		X	
Adventist Health +Rideout	Yuba	BASE	X	Level III	PSC	X	X	

S-SV EMS Designated MCI Control Facilities (CFs)

Control Facility (CF)	Coverage Area
Enloe Medical Center	Butte, Colusa & Glenn Counties
Adventist Health +Rideout	Sutter & Yuba Counties
Sutter Roseville Medical Center	Western Slope of Nevada & Placer Counties
Tahoe Forest Hospital (Back-Up: REMSA)	Tahoe Basin & Eastern Slope of Nevada & Placer Counties
Mercy Medical Center Redding	Shasta, Siskiyou & Tehama Counties



Sacramento County Hospitals

Hospital Name	County	Hospital Type	Helispot/ Helipad	Trauma Center	Stroke Center	STEMI Center	L&D	Other
Kaiser Sacramento Medical Center	Sac.	REC			PSC			
Kaiser South Sacramento Medical Center	Sac.	REC	X	Level II	CSC	X	X	
Mercy General Hospital	Sac.	REC			PSC	X	X	VAD
Mercy Hospital of Folsom	Sac.	REC	X		PSC		X	
Mercy San Juan Medical Center	Sac.	REC	X	Level II	CSC	X	X	
Methodist Hospital	Sac.	REC			PSC		X	
Sacramento VA Medical Center	Sac.	REC						
Sutter Sacramento Medical Center	Sac.	REC	X		PSC	X	X	VAD
UC Davis Medical Center	Sac.	BASE	X	Level I & Pediatric	CSC	X	X	VAD & Burn

Nevada Hospitals


Hospital Name	County	Hospital Type	Helispot/ Helipad	Trauma Center	Stroke Center	STEMI Center	L&D	Other
Northern Nevada Medical Center	Washoe	REC	X		PSC	X		
Northern Nevada Sierra Medical Center	Washoe	REC			PSC	X	X	
Renown Regional Medical Center	Washoe	REC	X	Level II	CSC	X	X	
Renown South Meadows Medical Center	Washoe	REC						
St. Mary's Regional Medical Center	Washoe	REC	X		PSC	X		

Oregon Hospitals

Hospital Name	County	Hospital Type	Helispot/ Helipad	Trauma Center	Stroke Center	STEMI Center	L&D	Other
Providence Medical Center	Jackson	REC	X	Level III	X	X	X	
Rogue Regional Medical Center	Jackson	REC	X	Level II	X	X	X	
Sky Lakes Medical Center	Klamath	REC	X	Level III			X	

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Diversion

	Effective: 08/16/2021	Next Review: 08/2024	508
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish circumstances/requirements for hospital diversion of ambulance patients.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.67, 1797.88, 1797.220 & 1798.
- B. CCR, Title 22, Chapter 4, § 100169 and 100170.
- C. CCR, Title 13, § 1105(c).

DEFINITIONS:

- A. **Diversion** – The closure of a hospital’s emergency department (ED) from receiving ambulance patients, including any specialty services.
- B. **Internal Disaster** – An unforeseeable physical or logistical situation/circumstance (fire, flood, facility damage, loss of critical utilities, hazmat, highly infectious patient, active shooter, bomb threat, patient surge resulting from an unprecedented incident, etc.) that curtails routine patient care and renders continued ambulance patient delivery unsafe.

POLICY:

- A. Ambulance patient diversion often causes significant impacts on the EMS system as well as patients/family members, and has a high potential to negatively impact patient care. Diversion must only be considered when conditions exist that negatively and profoundly impact the hospital's ability to provide safe/timely patient care, and after all appropriate diversion avoidance measures have been taken.
- B. Causes for ambulance patient diversion include any of the following:
 - 1. Inoperable Computed Tomography (CT) Scanner Diversion: If the CT scanner is inoperative, patients with neurological signs/symptoms of a possible acute stroke or head injury may be diverted to the next closest hospital providing similar services.

2. Trauma Diversion: Trauma receiving centers may divert patients meeting trauma triage under one of the following circumstances:
 - Critical diagnostic/treatment equipment failure.
 - The trauma services medical director/designee determines their hospital is unable to care for additional trauma patients.
3. STEMI Diversion: STEMI receiving centers may divert suspected STEMI patients under one of the following circumstances:
 - Critical diagnostic/treatment equipment failure or scheduled maintenance.
 - The STEMI services medical director/designee determines their hospital is unable to care for additional STEMI patients.
4. Patient Surge Limited Diversion: An S-SV EMS hospital may divert patients originating from outside the S-SV EMS region, when the hospital determines that continuing to accept these patients will negatively impact their ability to care for S-SV EMS patients (including when the diversion criteria from the LEMSA where the transport originated is met).
 - The following types of patients shall not be diverted by an S-SV EMS hospital on limited diversion, when they are the time closest hospital to the incident location:
 - Cardiac arrest
 - Unmanageable airway
 - Shock, not responsive to field treatment.
 - Third trimester OB patients with imminent delivery.
 - Trauma patients meeting trauma triage criteria (if the hospital is a designated trauma receiving center and is not on trauma diversion).
 - Suspected STEMI patients (if the hospital is a designated STEMI receiving center and is not on STEMI diversion).
 - Suspected acute stroke patients (if the hospital is a designated stroke receiving center and has an operable CT scanner).
 - Prior to initiating a limited diversion, the hospital shall obtain S-SV EMS Duty Officer (DO) approval, and notify any applicable EMS dispatch center(s).
5. Patient Surge Complete Diversion: If a hospital is unable to safely care for additional patients due to a surge event, they may request/initiate complete diversion as follows:
 - Hospital staff/administration must exercise measures to resolve the conditions resulting in the need to initiate diversion, including but not limited to:
 - Increase in ED and/or other hospital staff.
 - Activation of backup patient care/diagnostic areas.
 - Cancellation of elective surgical procedures, expedited patient discharges and patient transfers to other facilities (when appropriate).
 - Diversion authorization must be obtained from all of the following entities:
 - ED supervisor/designee or house supervisor/designee.
 - ED physician director/designee.
 - Trauma and/or STEMI physician director/designee (if applicable).

- Hospital CEO/designee.
- S-SV EMS DO.
- The S-SV EMS DO will do the following prior to authorizing a diversion:
 - Review the information from the requesting hospital to confirm that appropriate diversion avoidance measures have occurred and that diversion is necessary.
 - Contact the ED supervisor of the next closest hospital to assess their current status and what impact the diversion would have on their facility.
- Any of the following will result in denial of a diversion request:
 - The hospital did not submit an 'Ambulance Patient Diversion Form'.
 - The hospital has not taken adequate diversion avoidance measures.
 - The next closest hospital is unable to absorb the anticipated additional impact resulting from approving the diversion request.

6. Internal Disaster:

- Any hospital may initiate diversion during an internal disaster incident.

C. EMResource Utilization:

Any hospital that initiates diversion shall update their status on EMResource as follows:

1. Inoperable CT Scanner:

- Update EMResource status to 'Advisory', indicate the CT scanner is inoperable.
- Update EMResource status to 'Open' when the issue has been resolved.

2. Trauma Diversion:

- Update EMResource status to 'Trauma Diversion'.
- Update EMResource status to 'Open' when the issue has been resolved.

3. STEMI Diversion:

- Update EMResource status to 'STEMI Diversion'.
- Update EMResource status to 'Open' when the issue has been resolved.

4. Patient Surge Limited or Complete Diversion:

- Update EMResource status to 'Diversion', and add appropriate comments.
- Update EMResource status to 'Open' when the issue has been resolved.

5. Internal Disaster:

- Update EMResource status to 'Internal Disaster', and add appropriate comments. The S-SV EMS DO may also update the status of a hospital on internal disaster when requested/necessary.
- Update EMResource status to 'Open' when the issue has been resolved.

D. Documentation

Any hospital that initiates diversion shall complete and submit the 'Ambulance Patient Diversion Reporting Form' (508-A) to S-SV EMS as follows:

1. Inoperable CT Scanner: Complete/submit the form by the end of the next business day (only if CT scanner is inoperable ≥ 24 hours, otherwise no reporting is required).
2. Trauma Diversion: Complete/submit the form by the end of the next business day.
3. STEMI Diversion: Complete/submit the form by the end of the next business day.
4. Patient Surge Limited Diversion: Complete/submit form by the end of the next business day.
5. Patient Surge Complete Diversion: Completed/submit the form prior to initiating patient diversion. An updated form shall be submitted every three (3) hours until the incident is resolved.
6. Internal Disaster: Complete/submit the form as soon as possible.

E. Additional Diversion Procedures:

1. If a hospital is on patient surge complete diversion, and an adjacent hospital requests to initiate a similar type of diversion, both hospitals will be required to submit an updated 'Ambulance Patient Diversion Form' describing their current status/census. If the S-SV EMS DO determines that both hospitals have taken appropriate diversion avoidance measures, and that diversion by both hospitals would unreasonably impact the EMS system, both hospitals will be required to re-open/remain open to all ambulance traffic.
2. Any hospital on patient surge diversion is required to re-open in the event of a confirmed MCI or declared disaster requiring patient distribution to their facility.
3. A hospital will only be allowed to remain on patient surge limited diversion for a maximum of three (3) hours in a 24-hour period.
4. A hospital will only be allowed to remain on patient surge diversion for a maximum of six (6) hours total (re-evaluated by the S-SV EMS DO every 3 hours), at which point they will be required to re-open for a minimum of a subsequent six (6) hours.
5. Hospitals shall come off diversion immediately upon resolution of the issue.
6. The S-SV EMS DO shall retain authority to update the EMResource status of any hospital as needed to reflect their appropriate approved status.

2021 & 2022 S-SV EMS PLAN

TABLE 7

SYSTEM RESOURCES AND

OPERATIONS

DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Butte**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Colusa**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Glenn**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Nevada**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Placer**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Shasta**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes X No

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No X
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes X No
- d. Do you have the ability to do decontamination in the field? Yes X No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes X No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes X No
 - b. Exercise? Yes X No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Siskiyou**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Sutter**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Tehama**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Yuba**

Reporting Year: **2021 & 2022**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? **High schools, middle schools, churches, fairgrounds.**
- b. How are they staffed? **Appropriate EMS, PHD, DHV, volunteer, and/or other med/health system staff depending on specific incident situation and needs.**
- c. Do you have a supply system for supporting them for 72 hours? Yes **X** No

2. CISD

Do you have a CISD provider with 24-hour capability? Yes **X** No

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes No **X**
- b. At what HazMat level are they trained? **N/A**
- c. Do you have the ability to do decontamination in an ER? Yes **X** No
- d. Do you have the ability to do decontamination in the field? Yes **X** No

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 7

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No **X**
7. Are you part of a multi-county EMS system for disaster response? Yes **X** No
8. Are you a separate department or agency? Yes **X** No
9. If not, to whom do you report? **N/A.**
10. 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, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

JOHN POLAND, PARAMEDIC
REGIONAL EXECUTIVE DIRECTOR

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES

MHOAC, S-SV EMS AGENCY & RDMHS CONTACT GUIDELINES

When to contact the Medical Health Operational Area Coordinator (MHOAC)?

- Local medical/health system providers should contact the MHOAC to provide situational awareness during an unusual event, defined as any incident that meets one or more of the following criteria:
 - Significantly impacts public health or safety (or is anticipated to do so).
 - Leads to disruption of the medical/health system (or is anticipated to do so).
 - Produces unusual or significant media attention.
 - Is politically sensitive.
 - Leads to an OA (County), Regional, or State request for information.
- Local medical/health system providers should contact the MHOAC to request medical/health resources needed beyond the capabilities of the provider, and those available through the routine day-to-day mutual aid process, corporate relationships, pre-existing agreements, memoranda, or contracts.

How to contact the MHOAC?

- The MHOAC can be contacted through the local public safety emergency dispatch center by requesting the MHOAC or local Public Health Duty Officer.

When to contact the S-SV EMS Agency?

- EMS system participants and/or MHOACs should contact the S-SV EMS Agency to provide Situational Awareness during an unusual event (as described above).
- EMS system participants and/or MHOACs should contact the S-SV EMS Agency for EMS resource needs beyond the capabilities of the provider, or available through the routine day-to-day mutual aid process.
- EMS system participants and/or MHOACs should contact the S-SV EMS Agency for EMS personnel scope-of-practice, policy, protocol, or procedures questions/issues.

How to contact the S-SV EMS Agency?

- Business hours: **(916) 625-1702 and press “0”**.
 - After-hours: **(916) 625-1710**.
 - Urgent/emergent situations: If unable to reach S-SV EMS Agency staff using either of the above methods, call **(530) 245-6550** (SHASCOM Dispatch), and indicate that you need to contact the S-SV EMS Agency Duty Officer.
-

When to contact the Regional Disaster Medical Health System Specialist (RDMHS)?


- MHOACs should contact the RDMHS to provide Situational Awareness during an unusual event (as described above).
- MHOACs should contact the RDMHS to request medical/health resources needed beyond the capabilities of the OA, and those available through the routine day-to-day mutual aid process, corporate relationships, pre-existing agreements, memoranda, or contracts.

How to contact the RDMHS Program?

- Region III (Butte, Colusa, Glenn, Shasta Siskiyou, Sutter, Tehama, and Yuba counties):
 - Primary: **(916) 625-1709**.
 - Secondary: **(916) 625-1710**.
 - Urgent/emergent situations: If unable to reach RDMHS staff using either of the above methods, call the following numbers in order:
 1. **(530) 913-8396**
 2. **(831) 915-1068**
 3. **(530) 245-6550** (SHASCOM Dispatch): Indicate you need to contact the RDMHS.
 - Region IV (Nevada & Placer counties)
 - Primary: (530) 601-7705
 - Secondary: Use the Region III RDMHS contact guidelines listed above.
-

Additional Contact Notes:

- Email communication should be sent to RDMHS.Region3@ssvems.com, unless directed otherwise by S-SV EMS/RDMHS staff after initial contact.
 - ***Initial contact should always be made by telephone.***
-

Sierra – Sacramento Valley EMS Agency Program Policy		
Automatic Aid/Mutual Aid/Disaster Assistance (Including EMPF, AST & MTF Resource Requests)		
	Effective: 06/01/2022	Next Review: 05/2025
	Approval: Troy M. Falck, MD – Medical Director	
	Approval: Victoria Pinette – Executive Director	
		461
		SIGNATURE ON FILE
		SIGNATURE ON FILE

PURPOSE:

- A. To define the conditions/circumstances under which prehospital personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited for during automatic aid/mutual aid/disaster assistance responses.
- B. To describe the purpose, requesting process and utilization of Paramedic Fireline (EMPF), Ambulance Strike Team (AST) and Medical Task Force (MTF) resources.

AUTHORITY:

- A. HSC, § 1797.170(b), 1797.204 & 1797.220.
- B. CCR, Title 22, Division 9.
- C. California Disaster and Civil Defense Master Mutual Aid Agreement (11/1950).
- D. EMSA ‘Ambulance Strike Team/Medical Task Force Guidelines’ (07/2003).
- E. EMSA ‘Compendium of Statutes and Regulations Related to EMT and Paramedic Scope of Practice During Mutual Aid in California’ (12/2011).
- F. California Fire and Rescue Emergency Mutual Aid System, Mutual Aid Plan (02/2012).
- G. Emergency Management Assistance Compact (EMAC).
- H. Supplemental Interstate Compact For Emergency Mutual Assistance, July 2007.
- I. FIRESCOPE California Incident Command System Position Manual Fireline Emergency Medical Technician/Fireline Paramedic (EMTF/EMPF) ICS 702 (12/2016)

DEFINITIONS:

- A. **Ambulance Strike Team (AST)** – Consists of five ALS or BLS ambulances (two personnel each) and one leader in a separate command vehicle or Disaster Medical Support Unit (DMSU).

- B. **Automatic Aid** – Agreements between two or more jurisdictions where the nearest available resource is dispatched to an emergency irrespective of jurisdictional boundaries, or where two or more agencies are automatically dispatched simultaneously to predetermined types of emergencies. This type of agreement is typically utilized on a routine basis.
- C. **Disaster Assistance** – Requests for assistance in the event that a disaster overwhelms local resources. These requests may be under existing mutual aid agreements or the result of unforeseen needs arising from a large-scale disaster.
- D. **Medical Task Force (MTF)** – Any combination of resources assembled to support a specific medical mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.
- E. **Mutual Aid** – Agreements between two or more jurisdictions to provide assistance across jurisdictional boundaries, when requested, as a result of the circumstances of an emergency exceeding local resources.
- F. **Paramedic Fireline (EMPF)** – A paramedic who meets FIRESCOPE requirements, and is authorized by their department to provide ALS care on the fireline.

PRINCIPLES:

- A. When requested by an authorized automatic aid/mutual aid/disaster assistance response requester, EMS personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited according to CCR, Title 22 and their Local EMS Agency (LEMSA) policies and procedures.
- B. EMPF personnel provide emergency medical care on an active fireline, division or other physically challenging assignment. These resources may also provide care in the medical unit and/or at other locations as directed by the Incident Commander or designee.
- C. AST/MTF resources provide an EMS operational response to disaster situations with a focus on transportation. These resources may also work in concert with California Medical Assistance Team (CAL-MAT) or other disaster medical personnel, and be used for medical and health system support in various settings including first aid sites, shelters, command posts, and Mobile Field Hospitals.

POLICY:

A. Automatic Aid/Mutual Aid/Disaster Assistance Responses Within California

1. BLS (EMR/EMT) Personnel:

- BLS personnel may utilize their basic scope of practice in a volunteer or paid capacity. There is no requirement that BLS personnel be affiliated with a prehospital provider to utilize their basic scope of practice.
- While functioning under the authority/oversight of a LEMSA approved prehospital provider during an automatic aid/mutual aid/disaster assistance response, BLS personnel may utilize the optional/expanded scope of practice for which they are trained, certified and accredited for by their LEMSA.

2. LALS/ALS (AEMT/Paramedic) Personnel:

- LALS/ALS personnel may provide LALS/ALS care anywhere in California provided all of the following conditions are met:
 - They possess a valid California AEMT Certificate or Paramedic License.
 - They are accredited by a California LEMSA.
 - They are affiliated with a California LEMSA approved LALS/ALS provider, and are functioning under the authority/oversight of the LALS/ALS provider with whom they are affiliated.
 - They utilize the scope of practice for which they are trained and accredited for by their LEMSA.

B. Automatic Aid/Mutual Aid/Disaster Assistance Responses Outside California

Prehospital personnel are normally approved to utilize the scope of practice for which they are trained and certified/licensed/accredited according to their respective classification, but must check in with the Medical Unit Leader or other appropriate incident representative for any special restrictions or credentialing requirements.

PROCEDURE:

A. General Automatic Aid/Mutual Aid/Disaster Assistance Response Requirements

1. Prehospital personnel shall follow all S-SV EMS policies/protocols during an automatic aid/mutual aid/disaster assistance response, and shall not administer any medication or perform any procedures listed as 'Base/Modified Base Hospital Physician Order Only' without appropriate medical control approval.
2. Controlled substances shall be obtained, secured and inventoried as indicated in S-SV EMS Management of Controlled Substances Policy (710).

3. Documentation of patient care shall be completed as indicated in S-SV EMS Prehospital Documentation Policy (605).

B. EMPF Programs

1. EMPF programs shall be approved by S-SV EMS.
2. Designation of an individual as an EMPF by an S-SV EMS approved provider verifies that the paramedic has completed standard FIRESCOPE education.
3. The EMPF position is like any other single resource position requested for incident management, and is ordered at the discretion of an Incident Commander through normal ordering channels.
4. EMPF personnel shall carry the items listed in S-SV EMS ALS Specialty Program Provider Inventory Requirements Policy (702) when responding to wildland fires to provide ALS care in this capacity.
5. The EMPF shall present their credentials to the Medical Unit Leader upon arrival at the incident. The Medical Unit Leader is responsible for verifying credentials of all EMPF personnel assigned to the incident, and shall notify S-SV EMS of any EMPF personnel not affiliated with an S-SV EMS approved prehospital provider assigned to an incident in the S-SV EMS region.


C. AST/MTF Resources:

1. AST/MTF resources shall be requested/approved by one of the following entities:
 - Medical Health Operational Area Coordinator (MHOAC).
 - Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S).
 - California State EMS Authority (EMSA).
2. Upon receipt of an official verbal or written AST/MTF resource request, S-SV EMS representatives will identify/coordinate the assignment/deployment of resources. AST/MTF resource assignments will be done in a fair and consistent manner, based on system/incident needs and provider resource availability. ASTs/MTFs may be comprised of resources from multiple different provider agencies at the discretion of S-SV EMS. Any verbal AST/MTF request shall be followed up with an official written resource request from the AST/MTF requesting/approving entity as soon as incident conditions allow.
3. Any S-SV EMS approved ground ambulance transport provider agency may participate in an AST/MTF deployment. By participating in an AST/MTF deployment, provider agencies/personnel agree to the following:

- Resources/personnel should be able to deploy within 1 – 2 hours of a request, and are expected to be self-sufficient for up to 72 hours.
 - Personnel will likely be working in austere environments and performing tasks outside their normal day-to-day duties.
 - Provider agencies shall not commit resources/personnel that will negatively impact their normal EMS coverage responsibilities.
 - Provider agencies agree to accept the current hourly Ambulance Strike Team Reimbursement rates adopted by the California State Association of Counties (CSAC) as recommended by the Emergency Medical Services Administrators Association of California (EMSAAC). Reimbursement shall be “portal to portal” (time of dispatch to return to home base), and no billing for transport or other costs are allowed.
4. Every AST/MTF shall have a leader selected/approved by S-SV EMS. Preference will be given to those individuals who have completed the Ambulance Strike Team Leader training. Provider agencies may choose to assign additional personnel to accompany the leader for training purposes, but the cost of these additional personnel will not be reimbursed by the requesting entity, unless previously agreed to.
5. The following shall apply to AST/MTF deployments within the S-SV EMS region:
- S-SV EMS will assign appropriate representatives (within the affected area whenever possible) to support/oversee the affected EMS system(s) and all deployed AST/MTF resources as long as necessary/appropriate.
 - S-SV EMS representatives will assess, identify and order (in coordination with the AST/MTF requesting/approving entity) additional AST/MTF support resources/personnel (EMS overhead, fleet maintenance, CISM, etc.).
 - As soon as incident conditions allow, the AST/MTF requesting/approving entity shall be responsible for providing ongoing support to the AST/MTF resources (food, lodging, medical supplies, fuel, etc.).
6. For deployments outside the S-SV EMS region, AST/MTF resources will respond to the requested reporting location and follow the direction of requesting entity or other appropriate incident management personnel.

Sierra – Sacramento Valley EMS Agency Program Policy

Multiple Casualty Incidents (MCI)

	Effective: 12/01/2020	Next Review: 09/2023	837
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish procedures for EMS operations during a multiple-casualty incident (MCI). This policy is intended to be utilized in coordination with applicable regional MCI plans, and to support the operational framework established in the California Public Health and Medical Emergency Operations Manual.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.218, 1797.220.
- B. CCR, Title 22, Division 9.
- C. CCR, Title 19, Division 2, Articles 1-8, § 2400 et seq.
- D. California Public Health and Medical Emergency Operations Manual (July, 2011).
- E. California Medical and Health Operational Area Coordinator Manual (January, 2017).

DEFINITIONS:

- A. **Multiple Casualty Incident (MCI)** – An incident which requires more emergency medical resources to adequately deal with victims, than those available during routine responses. This includes an incident that meets any of the following criteria:
 - 1. Five (5) or more IMMEDIATE and/or DELAYED patients, or
 - 2. Ten (10) or more MINOR patients, irrespective of the number of IMMEDIATE and/or DELAYED patients, or
 - 3. At the discretion of prehospital or hospital providers.
- B. **Control Facility (CF)** – An acute care hospital or EMS dispatch center responsible for patient dispersal during an MCI (Refer to S-SV EMS Hospital Capabilities Policy No. 505-A for a list of S-SV EMS designated CFs).

POLICY:

- A. The Nor-Cal EMS/S-SV EMS Regional MCI Plan, in coordination with S-SV EMS policies, shall be used as a standard for training personnel and managing MCIs within the S-SV EMS region. Provider agencies are responsible for ensuring that their personnel have appropriate knowledge/training to adequately manage MCI's.
- B. S-SV EMS treatment and destination policies/protocols shall apply during an MCI. The CF shall consider trauma triage criteria before directing the transport of trauma patients. IMMEDIATE trauma patients shall be transported to designated trauma centers until the trauma centers are unable to accept further trauma patients.

PROCEDURE:

A. MCI Response/Management:

EMS personnel shall utilize the following procedures for any event that meets the criteria of an MCI as defined in this policy:

1. CF Notification:

- CF notification ('pre-alert') shall be made as soon as possible, by the initial responding medical unit or dispatch center, to allow adequate time for hospital patient receiving capabilities polling. Pertinent updates shall be communicated to the CF in a timely manner (including MCI confirmation/cancellation once on scene, and when all patients have been transported and the scene is clear).

2. Establish/Utilize ICS:

- Once on scene, EMS personnel shall check in with the Incident Commander (IC) and establish Medical Command. The Medical Branch is responsible for the following:
 - **R**esources (Additional resources shall be ordered through the IC).
 - **A**ssignments (Refer to 'MCI Medical Organizational Chart' 837-A).
 - **C**ommunications (Establish incident and CF communications).
 - **I**ngress/Egress (Determine/communicate best ingress/egress routes).
 - **N**ame (Confirm/establish incident name).
 - **G**eography (Establish staging, triage, treatment and transport areas)
- Appropriate medical position identification vests shall be utilized on scene.
 - Ground transport providers shall carry a minimum of Medical Group Supervisor and Triage Unit Leader vests on all 911 response units.
 - Additional position vests should be available on supervisor vehicles and/or disaster/MCI support units.

3. Triage:

- The START method shall be utilized.
- A colored ribbon system may be utilized for initial triage.
- Approved triage tags shall be applied to all patients prior to transport.
- Treatment rendered during initial triage shall be limited to airway repositioning and major hemorrhage control.
- CPR shall not be initiated, unless there are sufficient personnel on scene to not result in the detriment of care to other patients.
- Any patient who has a tourniquet or hemostatic dressing applied shall be triaged IMMEDIATE, regardless of the START RPM algorithm criteria.
- Patients placed in spinal motion restriction and/or unaccompanied pediatric patients shall be categorized as DELAYED at a minimum.

4. Treatment:

- Designate treatment areas and assign staff as needed. Treatment areas should be located in safe locations, large enough to handle the number of victims and easily accessible to patient transport vehicles.
- Once initial triage has been completed, patients may be moved to appropriate treatment areas. Continuous re-triage and patient evaluation shall occur in treatment areas until the patient is transported.
- Medical supplies from the first-in ambulance or disaster/MCI support units should be used for on scene treatment.

5. Patient Tracking:

- S-SV EMS approved prehospital patient tracking worksheets (837-B) shall be utilized to track all patients. Copies of the patient tracking worksheets shall be submitted to S-SV EMS as soon as possible.

6. Transportation/CF Communication:

- If a staging area has been established, transport crews shall remain with their vehicle in the staging area until requested or released.
- The Patient Transportation Unit Leader (or Medical Communications Coordinator if established) will contact the CF and provide patient information and total number of transport resources available. Patient information provided to the CF will be limited to age, gender, triage category, triage tag number, primary injury type and any special considerations (pregnancy, burns, etc.).
- The Patient Transportation Unit Leader/Medical Communications Coordinator will work collaboratively with the CF to ensure appropriate patient distribution, based on patient conditions and available transportation resources.
- IMMEDIATE patients should be transported first.

- If necessary, patients may be transported by BLS ambulances and/or non-traditional transport resources (e.g. buses, vans) as determined appropriate by the Patient Transportation Unit Leader/Medical Communications Coordinator in consultation with the CF. EMS personnel shall accompany patients transported by non-traditional transport resources.
- The first-in ambulance should generally be the last ambulance to leave.
- The Patient Transportation Unit Leader/Medical Communications Coordinator will notify the CF of the following:
 - When patients are ready for transport (to obtain destinations).
 - When units depart the scene (with unit # and ETA to receiving hospital).
 - When all patients are transported and the scene is clear.
- The CF will relay pertinent patient information to the receiving facilities.

7. S-SV EMS Notification:

- Prehospital ground transport providers (dispatch, supervisor, manager, etc.) shall notify the S-SV EMS Duty Officer of an MCI as soon as possible, and provide pertinent updates related to the incident and/or other system impacts resulting from the incident.

8. Incident Documentation:

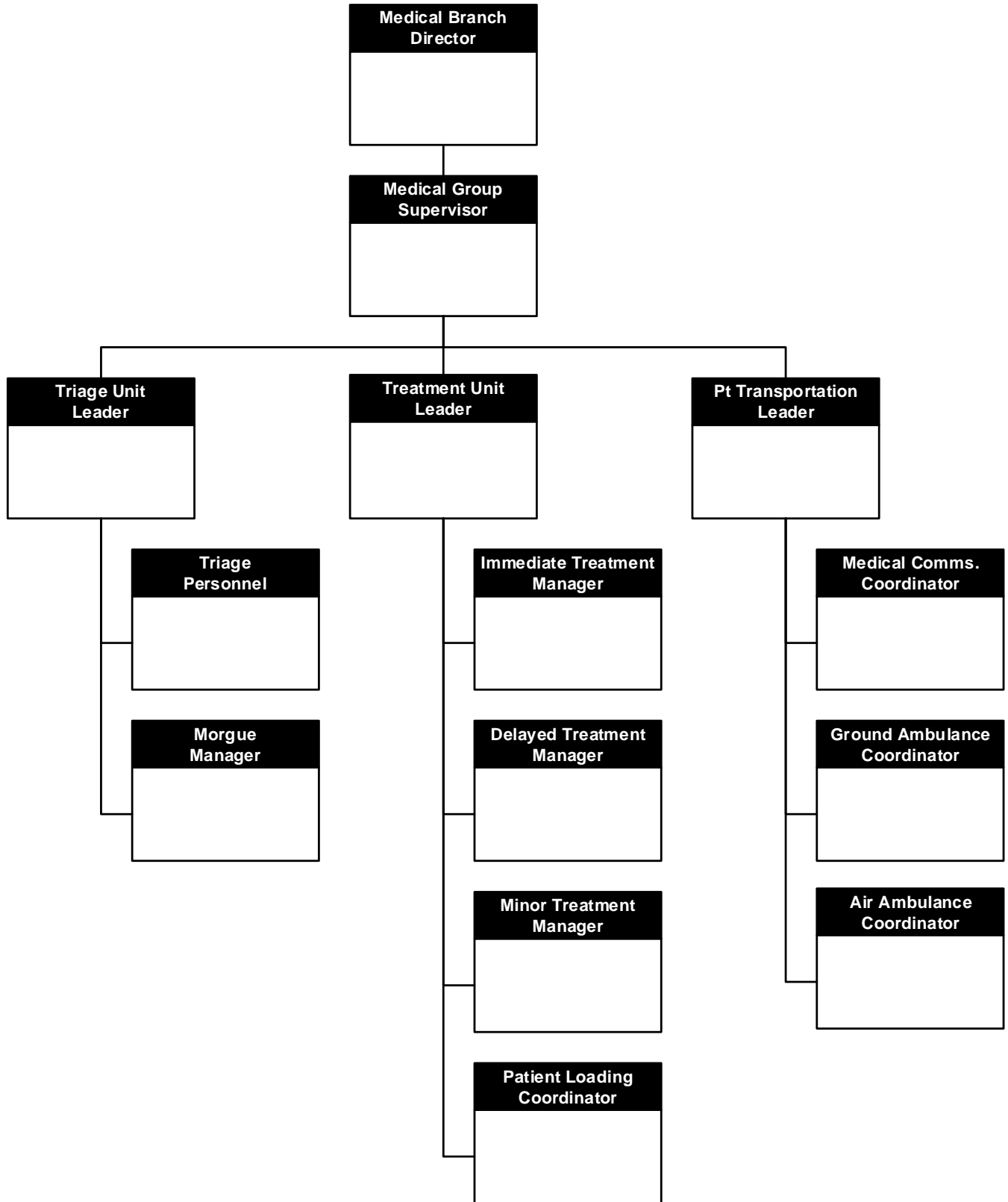
- An electronic patient care report shall be completed for all patients, unless this requirement is waived by S-SV EMS on an incident specific basis.
- EMS personnel shall complete additional ICS paperwork if requested by the IC based on the nature/size of the incident (Medical Branch Worksheet, Ambulance Resource Staging Log, ICS 214 Activity Log, etc.). The Medical Group Supervisor is responsible to ensure all paperwork is complete.

B. MCI Review:

1. EMS provider agencies should conduct a hotwash as soon as possible after the conclusion of the incident.
2. An MCI Details/Feedback Form shall be submitted to S-SV EMS within seven (7) calendar days by the following providers:
 - Prehospital ground and air transport providers.
 - Control Facility (CF) and receiving facilities.
 - Prehospital non-transport/first responder providers (recommended/optional).
3. S-SV EMS will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.



MCI MEDICAL BRANCH ORGANIZATIONAL CHART



**MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES**

- Positions are assigned based on incident size and personnel qualifications.
- The Medical Branch Director is typically only assigned on larger incidents.
- Smaller incidents may only utilize a Medical Group Supervisor and Triage Unit Leader, who are also responsible for Treatment Unit and Patient Transportation Unit duties.

MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

Task	Completed
1. Ensure Control Facility (CF) MCI notification (including pre-alert if applicable)	
2. Check in with the Incident Commander (IC) and establish Medical Command	
3. Establish appropriate roles/functions (Triage, Treatment, Transportation)	
4. Utilize appropriate MCI vests for identification	
5. Order additional transport/medical resources through the IC	
6. Ensure that triage tags are applied to all patients prior to transport	
7. Maintain adequate CF communications to ensure appropriate patient distribution	
8. Utilize the patient tracking worksheet to adequately track all patients	

Notes

Patient Tracking Worksheet (837-B)

Incident Name/Location		Incident Date	Form Completed By				Contact Telephone #		
Triage Status	Triage Tag # (Last 4)	Age	Primary Injury Type	County of Origin Code	Transport Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
	Patient Name (First & Last)	Sex							
I D M	-----	M F U							
I D M	-----	M F U							
I D M	-----	M F U							
I D M	-----	M F U							
I D M	-----	M F U							

County of Origin Codes

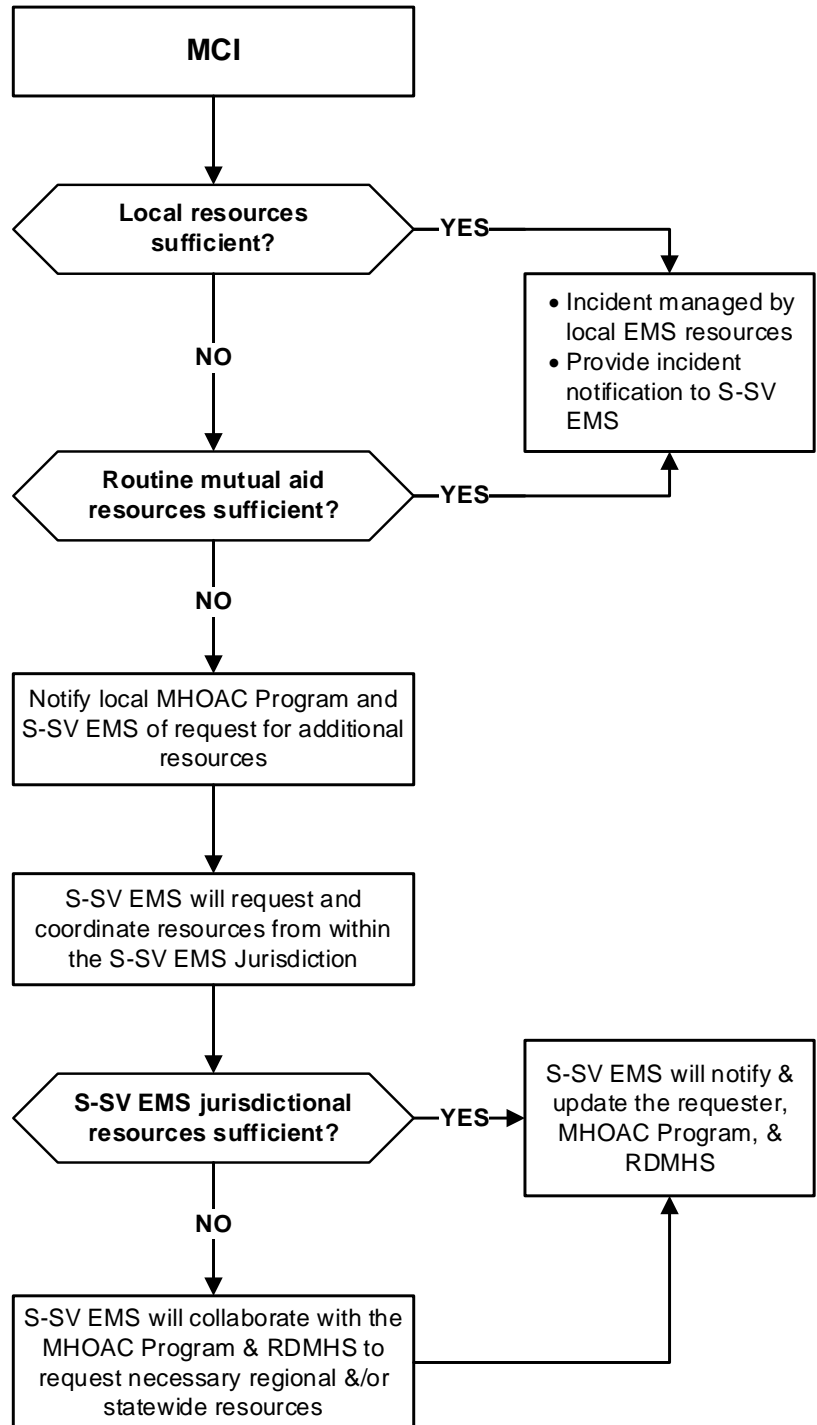
Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU)
 Shasta (XSH) Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

Submit completed worksheets via email (RDMHS.Region3@ssvems.com), or fax (916-625-1720)



MCI SUPPORT RESOURCES

- Ambulance resources needed beyond the capacity of local providers & routine mutual aid agreements are requested through the Medical Health Operational Area Coordinator (MHOAC).
- Non-traditional transport resources (buses, vans, etc.) & other MCI resources (trailers, caches, DMSUs, etc.) are requested & coordinated through the IC &/or local OES/EOC/MHOAC.
- S-SV EMS will collaborate with the local MHOAC &/or the RDMHS as needed regarding the ordering & coordination of prehospital EMS resources, & will assist with submission of required OA Resource Request & SITREP forms as needed.
- Immediate need EMS transport resources may be requested directly from S-SV EMS to reduce response delays in the event that requested resources are available from within the S-SV EMS jurisdiction.
- Routine MCI events (managed with local/S-SV EMS jurisdictional mutual aid resources) do not involve an expectation of reimbursement from the requesting OA by the EMS mutual aid provider.
- Large/extended events (including requests for ambulance strike team resources, patient evacuations, etc.) must be requested/authorized by an appropriate OA entity (OES/EOC/MHOAC). The requesting OA maintains financial responsibility for any EMS resource utilization costs incurred in these situations.





MCI Details/Feedback Form

837-D

REPORTING ENTITY

Reporting Agency:	Reporting Person:
Telephone:	Email Address:

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)

Incident Date:	Incident Name:	
Incident Location:		
Dispatch Time:	On Scene Time:	Incident End Time:
First Responder Agencies Utilized:		
Ground Transport Agencies Utilized:		
Air Transport Agencies Utilized:		
Other Type Of Transport Resources Utilized:		
Incident Commander:	Medical Group Supervisor:	
Triage Unit Leader:	Treatment Unit Leader:	
Pt. Trans. Unit Leader:	Were MCI ID Vests Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Triage Tags Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Pt. Tracking Sheets Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number & Type Of Patients

IMMEDIATE:	DELAYED:	MINOR:	DECEASED:
Total # Of Adult Patients:		Total # Of Pediatric Patients:	
# Of Patients Transported:		# Of Patients Refusing Transport:	

Hospital Information (Note: CF = Control Facility)

CF Name:	Initial CF Contact Time:
Initial CF Notification Received From (Dispatch, Field, etc.):	
Number Of CF Staff Assigned:	CF Pt. Dispersal Officer:
Receiving Facilities Utilized:	




MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

Large empty rectangular area for entering MCI comments, issues, suggestions, or observations.

Sierra – Sacramento Valley EMS Agency Program Policy

Crisis Standard Of Care Procedures

	Effective: 12/01/2019	Next Review: 09/2022	838
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To provide a mechanism for altering the EMS system in response to an unprecedented demand for medical/health services beyond the capacity of current system providers and resources available through local, regional, state, and/or federal mutual aid.

AUTHORITY:

- A. California Health and Safety Code, Article 1, § 101040.
- B. California Health and Safety Code, Division 2.5, § 1797.172.
- C. California Code of Regulations, Title 13, Division 2, Ch. 5, Art. 1, § 1100.3.
- D. California Code of Regulations, Title 22, Division 9.

DEFINITIONS:

- A. **Operational Area (OA)** – An intermediate level of the State of California emergency organization, consisting of a county and all political subdivisions within the geographical boundaries of the county.
- B. **Medical/Health Operational Area Coordinator (MHOAC)** – The public health officer/designee who is responsible for obtaining and coordinating services and allocation of resources within the OA in the event of a disaster or major incident where mutual aid is requested. The MHOAC role is shared between the public health officer/designee and S-SV EMS administrator/designee in some counties, and assumed by the public health officer/designee alone in other counties (838-D).
- C. **OA EOC** – The OA (county) Emergency Operations Center.
- D. **Crisis Standard of Care** – A level of medical care delivered to individuals under conditions of duress (disaster, pandemic, etc.), or when medical/health resources are insufficient for demand.
- E. **Quick Response Vehicle (QRV)** – A non-transport vehicle staffed with at least one AEMT or Paramedic and equipped with appropriate medical equipment/supplies.

- F. **Field Treatment Site (FTS)** – A site activated to manage casualties/medical evacuees when the local area capacity to rapidly treat/place these individuals at an established medical facility is overwhelmed. A FTS is used for the assembly, triage, medical stabilization and subsequent evacuation of casualties to an established medical facility if and when necessary/available. A FTS provides medical care for a period of up to 72 hours, or until patients are no longer arriving at the site. FTS activation, coordination, and support is managed from the Medical/Health Branch of the OA EOC, and supported by the public health department and S-SV EMS.
- G. **Alternate Care Site (ACS)** – A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility, but rather are designated under the authority of the local government. ACSs are established by the public health department with support from the OA EOC and S-SV EMS. Activation of an ACS usually requires a minimum of 72 hours. ACSs may also be activated to provide on-going treatment to injured patients when a FTS is demobilized and hospital capacity is still overwhelmed.

ASSUMPTIONS:

- A. The Medical/Health Branch of the OA EOC or MHOAC has established collaboration with the S-SV EMS medical director and other affected agencies to coordinate EMS system response changes.
- B. Mutual-aid resources are scarce or unavailable.
- C. Appropriate waivers, proclamations, and/or declarations required to implement specific medical/health system changes have been identified and secured.

PROCEDURE:

- A. MHOAC and S-SV EMS Collaboration:
1. During a significant incident, prior to a locally declared emergency, the S-SV EMS medical director should collaborate with the affected county public health officer, Office of Emergency Services (OES), and other appropriate agencies to modify the EMS delivery system in order to meet increased demand.
 2. During a locally declared emergency, the MHOAC or Medical/Health Branch Director of the OA EOC should collaborate with the S-SV EMS medical director, and other appropriate agencies, to modify the EMS delivery system in order to meet increased demand.

B. System Access:

1. The MHOAC and S-SV EMS should collaborate with the OA EOC to establish priorities for 911 medical-aid response based upon available system resources.
2. The MHOAC and S-SV EMS should collaborate to complete the Crisis Standard Of Care EMS System Orders (838-B) and inform all public safety answering points (PSAPs), ambulance dispatch centers, control facilities (CFs), hospitals, and EMS providers of these orders to maintain the stability of the EMS system.
3. The MHOAC and S-SV EMS should collaborate to ensure notification of all medical/health system providers that a public access telephone number (e.g. 211) and/or website for individuals seeking minor medical care, social services and/or other non-emergent needs has been established.
4. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider establishing FTSs for rapid triage, treatment and referral.
5. The MHOAC and S-SV EMS should collaborate to authorize altered triage and response protocols for the 911 system, including consideration of the following:
 - Suspension of emergency medical dispatch (EMD) pre-arrival instructions.
 - Implementation of symptom-specific triage (i.e., specialized EMD specific to a pandemic outbreak).
 - Implementation of the Altered 911/EMD Triage Algorithm (838-A).
6. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider establishing a transport center for medical transport requests from all system access points (public access numbers, PSAPs, EMS providers, FTSs, ACSs, hospitals, other healthcare facilities), including consideration of the following:
 - Augmenting medical transportation with alternative vehicles (buses, taxis, etc.).
 - Developing and implementing a medical transportation scheduling process.
 - Working with designated CFs to direct destinations of transport resources (including ACSs, clinics, etc.).

C. EMS Response:

1. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider:
 - Establishing EMS muster stations to consolidate personnel, equipment, supplies, and emergency response/transport vehicles.
 - Expanding available EMS resources by converting all ambulances to BLS transport units (EMR/EMT staffing) and implementing QRVs with available AEMT or Paramedic personnel.

- QRVs may consist of supervisor vehicles, other company vehicles, shared resources from other emergency response agencies, rental vehicles, private vehicles, etc.
 - QRVs will be equipped with appropriate communications equipment, LALS/ALS equipment and supplies, etc.
 - Implementation of Crisis Standard Of Care Prehospital Treatment Orders (838-C) to establish alternative treatment and transport of patients in the prehospital setting.
 - Developing additional disaster caches to augment EMS supplies (i.e., flu cache of electrolyte replacement fluids, ibuprofen, Pepcid, etc.).
 - Developing, equipping and deploying a specialty response team to respond to specific types of patients.
2. The OA EOC should work collaboratively with the MHOAC and S-SV EMS to develop a family/patient brochure for distribution by EMS personnel to the public, which may include the following:
- Explanation of the current healthcare situation and the crisis standard of care directions currently being implemented.
 - Preventive measures to avoid exposure to the applicable health threat(s).
 - Available community resources (public access telephone number, website, etc.).

D. Just-In-Time Training:

EMS provider agencies, in cooperation with the OA EOC, MHOAC and S-SV EMS, should develop just-in-time training for prehospital personnel to include:

1. Altered 911/EMD Triage Algorithm (838-A).
2. Crisis Standard Of Care EMS System Orders (838-B).
3. Crisis Standard Of Care Prehospital Treatment Orders (838-C).
4. Family/patient brochure.
5. Consideration of other appropriate just-in-time training (grief support, etc.).

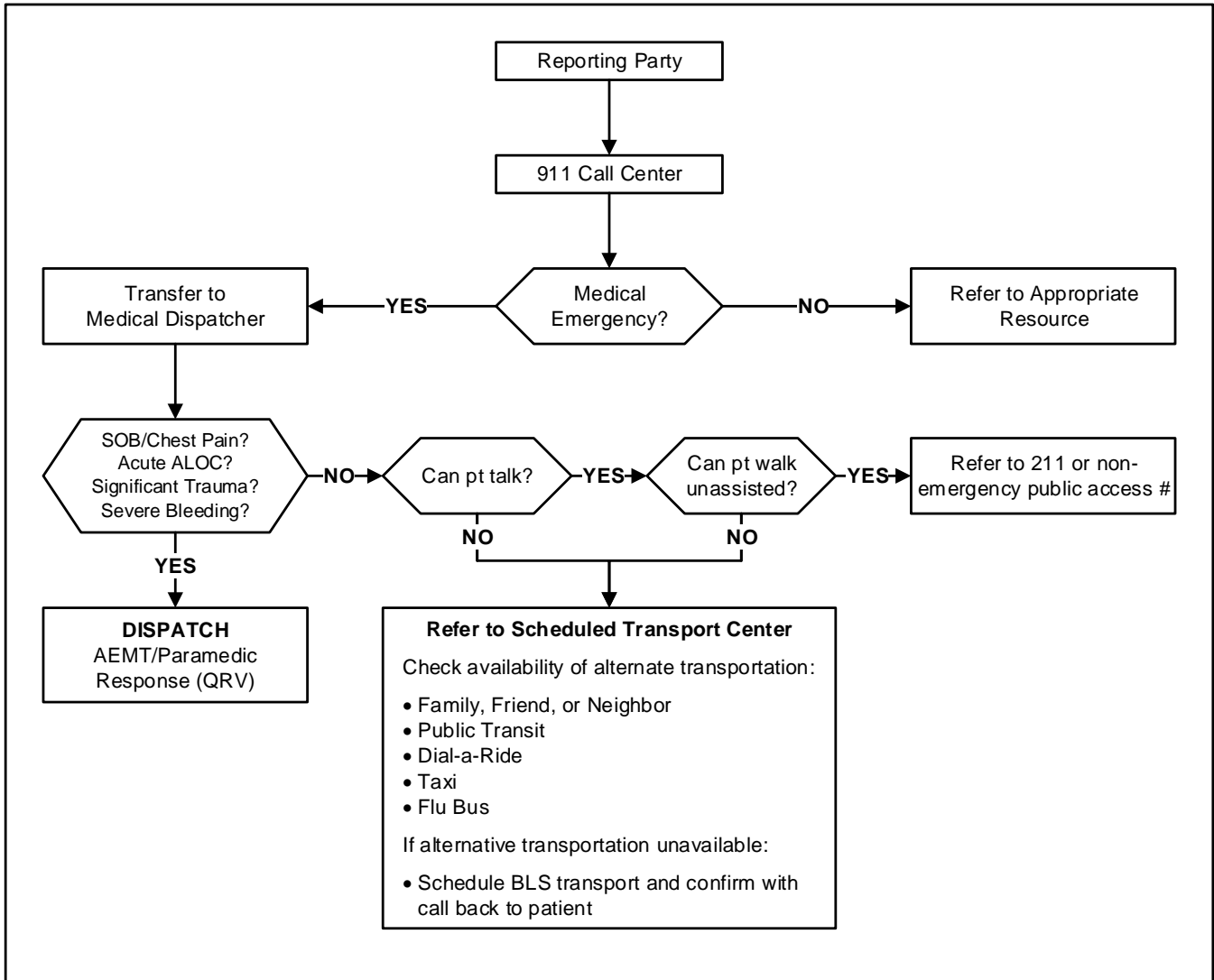
EXAMPLES:

Example of Altered 911/EMD Triage

Access Point	Symptom Specific	Immediate	Delayed	Minor	Deceased
Public Access #	Refer to Symptom Specific ACS	Refer to 911	Refer to Scheduled Transport Center	TBD	TBD
PSAP/ Ambulance Dispatch	Dispatch Specialty Unit/Team	ALS Response	Refer to Scheduled Transport Center	Refer to Public Access #	Refer to Public Access #
Scheduled Transport Center	Dispatch Specialty Unit/Team	ALS Response	Schedule Transport	Refer to Public Access #	Refer to Public Access #
Prehospital EMS	Transport to Symptom Specific ACS	Treat & Transport	Treat & Release or Refer	Refer to Public Access #	Witnessed: Attempt resuscitation Unwitnessed: Refer to Public Access #

Example of Altered EMS System Response

- All ambulances staffed with BLS personnel (EMR/EMT).
- All AEMT and Paramedic personnel assigned to QRVs to respond to patients with immediate medical needs (AEMT/Paramedic personnel may be placed on supervisor vehicles, fire apparatus, or deployed in other non-traditional EMS response vehicles).
- After providing on-scene medical care/intervention, patients are handed off to a BLS transport unit, making the QRV available to respond to the next call in need of ALS intervention.
- Other options may include: Treat & release, referral to public access telephone number, referral to transport center for scheduled transport to hospital or other medical facility, etc.





Crisis Standard Of Care EMS System Orders

838-B

NOTICE

ORDERS MUST BE CONFIRMED VERBALLY WITH AN S-SV EMS REPRESENTATIVE

The following actions shall be implemented immediately to maintain the stability of the EMS delivery system. All PSAPs, ambulance dispatch centers, EMS provider agencies and personnel shall be informed of these orders. If it is not possible to provide a copy of this form electronically, these orders may be relayed verbally to all affected agencies and personnel.

Effective Date/Time:

End Date/Time:

Affected OA(s):

- | | | | | |
|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Butte | <input type="checkbox"/> Colusa | <input type="checkbox"/> Glenn | <input type="checkbox"/> Nevada | <input type="checkbox"/> Placer |
| <input type="checkbox"/> Shasta | <input type="checkbox"/> Siskiyou | <input type="checkbox"/> Sutter | <input type="checkbox"/> Tehama | <input type="checkbox"/> Yuba |

CRISIS STANDARD OF CARE EMS SYSTEM ORDERS

Name:

Title:

Signature:

Date/Time:

Operating as an agent of the S-SV EMS Agency, I hereby authorize the following orders

	Order #	Initial to Execute	DESCRIPTION
DISPATCH	CSO-1		Notify all on-duty dispatch personnel of Crisis Standard of Care EMS System Orders
	CSO-2		Notify all on-duty EMS units/personnel of Crisis Standard of Care EMS System Orders
	CSO-3		Conduct a roll call to determine status and welfare of on-duty units Contact each unit to determine status and ability to respond. This may be used following an incident when ambulance resources may have been compromised.
	CSO-4		Place all available ambulances in service Place all available ambulances in service and make them available for 911 system response. Dispatchers shall assign BLS ambulances to any appropriate event. Once assigned to an event, the BLS ambulance should not be canceled because of ALS availability.
	CSO-5		Dispatch BLS ambulances to Alpha, Bravo and code 2 EMS calls Once assigned, the BLS ambulance should remain on the event even if the call is upgraded. If ALS is required, first responder/QRV personnel should provide this service (if available).
	CSO-6		Automatic ambulance dispatches suspended until verified by FR/QRV personnel Ambulances should only be dispatched to calls when a patient has been identified to be in need of immediate transportation by FR/QRV personnel. <u>Patients not in immediate need will not be transported.</u>
	CSO-7		Ambulance dispatches to Alpha, Bravo and code 2 EMS calls are suspended
	CSO-8		PSAPs may discontinue use of emergency medical dispatching (EMD) procedures Implement Altered Triage Algorithm (Reference No. 838-A)
	CSO-9		Implement Pandemic EMD Triage Card



Crisis Standard Of Care EMS System Orders

838-B

	Order #	Initial to Execute	DESCRIPTION	
CONTROL FACILITY	CSO-10		Use of non-traditional patient transport resources (buses, taxis, etc.) are authorized	
	CSO-11		Notify all hospitals of Crisis Standard of Care System Orders	
	CSO-12		Suspend system communications on _____ radio frequency Notify all hospitals that use of the _____ radio frequency is suspended and allocated for EMS command net communications.	
	CSO-13		Direct all ambulance patient destinations (including alternate care sites, clinics, etc.)	
EMS PROVIDERS	CSO-14		Implement/continue ambulance system surge actions	
	CSO-15		Alert all EMS command staff (managers, supervisors, etc.)	
	CSO-16		Activity Suspension Announce to all on-duty units that the following activities have been suspended: <input type="checkbox"/> Off-duty times <input type="checkbox"/> Meal breaks <input type="checkbox"/> Inter-facility transports.	
	CSO-17		Ambulances shall transport to the closest open emergency department	
	CSO-18		Ambulances shall contact the control facility for all patient destinations	
	CSO-19		Replace ePCRs with interim patient care reports or triage tags Discontinue use of ePCRs, and replace with written interim patient care reports or triage tags for patient care documentation purposes.	
	CSO-20		Move all ambulances to muster stations All available ambulances shall be staged at the following muster locations: <div style="text-align: center; margin: 10px 0;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>RESOURCE</u></td> <td style="width: 50%;"><u>LOCATION</u></td> </tr> </table> </div> #1 _____ #2 _____	<u>RESOURCE</u>
<u>RESOURCE</u>	<u>LOCATION</u>			
Notes:				
Discontinue the following orders:				
Total number of actions to execute:		Total number of actions to discontinue:		



Crisis Standard Of Care Prehospital Treatment Orders

838-C

NOTICE

ORDERS MUST BE CONFIRMED VERBALLY WITH AN S-SV EMS REPRESENTATIVE

The following actions shall be implemented immediately to maintain the stability of the EMS delivery system. All PSAPs, ambulance dispatch centers, EMS provider agencies and personnel shall be informed of these orders. If it is not possible to provide a copy of this form electronically, these orders may be relayed verbally to all affected agencies and personnel.

Effective Date/Time:

End Date/Time:

Affected OA(s):

Butte

Colusa

Glenn

Nevada

Placer

Shasta

Siskiyou

Sutter

Tehama

Yuba

CRISIS STANDARD OF CARE PREHOSPITAL TREATMENT ORDERS

Name:

Title:

Signature:

Date/Time:

Operating as an agent of the S-SV EMS Agency, I hereby authorize the following orders:

Initial to Execute

General Prehospital EMS Directions

Implement changes to accommodate BLS transport

Adult Treatment Protocols

Initial to Execute

Treatment Protocol

Altered Treatment

Altered Disposition

C-1 Pulseless Arrest

No treatment

Refer to Public Access #

C-2 Return of Spontaneous Circulation

No change

Schedule BLS transport

C-3 Bradycardia With Pulses

No change

Schedule BLS transport

C-4 Tachycardia With Pulses

No change

Schedule BLS transport

C-5 Ventricular Assist Device

No change

Schedule BLS transport

C-6 Chest Pain/Cardiac Symptoms

No change

Schedule BLS transport

R-1 Airway Obstruction

No change

Schedule BLS transport

R-2 Respiratory Arrest

Attempt to open & establish airway if appropriate

Refer to public access # for deceased - schedule BLS transport for all others

R-3 Acute Respiratory Distress

No change

Schedule BLS transport

M-1 Allergic Reaction/Anaphylaxis

No change

Schedule BLS transport



Adult Treatment Protocols (continued)			
Initial to Execute	Treatment Protocol	Altered Treatment	Altered Disposition
	M-2 Shock	Oral rehydration	Schedule BLS transport
	M-3 Phenothiazine/Dystonic Reaction	No change	Schedule BLS transport
	M-5 Ingestions & Overdoses	No change	Schedule BLS transport
	M-6 General Medical Treatment	No change	Schedule BLS transport
	M-7 Nausea/Vomiting	Treat for shock if indicated - trial of PO fluids & OTC antiemetic	Schedule BLS transport
	M-8 Pain Management	No change	Schedule BLS transport
	M-9 CO Exposure	No change	Schedule BLS transport
	N-1 Altered Level of Consciousness	No change	Competent adults with normal V/S, blood glucose & mental status 10 min after ALS intervention may be released-at-scene if their condition cause & solution have been identified
	N-2 Seizure	No change	Competent adults with normal V/S, blood glucose & mental status 10 min after ALS intervention may be released-at-scene if their condition cause & solution have been identified
	N-3 Suspected Stroke	No change	Schedule BLS transport
	OB/G-1 Childbirth	No change	Schedule BLS transport
	E-1 Hyperthermia	No change	Schedule BLS transport
	E-2 Hypothermia & Avalanche Resus.	No change	Schedule BLS transport
	E-3 Frostbite	No change	Schedule BLS transport
	E-4 Bites/Envenomations	No change	Schedule BLS transport
	E-7 Hazardous Materials Exposure	No change	Schedule BLS transport
	E-8 Nerve Agent Treatment	No change	Schedule BLS transport



Adult Treatment Protocols (continued)			
Initial to Execute	Treatment Protocol	Altered Treatment	Altered Disposition
	T-1 General Trauma Management	If shock develops & does not respond to IV bolus of 2000 ml, provide palliative care only - provide immobilization, ice packs and pain control (EMS or OTC pain meds as appropriate) - clean wounds with soap and water, remove foreign bodies/debris, irrigate with NS or clean water as available & apply dressings - signs of infection require a higher level of care	Schedule BLS transport
	T-2 Tension Pneumothorax	No change	Schedule BLS transport
	T-8 Hemorrhage	No change	Schedule BLS transport
	T-10 Burns	No change	Schedule BLS transport
Pediatric Treatment Protocols			
	P-1 General Pediatric Protocol	No change	Schedule BLS transport
	P-2 Neonatal Resuscitation	No change	Schedule BLS transport
	P-3 Brief Resolved Unexplained Event	No change	Schedule BLS transport
	P-4 Pulseless Arrest	No treatment	Refer to public access #
	P-6 Bradycardia – With Pulses	No change	Schedule BLS transport
	P-8 Tachycardia – With Pulses	No change	Schedule BLS transport
	P-10 Foreign Body Airway Obstruction	No change	Schedule BLS transport
	P-12 Respiratory Failure/Arrest	Attempt to open & establish airway if appropriate	Refer to public access # for deceased - schedule BLS transport for all others
	P-14 Respiratory Distress – Wheezing	No change	Schedule BLS transport
	P-16 Respiratory Distress – Stridor	No change	Schedule BLS transport
	P-18 Allergic Reaction/Anaphylaxis	No change	Schedule BLS transport
	P-20 Shock	Oral rehydration (water, electrolyte replacement fluids, etc.)	Schedule BLS transport
	P-22 Overdose/Poisoning	No change	Schedule BLS transport



Pediatric Treatment Protocols (continued)			
Initial to Execute	Treatment Protocol	Altered Treatment	Altered Disposition
	P-24 Altered Level of Consciousness	No change	Schedule BLS transport
	P-26 Seizure	No change	Schedule BLS transport
	P-34 Pain Management	No Change	Schedule BLS transport
Additions/Notes:			



Medical & Health Disaster Responsibilities By Primary Entity

838-D

PHD = Public Health Department (Primary)					SSV = Sierra-Sacramento EMS Agency (Primary)							
PREPAREDNESS	Butte	Colusa	Glenn	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba	COMMENT	
1. OA medical/health disaster plan development	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*SSV responsible for MCI Plan	
2. Ensure 24-hour MHOAC contact for RDMHC/S	PHD	PHD	PHD	PHD	SHARED PHD/SSV	SHARED PHD/SSV	SHARED PHD/SSV	SHARED PHD/SSV	PHD	SHARED PHD/SSV	Contact MHOAC thru PHD or PSAP	
RESPONSE	Butte	Colusa	Glenn	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba	COMMENT	
1. Assessment of immediate medical needs	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*Prehospital EMS **Other medical/health providers
2. Coordination of disaster medical/health resources	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*SSV coordinates prehospital EMS
• Approve medical/health mutual-aid requests	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*Prehospital EMS **Other medical/health providers
• Assist in coordination of medical/health disaster resources in OA	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*In coordination with EOC when activated (SSV to liaison with prehospital EMS)
• Authorize release of medical/health caches to be used by field	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	According to local plans/procedures
• Authorize release of medical/health caches to be used by hospital	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	According to local plans/procedures
• Coordinate reception of medical mutual aid	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*In coordination with EOC when activated (SSV to liaison with prehospital EMS)

This matrix outlines medical & health disaster planning/response responsibilities within the Operational Area (County). Please refer to individual County Emergency Operations plans to identify lead agencies for specific types of incidents.



Medical & Health Disaster Responsibilities By Primary Entity

838-D

RESPONSE (cont.)	Butte	Colusa	Glenn	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba	COMMENT
3. Coordination of patient distribution/evaluations	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*Prehospital EMS **All other
4. Coordination with inpatient and emergency providers	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*Prehospital EMS **All other
5. Coordination of out of hospital medical care providers (facilities)	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
6. Coordination/integration with FD and FD EMS	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	
• Plan automatic & mutual aid	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	Local Provider	
• Authorize EMS system austere care/alternate treatment standards	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers
• Authorize modified EMD &/or deviation from unit dispatch standards	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers
• Authorize non-standard patient transport (buses, private vehicles etc.)	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers
7. Coordination of non-fire based prehospital EMS	SSV	SSV	SSV	SSV	SSV	SSV	SSV	SSV	SSV	SSV	
• Plan automatic & mutual aid	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*Local Provider	*In coordination with SSV
• Authorize EMS system austere care/alternate treatment standards	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers
• Authorize modified EMD &/or deviation from unit dispatch standards	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers

This matrix outlines medical & health disaster planning/response responsibilities within the Operational Area (County). Please refer to individual County Emergency Operations plans to identify lead agencies for specific types of incidents.



Medical & Health Disaster Responsibilities By Primary Entity

838-D

RESPONSE (cont.)	Butte	Colusa	Glenn	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba	COMMENT
<ul style="list-style-type: none"> Authorize non-standard patient transport (buses, private vehicles etc.) 	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers
8. Coordinate establishment of field treatment sites	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*SSV coordinates prehospital EMS
9. Coordinate establishment of alternate care sites	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
10. Health surveillance and epidemiological analysis of community health status	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
11. Assurance of food safety	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
12. Management of exposure to hazardous agents	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
13. Provision or coordination of mental health services	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
14. Provision of medical/health public information protective action recommendations	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
15. Provision or coordination of vector control services	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
16. Assurance of drinking water safety	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
17. Assurance of the safe management of liquid, solid, and hazardous wastes	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
18. Investigation and control of communicable diseases	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	

This matrix outlines medical & health disaster planning/response responsibilities within the Operational Area (County). Please refer to individual County Emergency Operations plans to identify lead agencies for specific types of incidents.

NOR-CAL EMS/S-SV EMS

Regional MCI Plan – Manual 1

Field Operations



REVISED 11-2020



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SECTION 1: Introduction

Pursuant to California Health & Safety Code (Division 2.5, § 1797.220): The local emergency medical services agency (LEMSA), using state minimum standards, shall establish policies and procedures approved by the LEMSA medical director to assure medical control of the EMS system. This manual of the Nor-Cal EMS/S-SV EMS Regional Multiple Casualty Incident (MCI) Plan has been approved by the Nor-Cal and S-SV LEMSA medical directors and is applicable to the following counties:

- **Nor-Cal EMS Agency Jurisdictional Counties**
 - Lassen, Modoc, Plumas, Sierra and Trinity.
- **S-SV EMS Agency Jurisdictional Counties**
 - Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama and Yuba.

The Nor-Cal EMS/S-SV EMS Regional MCI Plan is intended to establish a minimum standard for managing these types of incidents, and does not prevent local agencies from developing additional policies, protocols or procedures that do not conflict with the regional MCI plan. This manual describes/addresses the field response, organization, personnel, equipment, resources, and procedures for MCIs within the Nor-Cal and S-SV LEMSA jurisdictional regions.

The State of California approved Incident Command System (ICS) is used to provide the basic organizational structure for this manual. The ICS was developed through a cooperative inter-agency (local, State and Federal) effort. The basic organizational structure of the ICS has been developed over time, and is designed to coordinate the efforts of all involved agencies at the scene of a large/complex emergency situation, as well as routine day-to-day situations. The ICS organizational structure is designed to be developed/expanded/contracted in a modular fashion, based on the size/scope of the incident and changing incident conditions. This manual contains standardized position titles, procedures, checklists, and forms in an effort to more efficiently and effectively utilize regional resources during an MCI.

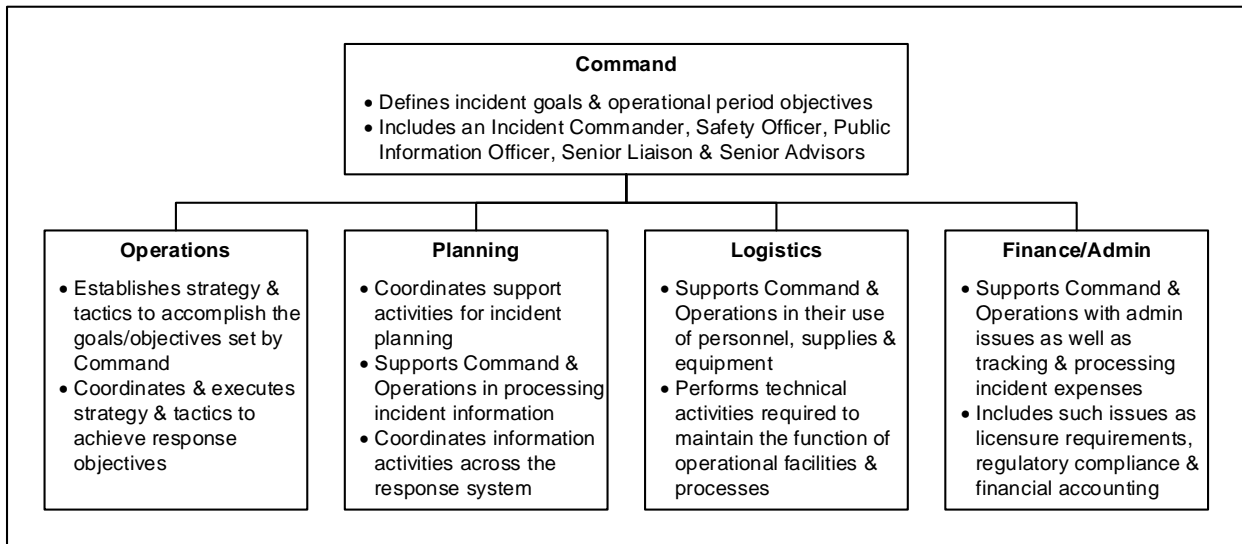
This manual focuses on the field operations level, and positions within the Standardized Emergency Management System (SEMS). In addition, this manual complies with the National Incident Management System (NIMS).



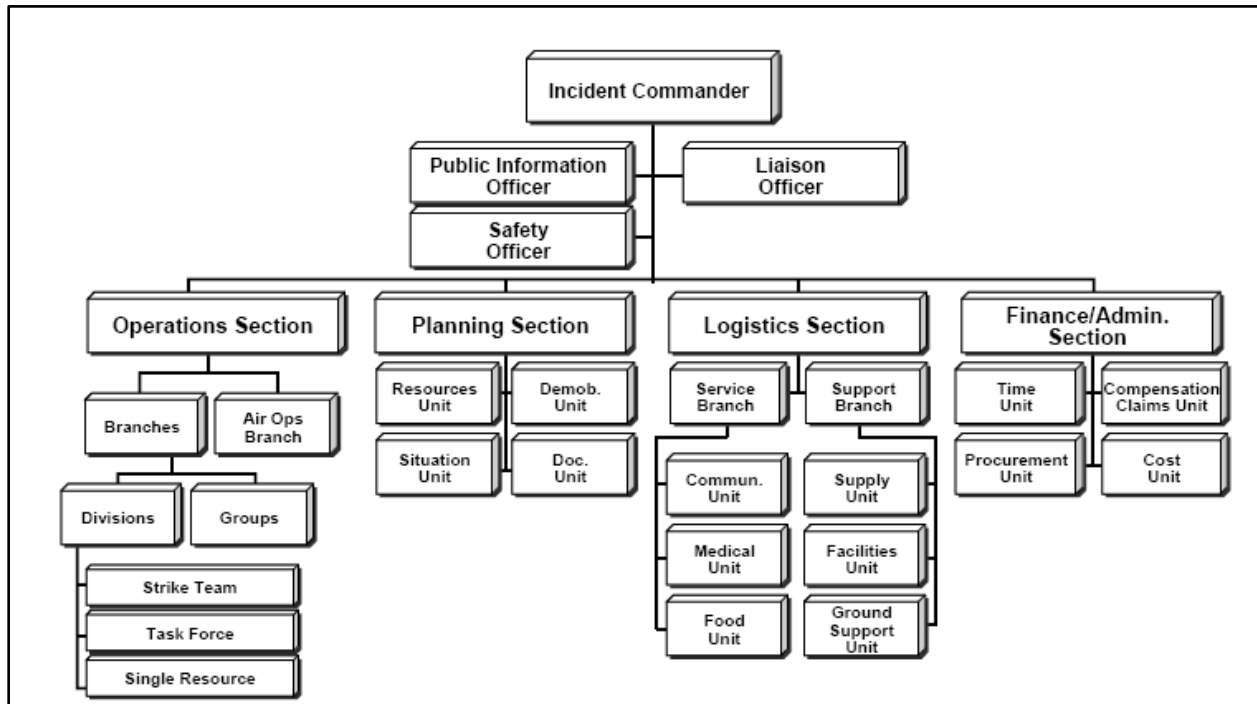
SECTION 2: Incident Command

The ICS organization develops around five (5) major functions that are required on any incident, large or small. For some incidents, and in some instances, only a few of the organization's functional elements may be required. However, if there is a need to expand the organization, additional positions exist within the ICS framework to meet virtually any need. There is complete unity of command as each position/person within the system has a designated supervisor, and direction/supervision follow established organizational lines at all times.

ICS Functions



Basic ICS Organizational Chart





Within the ICS, the Incident Commander (IC) is the individual who holds overall responsibility for incident response/management, and shall be the individual on scene representing the public service agency having primary investigatory authority. Some examples are as follows:

- **California Highway Patrol (CHP)**
 - All freeways; all roadways in unincorporated areas to include right-of-way.
- **Sheriff's Office**
 - Off-highway unincorporated areas (parks, private property, etc.).
- **Local Fire/Police**
 - Specific areas of authority within their jurisdiction except freeways.
- **Airport Fire/Police**
 - Airports.
- **U.S. Military**
 - National Defense Area; a military reservation or an area with "military reservation status" that is temporarily under military control (e.g., military aircraft crash site).

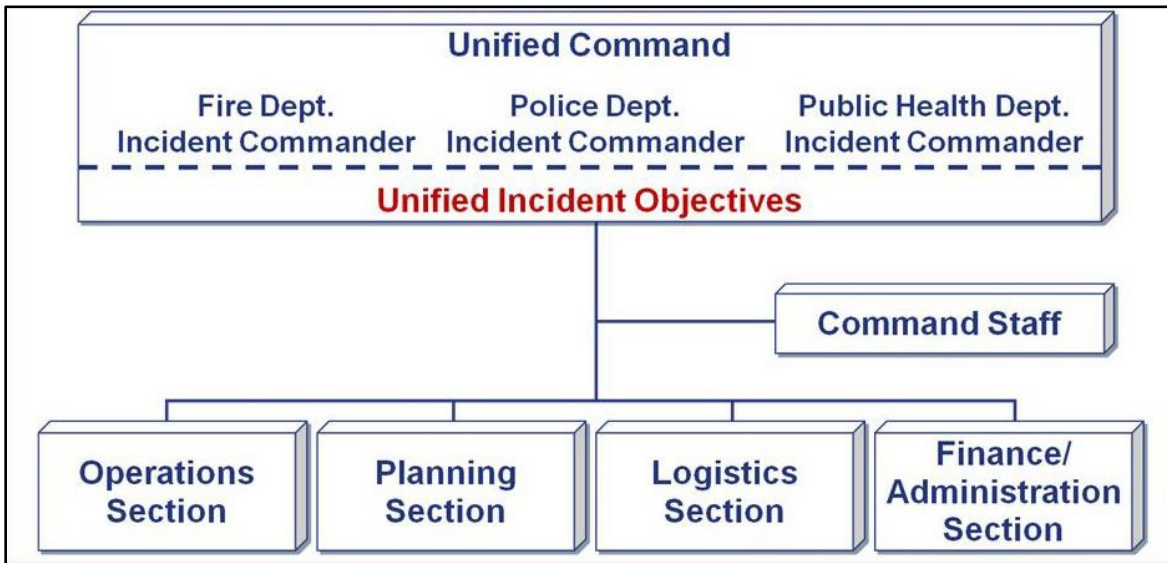
The IC has responsibility for coordination of all public and private agencies engaged at the incident site, and controls all responding agencies. The IC is responsible for establishing the Command Post (CP), notifying applicable dispatch centers, requesting resources, and providing the initial field assessment to enable appropriate decisions regarding the level of response necessary. In jurisdictions where an appropriate authority has assigned the function of IC to an entity other than law enforcement (i.e. fire service), that entity shall perform the incident command functions.

The choice of command type will usually be made based upon the number of jurisdictions involved, complexity, and size of the incident.

- **Single Command**
 - This is a system wherein a single individual, determined by the impacted jurisdiction, is given the lead role as IC. This individual would initially be the most qualified official of the jurisdictional agency at the scene. As the incident progresses in size/scope, the IC may be turned over to a higher ranking or more qualified individual.
 - Some incidents may require advisory (liaison) staff to assist the IC. This will generally be comprised of officials of the major agencies involved with the incident such as fire, law enforcement, EMS, public works, etc.
- **Unified Command**
 - This is a system where a group of officials from the major agencies involved with the incident share the lead incident command responsibilities. These officials may include fire, law enforcement, EMS, public works, etc.



Sample Unified Command Organizational Chart



The IC is responsible for the following general functions:

- **Command**
 - Overall management of the incident and setting of objectives.
- **Operations**
 - The direct control of tactical operations and the implementation of objectives.
- **Planning**
 - The development of a procedure to deal with operational problems.
- **Logistics**
 - The acquisition and distribution of resources.
- **Finance**
 - Recording, for reimbursement purposes, who and what was involved in the incident.

Depending on the size and duration of the incident, the IC may directly supervise operations, or delegate this responsibility to an Operations Section Chief. EMS MCI field operations fall within the responsibility of the Operations Section. The IC will determine when EMS personnel are no longer required and may be released from the incident. The IC will also approve any information releases to the media. EMS personnel shall not release incident information to the media without approval.



SECTION 3: Communications

Incident communications are managed through the use of a common communications plan and incident-based communications center established for the use of tactical and support resources assigned to the incident. All communications between incident organizational elements should be in plain English or clear text. No codes should be used, and communications should be confined to essential messages. The Communications Unit is responsible for incident communications planning (including incident-established radio networks, on-site telephone, public address, off-site telephone/microwave/radio systems, etc.).

Radio networks for large incidents should be pre-designated, when possible, through a cooperative effort of all involved local agencies, and will normally be organized as follows:

- **Command Net**
 - This net should link together the IC, key staff members, Section Chiefs, Division and Group Supervisors.
- **Tactical Nets**
 - There may be several tactical nets. They may be established around agencies, departments, geographical areas, or even specific functions.
 - The determination of how tactical nets are set up should be a joint Planning/Operations function, and should be pre-designated whenever possible. The Communications Unit Leader will develop the plan in the event a pre-designated system is not in place.
- **Support Nets**
 - A support net will be established primarily to handle status-changing for resources as well as for support requests and certain other non-tactical or command functions.
 - The scene-to-Control Facility (CF) frequencies (Med-Net) fall under the categories of Support Net and, again, should be pre-designated.
- **Ground to Air**
 - A ground to air tactical frequency may be designated, or regular tactical nets may be used to coordinate ground to air traffic.
- **Air to Air**
 - Air to air nets will normally be pre-designated and assigned for use at the incident.



SECTION 4: Equipment & Supplies

It is imperative that all equipment/supplies necessary for initial scene organization and patient triage are available to the first-in emergency response units. An MCI Kit (Appendix B), including a minimum of two position vests (Triage Unit Leader & Medical Group Supervisor), should be carried on all initial response units. Additional vests, position checklists, and the Medical Group implementation supplies should be carried in a Supervisor/Battalion Chief vehicle.

SECTION 5: Activation/Notification

Activation of the MCI system consists of the mobilization of resources, notification of the CF, and initiation of the ICS. Mobilization of resources and CF notification should be initiated as soon as possible. It is not necessary to wait until emergency personnel have arrived on scene. As soon as it is determined that a call may be an MCI, additional resources should be dispatched and CF notification should occur.

Resource Mobilization

Three main resource categories that should be considered are known by the acronym 'EMT':

- **E: Equipment & Supplies**
 - Medical Group implementation supplies.
 - Medical supply caches/disaster trailers/Disaster Medical Support Units (DMSUs).
 - Rescue/specialized equipment.
- **M: Manpower**
 - ALS personnel, BLS personnel, litter bearers, etc.
- **T: Transportation**
 - Single resource ground & air ambulances.
 - Buses/alternate transport vehicles – should be established prior to an incident, as part of an Operational Area (OA) plan.
 - Ambulance strike teams (ALS or BLS).

Control Facility (CF) Notification

- CF notification should occur as soon as there is information that an MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF should be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims, and a description of the incident should be provided to the CF. The CF can be contacted by a dispatch center or prehospital responders.



- Immediately upon arrival (or upon confirmation by on-scene personnel):
 - Confirm or cancel the MCI alert with the CF.
 - Identify/update/confirm the MCI location (if necessary).
- Following scene size-up, update the CF of the following information:
 - MCI Type
 - **Trauma MCI**
 - Incidents involving traumatic injuries (motor vehicles accidents, explosions, active shooter/mass violence incidents, etc.).
 - Advise the CF as soon as possible of any active shooter/mass violence incidents to assist in establishing internal hospital security notifications. Avoid using terms such as active shooter/bombing/etc. over the radio. If possible, utilize a mobile/landline telephone to communicate the details of these types of incidents with the CF.
 - **HazMat MCI**
 - Incidents involving hazardous materials exposure requiring decontamination.
 - **Medical MCI**
 - Mass overdose or other incidents that do not involve traumatic injuries or hazardous materials exposures.
 - Approximate number of victims.
 - Name of incident.
 - Estimated time when triage will be completed.
- Following triage, update the CF of the following information:
 - Total number of patients by triage category & major injury (i.e., "A total of 10 patients: 2 IMMEDIATE Heads, 4 DELAYED, and 4 MINORS").
 - Number & description of available patient transport resources (i.e., "2 ALS ground ambulances, 1 BLS ground ambulance, and 1 ALS air ambulance are available for patient transportation").



SECTION 6: Incident Operations

Scene Initiation of ICS

Once on scene, EMS personnel shall check in with the IC and establish medical command (or temporarily assume IC and establish the ICS if necessary). The Medical Branch is initially responsible for 'R-A-C-I-N-G.':

- **R: Resources**
 - Ensure adequate resources have been ordered (Equipment, **M**anpower, Transportation), and clarify with the IC the ordering process (i.e. can the Medical Group Supervisor order additional medical resources?). Update ambulance dispatch and the CF as soon as possible upon arrival.
- **A: Assignments**
 - Assign personnel, including a Triage Unit Leader to begin triage.
- **C: Communications**
 - Determine a medical tactical channel, command net, air ops (if any), etc. in coordination with the IC.
 - Ensure early notification of the Control Facility (CF).
- **I: Ingress/Egress**
 - Determine a staging location and best routes in and out of the incident in coordination with the IC, notify dispatch and responding units of this information.
- **N: Name**
 - Clarify incident name with the IC, notify dispatch and the CF of this information.
- **G: Geography**
 - Establish triage, treatment, transport areas.

Note: The first in ambulance should generally be the last ambulance to leave the scene. Medical supplies from the first in ambulance should be used by the triage/treatment units.

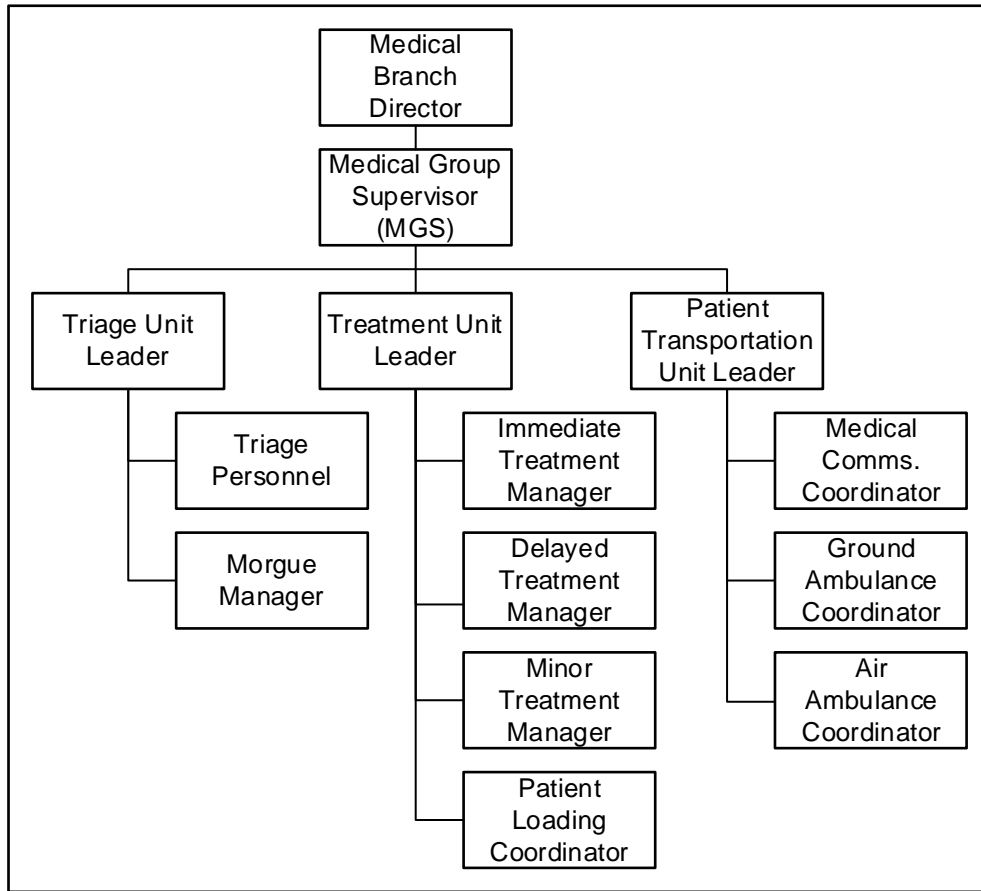
MCI Medical Branch

When MCI Medical Branch positions are assigned, it is imperative that the individual being assigned has an adequate understanding of their responsibilities and be given the following:

- The applicable identification vest for the position.
- The applicable position responsibilities reference (Appendix C).
- The mode of communications to be utilized.



MCI Medical Branch Organizational Chart



MCI Medical Branch Supervisor/Leader Positions

- **Medical Group Supervisor (MGS)**
 - This position is in charge of EMS field operations. While formal identification is not necessary on routine calls, on MCIs an identification vest will be used.
 - The MGS will report to the IC (or designee). If an IC has not been established early in an MCI, the MGS will coordinate operations with fire and law enforcement until an IC is assigned.
 - Overall command of EMS field operations in a Full Branch Response (if necessary) would be delegated to the Medical Branch Director.
 - **MGS Selection:**
 - The MGS shall be the first qualified person for the position on the scene and, in accordance with local policy, may be a law enforcement, fire department, or private EMS provider personnel.
 - The initial MGS may be relieved or assisted by personnel better qualified for the position as they arrive.



- **MGS Function:**
 - The MGS, or Medical Branch Director if assigned, will be responsible for MCI triage, treatment, and transportation, and should not be directly involved in patient care unless they are the only rescuer on scene for extended periods of time.
 - The EMS field organization builds from the top down, with responsibility placed initially with the MGS. The specific organizational structure established for any given incident will be based upon the management needs of the incident. If one person can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas require independent management, additional personnel may be assigned responsibility for that area.
 - In a small MCI, or in the early stages of a large MCI, the MGS may also need to serve as the Triage, Treatment, and Transportation Unit Leader/Group Supervisor, and coordinate communications with the CF for patient dispersal.
 - The Medical Branch Position Responsibilities Reference (Appendix C) and Medical Branch Worksheet (Appendix D) should be used any time it is appropriate, including when more than two (2) Medical Branch components have been delegated to other personnel.
- **MGS Personnel Appointments:**
 - The MGS will appoint personnel depending upon the needs of the incident. Personnel can be placed in charge of several areas if this is the best utilization of available resources. Additional personnel may include:
 - Triage Unit Leader.
 - Treatment Unit Leader.
 - Patient Transportation Unit Leader.
 - Medical Communications Coordinator.
 - Medical Supply Coordinator.
- **Triage Unit Leader**
 - The Triage Unit Leader will coordinate the triage of all patients. After all patients have been triaged and tagged, this individual will supervise the movement of patients to a treatment area. This person will remain at the triage area and will report to the MGS. The Triage Unit Leader may assign the following additional personnel as needed:
 - Triage Personnel.
 - Morgue Manager.



- **Treatment Unit Leader**
 - The Treatment Unit Leader is responsible for on scene medical care of victims in the treatment area. This person will be located at the treatment area and may assign the following additional personnel as needed:
 - Immediate, Delayed and Minor Treatment Managers.
 - Patient Loading Coordinator.
- **Patient Transportation Unit Leader**
 - This position may be filled concurrently by the MGS in the event there are not enough qualified personnel available at the scene. The Patient Transportation Unit Leader may assign the following additional personnel as needed:
 - Medical Communications Coordinator.
 - Ground and/or Air Ambulance Coordinator.

Designated Areas

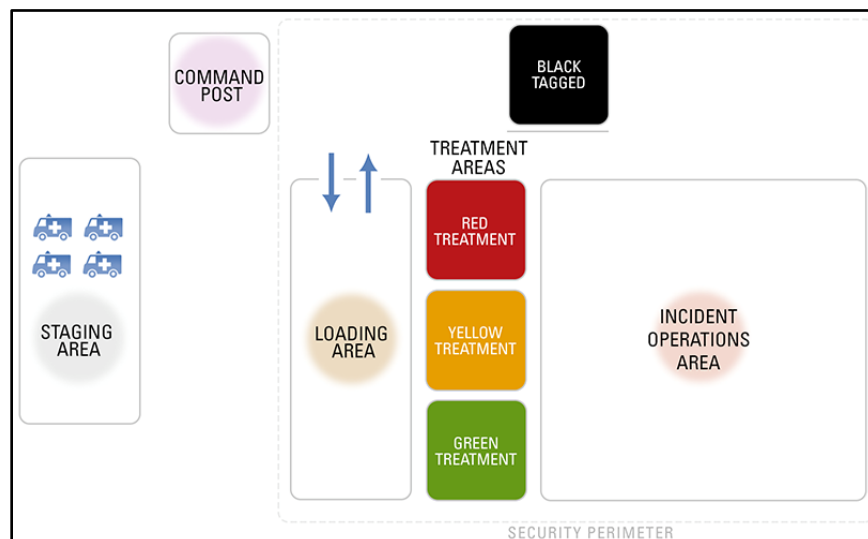
Locations of designated areas, as detailed below, shall be approved by the IC (or designee). Once the location has been identified, the MGS (or designee) will oversee the organizing of specific areas within the agreed upon location.

- **Treatment Areas**
 - Treatment areas should be safely distanced from hazards, upwind from toxic fumes, including EMS vehicle exhaust, and allowance made for vehicle access to an adjacent loading area. There should be adequate space to lay patients side-by-side/end-to-end and grouped by triage priority.
 - In a small incident a single treatment area (if needed) is recommended for both IMMEDIATE and DELAYED patients. The MINOR patients should be grouped and treated away from areas of active operations. In large incidents, or if problems with having only one treatment area develop, a treatment area may be designated for each triage category. The IMMEDIATE and DELAYED treatment areas should be grouped close together, and the MINOR treatment area located a distance away.
 - IMMEDIATE patients must be transported as soon as possible. Movement of these patients to a treatment area may be inappropriate if it delays transport.
- **EMS Staging Area**
 - This area will be the collection point for EMS personnel and equipment. A Staging Area Manager should be assigned by the IC (or designee). Transport vehicles will be maintained in a one-way traffic pattern towards the loading area, if possible. Request law enforcement assistance through the IC, if a change of normal traffic pattern is necessary.



- If necessary, a supply cache will be established at the staging area.
- In a large incident, the staging area may include other non-medical assets. In this case, the Ground Ambulance Coordinator will handle EMS resources and report to the person in charge of staging for the incident. EMS staging may be incorporated in a joint staging area if one has been established by the Operations Section Chief.
- **Loading Area**
 - This area is for loading patients into transport vehicles. The loading area should be adjacent to the treatment area, and in line with the one-way traffic from the staging area.
- **Morgue Area**
 - Most MCIs may be considered crime scenes, and decedents should not be moved. A Morgue Area should be established only if it becomes necessary to move decedents from the impact site (i.e., to gain access to salvageable patients). This area should be located away from the treatment area, and is the responsibility of Law Enforcement/Coroner. EMS personnel assistance may be required in the establishment of the field morgue.
 - There may be instances in which it may be necessary to establish a second morgue area for victims that expire within the treatment areas if it is impractical to remove those casualties to the morgue area established at the impact site.
- **Triage Area**
 - Victims should usually be triaged where they lie. If this is not feasible due to physical or hazardous constraints, victims may be moved to a safe area where triage functions will occur.

Sample MCI Scene Designated Areas



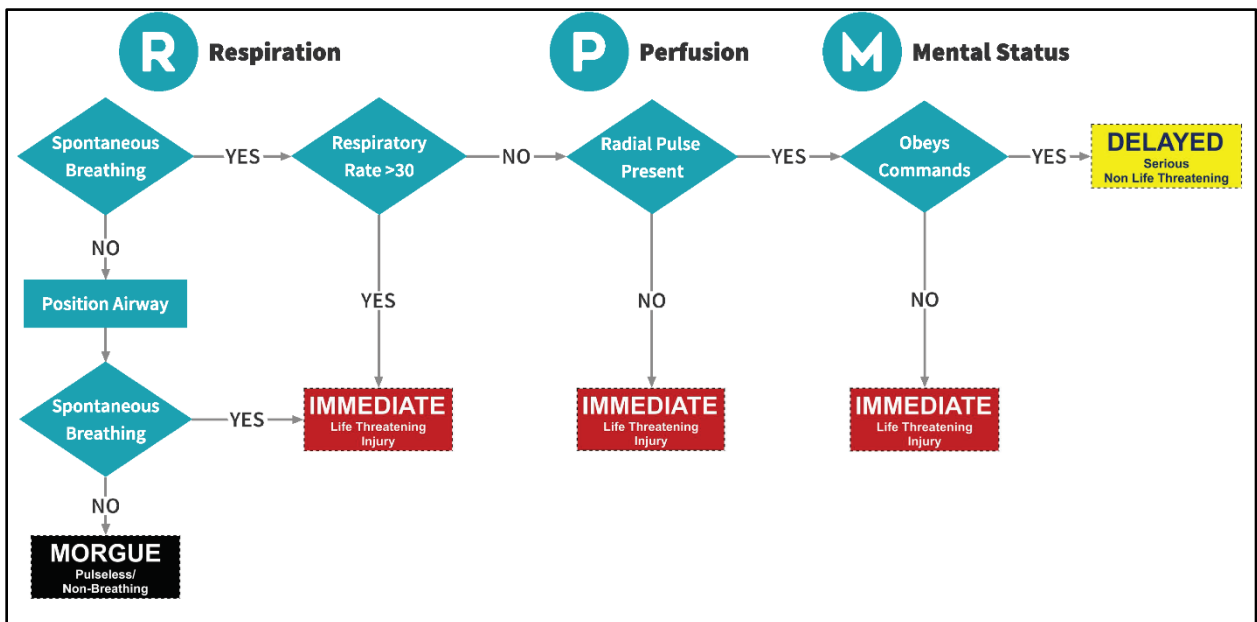


Triage

Once it has been established that the scene is safe from hazards, an initial walk through may be necessary to provide a baseline estimate of casualty figures. Triage will initially be conducted by first-in EMS personnel. The Triage Unit Leader will assign personnel to conduct triage as needed by the size and complexity of the incident.

- Treatment prior to triage of all patients shall be restricted to BLS airway establishment and hemorrhage control (including the use of tourniquets and/or hemostatic dressings).
- CPR generally should not be initiated unless an adequate number of EMS personnel, equipment, transport units, and receiving facilities exist. The MGS or Triage Unit Leader is responsible for stopping CPR when it is not appropriate.
- Initial triage, utilizing the ‘START’ method and standardized DMS All Risk Triage Tags, should take 30 – 60 seconds per patient. Adjustments may be necessary during re-triage, and when triage is being completed by higher trained EMS personnel.
- Direct in a loud voice for anyone who is injured and needs medical assistance to move to a designated area. These patients are initially triaged as MINOR (Walking Wounded). As soon as enough medical resources arrive, these patients will need to be re-assessed/re-triaged to evaluate for more serious conditions.
- Triage of other patients should occur where they lie (only if the area is safe). If a hazard exists, patients should be moved to a safe area. Patients should be triaged and tagged prior to leaving the triage area. Do not wait to triage patients until they are placed in a treatment area as this will likely cause confusion and additional patient movement.

START ‘RPM’ Method for Triage of Non-Walking Wounded Patients





- A colored ribbon system may be utilized for initial triage. The appropriate ribbon color must be clearly visible on the patient. It is recommended to use strips of ribbon that are approximately two (2) feet long, comfortably tied on an uninjured extremity.
- Triage Tags must be placed on all patients, either when placed in the appropriate treatment area or prior to transport, to ensure proper patient tracking.
- Once all patients have been triaged, triage personnel will return unused triage tags to the MGS or Triage Unit Leader and may be reassigned to other positions as appropriate.
- **Triage Categories** (Note: These can be very dynamic. A patient’s condition may rapidly worsen. START is designed to be a rapid, but not thorough evaluation technique):
 - **MORGUE:** Pulseless/Non-Breathing/Mortally Injured
 - These patients are deceased or not expected to survive.
 - These patients may receive expectant/palliative care as appropriate.
 - **IMMEDIATE:** Life Threatening Injury/Critical
 - These patients require immediate intervention and definitive medical care.
 - Any patient who has a tourniquet or hemostatic dressing applied to control hemorrhage shall be deemed an IMMEDIATE patient, regardless of the START RPM algorithm.
 - Target field to facility transport time: within thirty 30 minutes.
 - **DELAYED:** Serious, Non-Life Threatening
 - These patients have serious injuries, and should be observed closely for decompensation.
 - Target field to facility transport time: within 2 hours.
 - **MINOR:** Walking Wounded
 - These patients do not demonstrate serious injuries, but should be observed for changes in their condition.
 - Target field to facility transport time: within 6 hours or as soon as practical.





Treatment

Once all patients have been triaged, IMMEDIATE patients must be transported as soon as possible. If there is going to be a delay in transport due to a lack of transportation units or a high number of victims, patients should be moved to a treatment area. The Treatment Area will be supervised by the Treatment Unit Leader (if assigned). The Treatment Unit Leader may in turn assign supervision of the various treatment areas to a Treatment Manager(s).

- Assign EMS personnel to specific patients or groups of patients, ensuring adequate BLS/ALS coverage to the extent possible (priority to IMMEDIATE and DELAYED patients). Ambulance providers will advise the Air/Ground Ambulance Coordinator as to availability/assignment of personnel. EMT, EMR and/or PSFA personnel should be assigned to the MINOR Treatment Area.
- CPR should not be initiated unless staffing allows for immediate treatment of all IMMEDIATE and DELAYED patients.
- Re-triage patients every 15 minutes (if possible) until transported or released at scene. If staffing allows, re-triage should be more precise than the initial START method.
- IMMEDIATE Patients:
 - Once in the treatment area, a set of vital signs should be taken/recorded on the triage tag and the patient should be prepared for transportation. On-scene treatment should not delay transporting IMMEDIATE patients. As with all critical patients, the emphasis is on ABCs and early transport.
- DELAYED Patients:
 - These patients should be re-triaged (assessment and vital signs) as often as manpower allows. DELAYED patients may require ALS and/or BLS treatment while waiting for transportation.
- MINOR Patients:
 - MINOR patients should be kept away from areas of active operations, including other treatment areas, morgue, and impact area (inner perimeter). These patients should receive an assessment, including initial vital signs, and have triage tags applied. BLS treatment should be performed as necessary.
- MORGUE Patients:
 - Decedents should be left in the position they are found (if possible). Do not separate decedents from their identification. If it is necessary to move decedents, a field morgue will be established away from the other areas and under the direction of Law Enforcement/Coroner. Movement of decedents shall be done only after consultation with Law Enforcement/Coroner (if possible).



EMS Resource Management

EMS resources shall be ordered through the IC (or designee), or Logistic Section if activated. In a small incident, the MGS and Patient Transportation Unit Leader may be allowed to directly order EMS resources, but this should not be assumed. A procedure for ordering resources should be arranged with the IC. In an incident with expanded ICS activation, resource ordering is the responsibility of Logistics.

EMS resources will be supervised by the MGS. Supervision of a medical staging area may be assigned by the IC to the Patient Transportation Unit Leader, who may in turn assign a Ground and/or Air Ambulance Coordinator.

- All EMS personnel, equipment, and supplies shall be directed to the staging area (if established).
- Resources will be assigned to specific tasks. They will be dispatched by the Patient Transportation Unit Leader or Ambulance Coordinator at the request of the MGS.
- Transport vehicles will be maintained in a one-way traffic pattern adjacent to the loading area. The Patient Transportation Unit Leader (or Ground Ambulance Coordinator if assigned) may request law enforcement assistance through the IC (or designee) if necessary to assist with traffic flow.
- If possible, keep a driver with each vehicle. If drivers are needed for triage or treatment, the keys should be left in the vehicle.
- Remove equipment not necessary for transport. Create a field inventory at the staging area which can be rapidly moved to treatment areas as needed (e.g., backboards, stretchers, splints, oxygen, IV supplies, etc.).

Patient Transportation/Dispersal

Once transporting vehicles are available, patients will be moved from the treatment area to the loading area. The Patient Transportation Unit Leader will request transport vehicles from the Ground and/or Air Ambulance Coordinator as patients are ready for transport.

- Vehicle loading should be maximized without jeopardizing patient care. Unless it is the only option, two (2) IMMEDIATE patients should not be transported in the same ambulance. Instead, an IMMEDIATE patient may be transported with a DELAYED or MINOR patient to better assure that prehospital personnel can adequately care for patients during transport.
- If necessary, patients may be transported by BLS ambulances and/or non-traditional transport resources (e.g. buses, vans) as determined appropriate by the Patient Transportation Unit Leader/Medical Communications Coordinator in consultation with the CF. EMS personnel should always accompany patients transported by non-traditional transport resources.



- Once prepared for transportation, the Treatment Unit Leader should notify the Patient Transportation Unit Leader of the number of patients, their triage categories, and a one-word classification of their injuries, i.e., "1 IMMEDIATE head and 1 IMMEDIATE chest." After receiving direction from the CF, the Patient Transportation Unit Leader will advise the transporting units of the appropriate hospital destination.
- The Patient Transportation Unit Leader should assign either the Ground/Air Ambulance Coordinator or a recorder to log patient names, triage tag numbers, transporting unit numbers, triage category, destination, time of transport, and ETA on the Patient Tracking Worksheet (Appendix E).

Hospital Communications

During an MCI, it is imperative that EMS hospital communications are appropriate, effective and kept to a minimum in order to avoid negatively impacting patient transportation/dispersal activities.

- EMS patient destination traffic shall be routed through the CF, even for non-MCI patients, as non-MCI patients will potentially affect receiving facility capacities.
- Patient reports should not be given directly to the receiving facilities by individual transporting units, unless this can be accomplished using alternate communication systems that will not interfere with MCI operational communications.
- EMS personnel will function under standing orders when possible. If base hospital consultation is necessary, the following guidelines should be followed:
 - On-scene base hospital consultation should only be made following approval of the MGS or Patient Transportation Unit Leader.
 - During patient transport, base hospital consultation should only be made due to extenuating circumstances or if there is a clear radio frequency or other appropriate method of communication not being utilized for the incident.

Hazardous Materials Incidents

Prehospital personnel must remain alert to the potential for toxic and hazardous materials at the scene of all incidents. Familiarization with applicable State and local Hazardous Materials Medical Management documents/protocols is essential to avoid further and unnecessary contamination of personnel/equipment. General guidelines include:

- Contaminated patients and the entire area of contamination must be isolated from equipment and other personnel and the area designated a Hot Zone. An additional Warm Zone must be established around the periphery. Only personnel who have been trained and equipped with the appropriate PPE should enter the Hot Zone.



- All designated areas must be established upwind from the Hot Zone, and no one should be allowed to enter the area downwind of the Hot Zone unless they are trained and equipped with the appropriate PPE. Patients are usually received from the Contamination Reduction Corridor.
- Accurate information on the identification and health effects of the substance and the appropriate prehospital evaluation and treatment of the victim must be obtained.
- Initial decontamination must occur on scene by qualified personnel. Decontaminated patients must be properly packaged to prevent contamination of the transporting units and personnel, and be transported by medical triage categories and not by level of contamination.
 - Transportation units other than ambulances may be needed to transport some victims with significant exposure to prevent secondary contamination and the subsequent removal from service of those ambulances.
- The CF should be advised of patient contamination as early as possible to assure that a properly equipped facility can accept them.
- Clearly indicate on the triage tag and field assessment form "CONTAMINATED", in addition to the specific identity of the contaminate, if known.

Active Shooter/Mass Violence Incidents

LEMSA's should have a policy/protocol to guide EMS personnel in the response/management of mass violence incidents (active shooter, riots, attacks on large crowds with vehicles, improvised explosive devices, etc.). A successful response is predicated on a sound level of communication with all responders to these types of incidents. This communication should begin in meetings and trainings, prior to the actual occurrence of such incidents. At a minimum, meeting/training topics should include law enforcement, fire/rescue and EMS responsibilities/expectations. Additional suggested training topics include:

- Rescue Task Force concepts.
- Tactical Casualty Care (hemorrhage control, casualty evacuation, etc.).
- Transition from Tactical Casualty Care to MCI management.

Each system must determine the best response for their area. Systems should also evaluate the need for additional PPE for their personnel, and training on any specialized PPE should be completed on a regular basis.



SECTION 7: Documentation

- Triage Tags
 - Triage personnel will initially identify/categorize patients utilizing the START method described in this document. Triage tags should be attached directly to all patients, avoiding injured areas, and be readily visible to other prehospital and hospital personnel. The Triage Unit Leader will report to the MGS (or designee) once all patients have been triaged, and await further assignment/instructions.
 - When victims arrive in the treatment area, treatment personnel will indicate the time of triage and chief complaint/major injuries. Treatment personnel should also document additional assessment/treatment information (vital signs, procedures/medications and time administered). Non-medical personnel, if available, may be assigned to complete the patient identification section of the triage tag.
 - Patients should be re-assessed/re-triaged as necessary, at least every 15 minutes (if possible) until transported or released at scene. If the patient's triage category changes or the tag is full of information, do not remove the initial applied triage tag. Attach a second triage tag indicating the current/correct triage category, mark through all patient tracking numbers on the second triage tag, and detach/discard all colored triage category tabs from the initial triage tag. The initial triage tag number shall continue to be utilized for patient tracking purposes until they are hospitalized or released at scene. Note on the second tag the time and reason it was attached.
 - The triage tag number will be documented on the EMS patient care report (PCR) and hospital admitting record, so that patient information and medical records may be retrieved rapidly utilizing the triage tag number.
- EMS Patient Care Report (PCR)
 - PCRs shall be completed according to applicable LEMSA policies/procedures.
- Medical Branch Worksheet (Appendix D)
 - The Medical Branch Worksheet is used by the MGS as an organizational aid. This worksheet is an abbreviated flow chart that provides space for names of persons filling positions and other pertinent information. The MGS must use this form when more than two (2) Medical Branch components have been delegated to other personnel.
- Patient Tracking Worksheet (Appendix E)
 - This worksheet shall be utilized to track all patients during an MCI.
 - The Patient Transportation Unit Leader should assign either the Ground/Air Ambulance Coordinator or a recorder to log patient names, triage tag numbers, transporting unit numbers, triage category, destination, time of transport, and ETA.



- Copies of completed patient tracking worksheets shall be submitted to the applicable LEMSA as soon as possible (either during or immediately following the conclusion of the event as appropriate).
- Ground Ambulance Resource Staging Log (Appendix F)
 - This log shall be utilized by the Ground Ambulance Coordinator to track ambulance availability and activities anytime an ambulance staging area is established.
- ICS 214 Activity Log (Appendix G)
 - This log is used to record details of notable activities at any ICS level, including single resources, equipment, Strike Teams, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after action report. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

SECTION 8: MCI Incident Review/Quality Improvement

EMS provider agencies should conduct a hotwash as soon as possible after the conclusion of the incident. An MCI Details/Feedback Form (Appendix H) shall be submitted to the applicable LEMSA within seven (7) working days by the following providers:

- Prehospital ground and air transport providers.
- Control Facility (CF) and receiving facilities.
- Prehospital non-transport/first responder providers (recommended/optional).

LEMSA staff will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.

SECTION 9: Training

All EMS personnel shall be minimally trained to the ICS 100 level, and are strongly encouraged to be trained to the ICS 200 level. All EMS provider agencies should conduct regular MCI training, to include:

- Scene size up and CF notification procedures.
- Triage Training. This training may include regularly scheduled “Triage Days” where providers utilize Triage Tags for regular patient contacts.
- Patient Tracking.
- MCI/disaster drills or planned events.

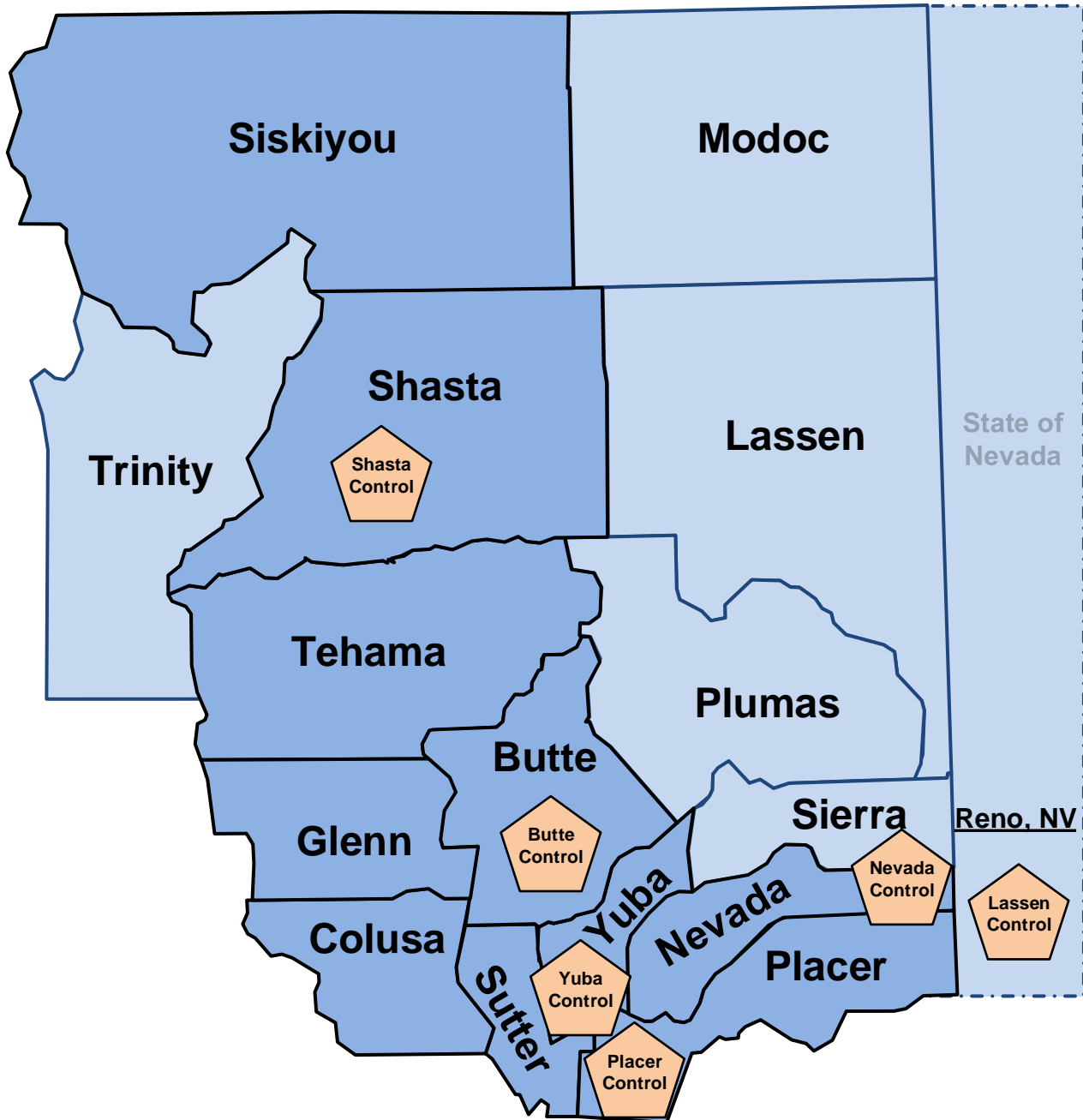


APPENDICES A – H (MCI References & Standardized Forms)

- **Appendix A:** Regional Control Facility Locations Map
- **Appendix B:** MCI Kit Recommended Inventory
- **Appendix C:** MCI Medical Branch Position Responsibilities
- **Appendix D:** Medical Branch Worksheet
- **Appendix E:** Patient Tracking Worksheet
- **Appendix F:** Ground Ambulance Resource Staging Log
- **Appendix G:** ICS 214 Activity Log
- **Appendix H:** MCI Details/Feedback Form

Appendix A: Nor-Cal EMS/S-SV EMS Regional Control Facility (CF) Map

*Note: Refer to applicable LEMSA policies/procedures for specific CF assigned counties



Local EMS Agencies (LEMAs)

Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)

S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

Control Facilities (CFs)

- “Butte Control” – Enloe Medical Center (EMC) – Chico, CA
- “Lassen Control” – Regional Emergency Medical Services Authority (REMSA) – Reno, NV
- “Nevada Control” – Tahoe Forest Hospital (TFH) – Truckee, CA
- “Placer Control” – Sutter Roseville Medical Center (SRMC) – Roseville, CA
- “Shasta Control” – Mercy Medical Center Redding (MMCR) – Redding, CA
- “Yuba Control” – Adventist Health +Rideout (AHR) – Marysville, CA



Appendix B MCI Kit Recommended Inventory



The following list is a recommended inventory of MCI equipment/supplies to be carried on each first response vehicle. Equipment should be kept in a readily accessible location within the vehicle, preferably accessible from the cab.

MCI Equipment/Supplies	Quantity
Folio or gear bag for MCI Kit contents	1 each
MCI position vests for Triage Unit Leader & Medical Group Supervisor	1 each
MCI Medical Branch Position responsibilities (Appendix C) references for the following: <ul style="list-style-type: none"> • Medical Branch Director • Medical Group Supervisor • Triage Unit Leader • Treatment Unit Leader • Treatment Area Manager • Patient Loading Coordinator • Patient Transportation Unit Leader • Medical Communications Coordinator • Ground Ambulance Coordinator • Air Ambulance Coordinator 	1 each
DMS All Risk START Triage Tags	10 each
Grease pencils & ball point pens	2 each
Trauma shears	1 each
Clipboard (consider small dry erase clipboard with markers)	1 each
Barrier tape	1 roll
Glow sticks	2 each
CF Communications Plan/Reference/Map	1 each
Forms: <ul style="list-style-type: none"> • MCI Medical Branch Worksheet (Appendix D) • Patient Tracking Worksheet (Appendix E) • Ground Ambulance Resource Staging Log (Appendix F) • ICS 214 Activity Log (Appendix G) 	2 each



**Appendix C
MCI Medical Branch
Position Responsibilities**



MEDICAL BRANCH DIRECTOR	MEDICAL GROUP SUPERVISOR
<ul style="list-style-type: none"> • Review Group Assignments for effectiveness of current operations and modify as needed • Provide input to Operations Section Chief for the Incident Action Plan • Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques • Report to Operations Section Chief on Branch activities • Maintain ICS 214 Activity Log 	<ul style="list-style-type: none"> • R-A-C-I-N-G: <ul style="list-style-type: none"> ○ Resources (assess resource needs) <ul style="list-style-type: none"> ▪ Equipment and supplies ▪ Manpower: ALS, BLS, litter bearers ▪ Transportation: ambulances, buses, vans ○ Assignments: <ul style="list-style-type: none"> ▪ Establish the Medical Group and assign personnel ▪ Direct/supervise Medical Group personnel ○ Communications <ul style="list-style-type: none"> ▪ Ensure early notification of the applicable Control Facility (CF) ▪ Participate in Medical Branch/Operations Section planning activities ○ Ingress/Egress <ul style="list-style-type: none"> ▪ Report staging location and transport routes to dispatch ○ Name <ul style="list-style-type: none"> ▪ Confer with IC/Operations Section Chief to determine incident name, relay to dispatch & Control Facility (CF) ○ Geography <ul style="list-style-type: none"> ▪ Designate treatment area locations ▪ Isolate MORGUE and MINOR treatment areas from IMMEDIATE/DELAYED treatment areas ▪ Request adequate security, traffic control and access for the Medical Group work areas • Maintain ICS 214 Activity Log



**Appendix C
MCI Medical Branch
Position Responsibilities**



TRIAGE UNIT LEADER	TREATMENT UNIT LEADER
<ul style="list-style-type: none"> • Develop organization sufficient to handle assignment • Inform Medical Group Supervisor of resource needs • Implement triage process <ul style="list-style-type: none"> ○ May utilize a colored ribbon system for initial on-scene triage process ○ Ensure approved triage tags are properly applied to each victim prior to transport • Coordinate movement of patients from the Triage Area to appropriate Treatment Area • Ensure adequate patient decontamination and proper notifications are made (if applicable) • Give periodic status reports to the Medical Group Supervisor, including total victim counts by triage category • Maintain security and control of the Triage Area • Establish a temporary Morgue Area in coordination with Law Enforcement/Corner (if necessary) • Maintain ICS 214 Activity Log 	<ul style="list-style-type: none"> • Develop organization sufficient to handle assignment • Direct/supervise IMMEDIATE, DELAYED and MINOR treatment areas and Patient Loading Coordinator • Ensure adequate patient decontamination and proper notifications are made (if applicable) • Ensure continued assessment of patients and re-assess/re-locate as necessary throughout Treatment Areas • Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader • Assign incident personnel to be treatment personnel/litter bearers • Request sufficient medical equipment/supplies (including DMSU or medical cache support trailers) • Establish communications/coordination with the Patient Transportation Unit Leader • Direct movement of patients to ambulance loading areas • Give periodic status reports to the Medical Group Supervisor • Request specialized medical resources as needed • Maintain ICS 214 Activity Log



**Appendix C
MCI Medical Branch
Position Responsibilities**



TREATMENT AREA MANAGER	PATIENT LOADING COORDINATOR
<ul style="list-style-type: none"> • Assign treatment personnel to patients received in the treatment area • Provide assessment of patients and re-asses/ re-locate as necessary • Ensure appropriate level of treatment is provided to patients • Ensure that patients are prioritized for transportation • Coordinate transportation of patients with Patient Loading Coordinator • Notify Patient Loading Coordinator of patient readiness and priority for transportation • Ensure that appropriate patient information is recorded • Maintain ICS 214 Activity Log 	<ul style="list-style-type: none"> • Establish/maintain communications with the IMMEDIATE, DELAYED and MINOR Treatment Managers • Establish/maintain communications with the Patient Transportation Unit Leader • Verify that patients are prioritized for transportation • Advise Medical Communications Coordinator of patient readiness and priority for transport • Coordinate transportation of patients with Medical Communications Coordinator • Ensure that appropriate patient tracking information is recorded • Coordinate ambulance loading with the Treatment Managers and ambulance personnel • Maintain ICS 214 Activity Log



**Appendix C
MCI Medical Branch
Position Responsibilities**



PATIENT TRANSPORTATION UNIT LEADER	MEDICAL COMMS. COORDINATOR
<ul style="list-style-type: none"> • Establish/maintain communications with the Control Facility (CF) • Designate Ambulance Staging Area(s) • Direct patient destinations as determined by the Medical Communications Coordinator, in coordination with the Control Facility (CF) • Ensure that patient information and destinations are adequately recorded • Establish/maintain communications with the Ground Ambulance Coordinator, the Air Ambulance Coordinator (if established), and the Helispot Manager • Request additional medical transportation resources (air/ground) as required • Notify the Ground Ambulance Coordinator and the Air Ambulance Coordinator of ambulance requests • Coordinate the establishment of the Helispot(s) with the Medical Group Supervisor, the Air Ambulance Coordinator, and the Helispot Manager • Maintain ICS 214 Activity Log 	<ul style="list-style-type: none"> • Establish/maintain communications with the Control Facility (CF), in coordination with the Patient Transportation Unit Leader – provide pertinent information and periodic updates • Determine/maintain current status of receiving facility availability and capacity • Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator • Coordinate patient destination with the Control Facility (CF) • Communicate patient ground transportation needs to the Ground Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator • Communicate patient air transportation needs to the Air Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator • Maintain ICS 214 Activity Log

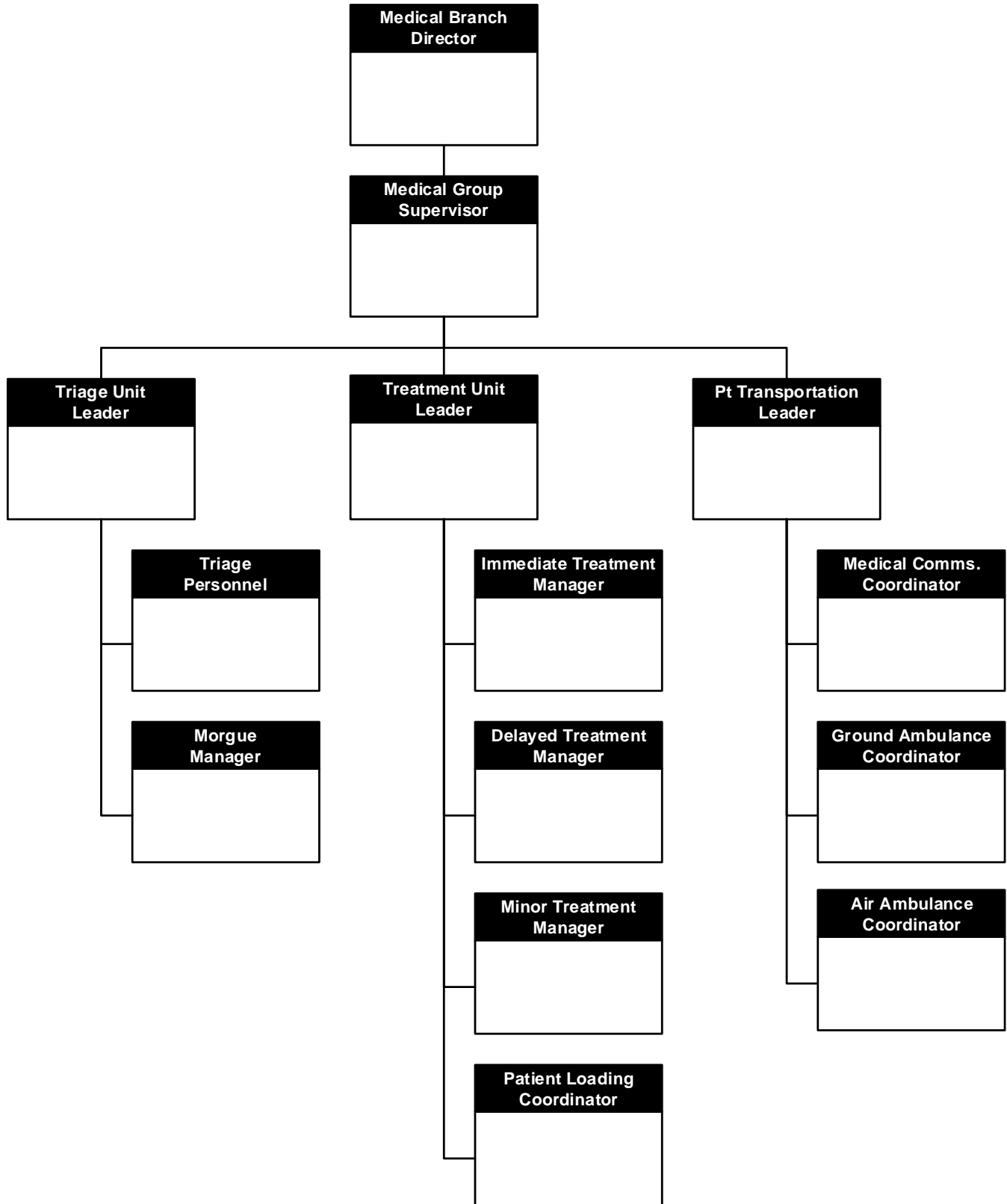


**Appendix C
MCI Medical Branch
Position Responsibilities**



GROUND AMBULANCE COORDINATOR	AIR AMBULANCE COORDINATOR
<ul style="list-style-type: none"> • Establish an appropriate staging area for ambulances • Establish routes of travel for ambulances for incident operations • Establish/maintain communications with Air Ambulance Coordinator and the Helispot Manager regarding air transportation assignments • Establish/maintain communications the Medical Communications Coordinator and Patient Loading Coordinator • Provide ambulances upon request from the Medical Communications Coordinator • Ensure that necessary equipment is available in the ambulance for patient needs during transportation • Establish/maintain contact with ambulance providers on scene • Request additional ground transportation resources as appropriate • Consider the use of alternate transportation resources (buses, vans, etc.) • Provide an inventory of medical supplies available at Ambulance Staging Area for use at the scene • Maintain ICS 214 Activity Log 	<ul style="list-style-type: none"> • Coordinate air ambulance staging and patient loading procedures at the Helispot with the Helispot Manager • Establish/maintain communications with the Medical Communications Coordinator and Patient Transportation Unit Leader to determine receiving hospital destinations • Confirm the type of air resources and patient capacities with the Helispot Manager, and provide information to the Medical Communication Coordinator and Patient Transportation Unit Leader • Confirm the patient destination with the air ambulance crew, and relay any diversions to the Medical Communication Coordinator and Patient Transportation Unit Leader • Monitor patient care and status at the Helispot when patients are waiting for air transportation • Maintain ICS 214 Activity Log

MCI MEDICAL BRANCH ORGANIZATIONAL CHART





**Appendix D
Medical Branch Worksheet**



MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES

- Positions are assigned based on incident size and personnel qualifications.
- The Medical Branch Director is typically only assigned on larger incidents.
- Smaller incidents may only utilize a Medical Group Supervisor and Triage Unit Leader, who are also responsible for Treatment Unit and Patient Transportation Unit duties.

MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

Task	Completed
1. Ensure Control Facility (CF) MCI notification (including pre-alert if applicable)	
2. Check in with the Incident Commander (IC) and establish Medical Command	
3. Establish appropriate roles/functions (Triage, Treatment, Transportation)	
4. Utilize appropriate MCI vests for identification	
5. Order additional transport/medical resources through the IC	
6. Ensure that triage tags are applied to all patients prior to transport	
7. Maintain adequate CF communications to ensure appropriate patient distribution	
8. Utilize the patient tracking worksheet to adequately track all patients	

Notes

Appendix E: Patient Tracking Worksheet

Incident Name/Location		Incident Date	Form Completed By				Contact Telephone #			
Triage Status	Triage Tag # (Last 4)	Age	Primary Injury Type	County of Origin Code	Transport Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised	
	Patient Name (First & Last)	Sex								
I D M		M F U								
I D M		M F U								
I D M		M F U								
I D M		M F U								
I D M		M F U								

County of Origin Codes

Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU)
 Shasta (XSH) Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

Submit completed worksheets to applicable LEMSA



**Appendix F
Ground Ambulance
Resource Staging Log**



Incident Name			Ambulance Coordinator		
Agency	Unit #	Unit Type (ALS/BLS)	Staging Time In	Staging Time Out	Unit Disposition

Appendix G: ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
--------------------------	--

3. Name:	4. ICS Position:	5. Home Agency (and Unit):
-----------------	-------------------------	-----------------------------------

6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____	Position/Title: _____	Signature: _____
------------------------------------	------------------------------	-------------------------

ICS 214, Page 1	Date/Time: _____
------------------------	-------------------------

ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



**Appendix H
MCI Details/Feedback Form**



REPORTING ENTITY

Reporting Agency:	Reporting Person:
Telephone:	Email Address:

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)

Incident Date:	Incident Name:	
Incident Location:		
Dispatch Time:	On Scene Time:	Incident End Time:
First Responder Agencies Utilized:		
Ground Transport Agencies Utilized:		
Air Transport Agencies Utilized:		
Other Type Of Transport Resources Utilized:		
Incident Commander:	Medical Group Supervisor:	
Triage Unit Leader:	Treatment Unit Leader:	
Pt. Trans. Unit Leader:	Were MCI ID Vests Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Triage Tags Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Pt. Tracking Sheets Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number & Type Of Patients

IMMEDIATE:	DELAYED:	MINOR:	DECEASED:
Total # Of Adult Patients:		Total # Of Pediatric Patients:	
# Of Patients Transported:		# Of Patients Refusing Transport:	

Control Facility (CF) Information

CF Name:	Initial CF Contact Time:
CF Issues/Comments:	



**Appendix H
MCI Details/Feedback Form**



MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

A large, empty rectangular box with a black border, intended for handwritten or typed comments, issues, suggestions, or observations regarding the MCI.

NOR-CAL EMS/S-SV EMS

Regional MCI Plan – Manual 2

Patient Distribution



REVISED 02-2020



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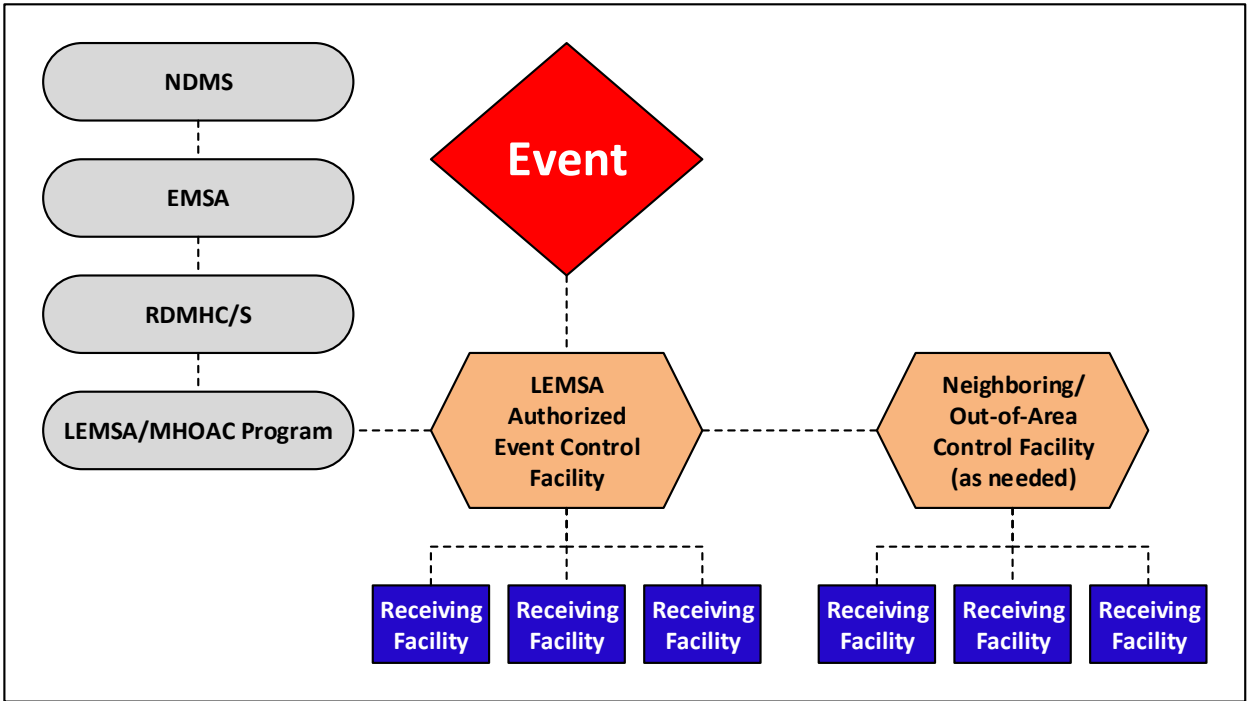
Introduction

Purpose

The purpose of this document is to outline a plan under the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) for the distribution of patients during a multiple casualty incident (MCI) or disaster affecting the medical/health system:

- Within an Operational Area (County), or;
- Within multiple Operational Areas in the Nor-Cal EMS/S-SV EMS Region, and to destinations outside the Nor-Cal EMS/S-SV EMS Region.

The need to distribute patients may arise from various man-made or natural events/disasters. This manual is intended to be an all-hazard plan for the distribution of patients regardless of the cause or event. The first two sections address the responsibilities of Control Facilities (CFs) and receiving facilities during a MCI or disaster affecting the medical/health system. Subsequent sections address the roles and responsibilities of the Local Emergency Medical Services Agency (LEMSA), Medical Health Operational Area Coordinator (MHOAC) Program, Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), California EMS Authority (EMSA), and National Disaster Medical System (NDMS) during these type of events.





Authority

Pursuant to California Health & Safety Code (Division 2.5, § 1797.220): The LEMSA, using state minimum standards, shall establish policies and procedures approved by the LEMSA medical director to assure medical control of the EMS system. The policies and procedures approved by the LEMSA medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

Background

The principles and procedures in this document are based on the California Public Health and Medical Emergency Operations Manual (EOM), which describes a single-point-of-contact for distribution of patients, as well as coordination with neighboring jurisdictions. In 2002 many hospitals and EMS systems began implementing web-based information systems for rapid assessment of hospital statuses and patient receiving capacities. EMResource is the current web-based system used in all 15 Nor-Cal EMS and S-SV EMS counties. Although EMResource allows for interoperability among most hospital facilities in Northern California, it does not provide a mechanism for interacting with some hospital facilities outside the Nor-Cal EMS/S-SV EMS Region. Therefore, information from those hospital facilities/systems must be obtained manually by telephone, radio, email, or other communication systems.



SECTION 1: Control Facility (CF)

Pre-Event Responsibilities

The LEMSA shall authorize CFs for the purpose of coordinating patient dispersal during a MCI or other event requiring coordination of patient destinations within the EMS system. Due to geographical considerations, the LEMSA may authorize a CF outside California by entering into a Memorandum of Understanding with the out-of-state CF to provide these services. A LEMSA authorized out-of-state CF will operate under that state's/county's MCI plan during a MCI or other event requiring coordination of patient destinations within the EMS system.

- **Staff & Resources**
 - CFs shall maintain adequate personnel and equipment to perform the duties outlined in this plan.
 - CFs should designate an area away from normal emergency department operations. The area should be able to be secured to allow CF personnel to not be disturbed.
- **Communications**
 - CFs shall maintain the following minimum communications equipment:
 - EMResource located in the facility where audio alerts may be heard and responded to 24 hours per day, 365 days per year.
 - Dedicated land-line telephone system.
 - Emergency two-way radio systems (UHF Med Net, VHF, 800 MHz etc.).
 - Amateur Radio.
 - Other communications devices or systems as required by LEMSA policies.
- **Liaison/Coordination**
 - Each CF shall appoint a CF Supervisor to act as a liaison to the LEMSA and local receiving facilities. The CF shall notify the LEMSA and local receiving facilities when this position changes, providing an updated name and contact information.
- **Training**
 - The CF Supervisor shall ensure that appropriate CF personnel have received adequate training on this patient distribution MCI Plan document, EMResource operations, back-up communication systems, and patient tracking systems.
 - In cooperation with the LEMSA, the CF Supervisor/designee shall participate in the development of local medical/health patient distribution exercises/drills.
 - In cooperation with the LEMSA, the CF shall participate in patient distribution exercises/drills.



MCI Response

- **Creating an EMResource MCI Event**
 - MCI procedures shall be initiated/utilized by the CF when information about the potential need to coordinate patient movement among multiple receiving facilities is received from any of the following entities:
 - Dispatch agencies.
 - EMS response personnel.
 - A neighboring CF.
 - The LEMSA or Medical Health Operational Area Coordinator (MHOAC) Program.
 - Local government (in response to a threat or potential threat).
 - The CF may also initiate/utilize MCI procedures due to a sudden influx of patients at receiving facilities within the CF’s jurisdictional area of responsibility.
 - Once it is determined necessary to implement/utilize MCI procedures, the CF shall:
 - Assign appropriate staff members to coordinate information from the event and information provided to receiving facilities.
 - Create an EMResource MCI Event (see EMResource User Guide). If EMResource is unavailable, utilize the communications failure procedures (see Appendix C).
 - Locate the MCI on facility maps, and identify appropriate receiving facilities.
 - Maintain communications with the field Patient Transportation Unit Leader or Medical Communications Coordinator on-scene (or other patient information source, e.g. neighboring CF, LEMSA, MHOAC Program, etc.).

Sample Field to CF Communications – Initial Incident Notification

- **Field:** *“We are on scene of a multi-vehicle collision at Highway 99 and East Avenue with approximately 12 victims. We have 4 ground ambulances and 2 air ambulances. We’re calling this the East Avenue Incident. We will re-contact you when triage is complete.”*
- **CF:** *“Thank you, East Avenue Medical, we will collect hospital capacities and stand-by for additional patient information. Butte Control Clear.”*

- If the number of patients exceeds the capacity of facilities within the CFs area of EMResource polling capabilities, the CF shall immediately notify the LEMSA and/or MHOAC Program to activate regional or statewide patient distribution systems.
- If the CF is unable to perform patient distribution activities, they shall immediately contact a neighboring CF to assume operations, or notify the LEMSA to arrange for alternate CF operations.



• **Receiving Facility Capability Reporting**

- Each receiving facility that has been notified by the CF of a MCI Event will complete a Receiving Facility Patient Capacity Worksheet (see Appendix A), and shall report their patient receiving capacity to the CF (via EMResource) within 5 minutes of receiving notification of a MCI event.
- The CF may track receiving facility capacities by printing the EMResource Event Summary (see EMResource User Guide) and updating the capacities manually as patients are disbursed (see diagram below).

Drill: Behavioral Health Bed Poll		South bonneyview TC with Fire							
Created By: Mercy Medical Center - Redding @ 03/18/15 16:28 EMS responding to 2-3 vehicle involved in TC with fire reported									
Shasta County	R3 Facility Status	Immediate	Delayed	Minor	Decon Facility	Surgeon Availability	Comment	Last Update	By User
Mercy Medical Ctr Redding, L-II Trauma	Open	2	1	10	Yes	Yes	Schepps, Brusett	18 Mar 16:29	Mercy Medical Center - Re...
Shasta Regional Medical Center, L-III	Open	1	0	10	Yes	Yes	ER HOLDING ADMITTED PTS. Beck	18 Mar 16:31	LyRae Sullivan
Summary	N/A	3	1	20	N/A	N/A			

• **MCI Communications**

- The Patient Transportation Unit Leader/Medical Communications Coordinator shall be referred to by Incident Name + Medical. (e.g. “East Avenue Medical”), NOT by ambulance unit, ambulance company, or personal name.
- CFs shall be referred to by County Name + Control (e.g. “Shasta Control”).
- All EMS patient destination traffic shall be routed through the CF, even for non-MCI patients, as local ambulance traffic will potentially affect receiving facility capacities.
- Patient reports shall not be given directly to the receiving facilities by transporting units, unless this can be accomplished using an alternate communications system that will not interfere with MCI communications.

• **Updating the EMResource MCI Event**

- The CF shall update the EMResource MCI Event information any time new information is received from the field, including: total patient count by triage category, patient destinations, etc.
- The CF shall confirm the total number of transport resources available, and utilize the Control Facility MCI Patient Destination Worksheet (see Appendix B).
- When transport or on-scene times are extended, the CF should consider re-assessing receiving facility capacities.

• **Patient Destinations**

- When notified by the Patient Transportation Unit Leader/Medical Communications Coordinator that triage is complete, the CF shall document patient information on the Control Facility MCI Patient Destination Worksheet (see Appendix B).



Sample Field to CF Communications – Triage Completed

- **Field:** *“Butte Control, this is East Avenue Medical we have 3 Immediates, 3 Delayed, and 6 Minors, where would you like them to go?”*
- **CF:** *“East Avenue Medical, we copy 3 Immediates, 3 Delayed, and 6 Minors. What are the injury types of your 3 Immediates?”*
- **Field:** *“Butte Control, East Avenue Medical we’ve got 1 Head, 1 Chest, and 1 multi-system trauma. The Immediate Head and Chest are just about ready for transport. It’s going to be awhile to extricate the other Immediate.”*

- When contacted by the Patient Transportation Unit Leader/Medical Communications Coordinator for patient destinations, the CF shall assign destinations using the Patient Destination Guidelines listed on the following page.
- The CF shall notify the receiving facilities of incoming patients directly by telephone or by using the EMResource electronic Incoming Patient Notification (IPN) form (see EMResource User Guide).

Sample Field to CF Communications – Patient Destinations

- **Field:** *“Butte Control, this is East Avenue Medical. The Immediate Head and Immediate Chest are ready for transport.”*
- **CF:** *“Copy East Avenue Medical. Please transport your Immediate Head by air to Trauma Center A, and your Immediate Chest by air to Trauma Center B.”*
- **Field:** *“Butte Control, East Avenue Medical copy. The Immediate Head Tag #1234 is departing now in Air1 with a 5 minute ETA, and the Immediate Chest Tag #2345 will be departing in about 5 minutes in Air2 with a 10 minute ETA to Trauma Center B.”*
- **CF:** *“We copy, the Immediate Head is departing now with a 5 minute ETA to Trauma Center A by Air1. Please re-contact us when the Immediate Chest departs for Trauma Center B with their departure time.”*
- **Field:** *“Butte Control, East Avenue Medical we will contact you when the Immediate Chest departs scene. We are ready for destinations for our 3 Delayed and 6 Minors.”*
- **CF:** *“East Avenue Medical, please transport 2 Delayed to Hospital C, 1 Delayed and 1 Minor to Hospital D, and the other 4 Minors to Hospital E.”*
- **Field:** *“I copy, Butte Control. I’ll contact you when they depart scene with their departure times, Tag #'s and ETAs. East Avenue Medical, clear.”*



- **Patient Destination Guidelines**

- Immediate Patients

- Send to Immediate Teams at facilities within 30 minutes (30 miles) transport time from the incident whenever possible.
- Send specialty patients (trauma, burn, pediatric, etc.) to the nearest specialty patient receiving centers when possible (as indicated by LEMSA policies).
- When more patients exist than available teams to accept those patients, consider one or more of the following:
 - Requesting receiving facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines.
 - Sending patients beyond the standard transport radius.

- Delayed Patients

- Send to Delayed or Immediate Teams within 60 minutes (60 miles) transport time from the incident whenever possible.
- When more patients exist than available teams to accept those patients, consider one or more of the following:
 - Requesting receiving facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines.
 - Sending patients beyond the standard transport radius.

- Minor Patients

- Send to local hospital EDs. These patients can typically be assessed by hospital triage personnel and await definitive care.
- When more patients exist than available teams to accept those patients, consider one or more of the following:
 - Requesting receiving facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines.
 - Sending patients beyond the standard transport radius.

- EMS Aircraft Transport

- When sending patients by EMS aircraft to receiving facilities, assess whether the field Patient Transportation Unit Leader/Medical Communications Coordinator has obtained destination information from the flight crew (i.e. flight crews may have pre-determined their best destination based on environmental conditions, fuel, etc.).



- Consider sending patients by EMS aircraft to farthest appropriate facilities (those with helipads within the transport time radius), allowing ground units to transport to nearer appropriate facilities.
- **Ending an EMResource MCI Event**
 - Once all patients have been distributed, the CF shall update the EMResource MCI Event (see EMResource User Guide), providing a final summary of the event to participating receiving facilities; including patient destinations.
 - Approximately 5 minutes after providing the final event summary, the CF shall end the EMResource MCI Event (see EMResource User Guide).
 - Once the event has been completed, the CF shall complete/submit an MCI Details/Feedback Form (see Appendix F) and file all MCI paperwork.
 - The Patient Transportation Unit Leader/Medical Communications Coordinator should contact the CF (in person or by telephone) to review and reconcile the patient tracking form to ensure all transportation/disposition information is correct.
 - The LEMSA will coordinate an After Action Review when determined necessary, or upon request of any agency involved in responding to the event.

EMResource Hospital Bed Availability Polling

An EMResource hospital bed availability poll is utilized to collect current hospital bed and resource availability information for use by decision makers, planners, and emergency personnel at the local, OA, State, regional, and/or federal levels. Upon request of the LEMSA or MHOAC Program, the CF shall initiate the requested hospital bed availability polling event in EMResource, and do the following:

- Monitor facility responses and contact any facility that has not responded within 30 minutes of the request to ensure response or obtain necessary information.
- Create a “Snapshot” report, showing polling results (see EMResource User Guide).
- Provide the results of the poll to the requesting entity.

EMResource Regional Announcement

An EMResource Regional Announcement allows for the notification of any number of facilities. Announcements may be initiated by the LEMSA, MHOAC Program, a local Public Health Department, or a CF. Creating a Regional Announcement Event is similar to creating an MCI Event (see EMResource User Guide). Examples of Regional Announcements might include:

- Unusual event/circumstance.
- Information regarding a hazardous materials spill.
- Information from local, OA, regional, statewide, or federal public health warnings.



SECTION 2: Receiving Facilities

Pre-Event Responsibilities

Receiving facilities shall be authorized within each OA by the LEMSA for the purpose of receiving ambulance transported patients.

- **Staff & Resources**
 - Receiving facilities shall maintain adequate personnel and equipment to perform the duties outlined in this plan.
- **Communications**
 - Receiving facilities shall maintain the following minimum communications equipment:
 - EMResource located in the facility where audio alerts may be heard and responded to 24 hours per day, 365 days per year.
 - Dedicated land-line telephone system.
 - Emergency two-way radio systems (UHF Med Net, VHF, 800 MHz, etc.).
 - Amateur Radio.
 - Other communications devices or systems as required by LEMSA policies.
- **Liaison/Coordination**
 - Each receiving facility shall appoint a liaison to the LEMSA and local CF. The receiving facility shall notify the LEMSA and local CF Supervisor when this position changes, providing an updated name and contact information.
- **Training**
 - The receiving facility liaison shall ensure that appropriate receiving facility personnel have received adequate training on this patient distribution MCI Plan document, EMResource operations, back-up communication systems (radio, telephone, etc.), and patient tracking systems.
 - In cooperation with the LEMSA and CF, each receiving facility shall participate in patient distribution exercises/drills.

Facility Status Updates

- Each receiving facility shall update their facility status in EMResource whenever their facility status changes, or at a minimum of once every 24-hours.
- EMResource will automatically prompt each receiving facility to update their status each day at 8 am (see EMResource User Guide).



MCI Response

Once a MCI Alert has been received, receiving facility personnel shall:

- Determine facility capacity utilizing the Receiving Facility Patient Capacity Worksheet (see Appendix A), according to the following guidelines:
 - Immediate Team (able to receive 1 patient).
 - At least 1 ED physician (and 1 trauma surgeon for trauma MCIs) and 2 nurses.
 - Delayed Team (able to receive 2 patients).
 - At least 1 ED physician and 1 nurse.
 - Minor Team (able to receive 10 patients).
 - At least 1 nurse.

Note: If staff/resources are available to receive 2 Immediate patients, the receiving facility shall report “2 Immediates”, even if there are only Delayed patients on scene.

- Report patient receiving capabilities by category (Immediate, Delayed and Minor) in the appropriate EMResource data fields within 5 minutes of the CF request.
- Notify the Charge Nurse of the Event, providing pertinent incident and department staffing/resource updates as necessary.
- Monitor EMResource incident information/updates.
- Notify/update appropriate hospital personnel (treatment teams, trauma services, etc.) of incoming patient counts, triage categories, conditions and estimated arrival times.
- Hospital admitting personnel shall use the triage tag number in the admitting process in such a means that patient information and medical records may be retrieved rapidly by the use of the triage tag number.
- Once the event has been completed, all participating receiving facilities shall complete/submit an MCI Feedback/Details Form (see Appendix F) and file all MCI paperwork.

EMResource Hospital Bed Availability Polling

An EMResource hospital bed availability poll is utilized to collect current hospital bed and resource availability information for use by decision makers, planners, and emergency personnel at the local, OA, State, regional, and/or federal levels.

- A hospital bed availability poll may be initiated by the CF, LEMSA, or MHOAC Program to assess local resources, or may be generated by the RDMHC/S to assess resources throughout the region.
- Each polled hospital shall report, using EMResource, their current facility status and capacities for each of the polling categories within 30 minutes of request.



SECTION 3: LEMSA/MHOAC Program

- The LEMSA/MHOAC Program shall be notified by the CF for any of the following:
 - Events requiring patient distribution to receiving facilities beyond those which the Event CF can routinely poll in EMResource.
 - Events involving a hospital evacuation.
 - Events requiring implementation of Crisis Standard of Care Procedures.
 - Inability of the CF to conduct patient distribution activities
 - Other criteria established by the LEMSA/MHOAC Program.
- A LEMSA/MHOAC Program shall contact the RDMHC/S for events requiring patient distribution to receiving facilities beyond those which the Event CF can routinely poll in EMResource. In these instances, the RDMHC/S will assist in facilitating the interregional and/or Intraregional distribution of patients as necessary.
- A LEMSA/MHOAC Program may be contacted by the RDMHC/S for receiving patients from an event outside their jurisdictional area. In these instances, the LEMSA/MHOAC Program will work with the CF to rapidly assess local receiving facility capacities and coordinate patient distribution. If necessary, the LEMSA/MHOAC Program may establish a Field Treatment Site (FTS) and/or Patient Reception Area (PRA). Upon establishment of a FTS/PRA, the LEMSA/MHOAC Program shall:
 - Notify the applicable OA Office of Emergency Services (OES) Coordinator to activate and support the FTS/PRA, including the establishment of an ICS structure, Medical Branch Director, and accurate patient tracking.
 - Notify local EMS providers to support the FTS/PRA, including any transportation needs.
 - Monitor EMResource to ensure receiving facility capacities are accurately reported/updated.
 - Maintain communications with the RDMHC/S to facilitate and track patient distribution and movement.



SECTION 4: RDMHC/S, EMSA, NDMS

The Regional Disaster Medical Health Coordinator (RDMHC) is responsible for the coordination of medical and health mutual aid among the OAs within their mutual aid region. The Regional Disaster Medical Health Specialist (RDMHS) is staff to the RDMHC, and works under the general guidelines and objectives issued by the California EMS Authority (EMSA).

- The RDMHC/S shall be activated by the LEMSA/MHOAC Program for assistance with inter-region/inter-state patient distribution when an event exceeds the capacity of local receiving facilities.
- For events that exceed the capacity of facilities within the CFs area of EMResource polling capabilities, the RDMHC/S shall contact the bordering RDMHC/S and EMSA to facilitate inter-region and/or inter-state patient distribution.
- When contacted by a bordering RDMHC/S or the EMSA to receive patients from an event outside the region, the RDMHC/S shall:
 - Create an EMResource Regional Announcement (see EMResource User Guide) to notify local facilities and MHOAC Programs of the event, and need for patient distribution/tracking.
 - Work with the CFs to rapidly assess receiving facility capacities and coordinate patient distribution.
 - Monitor EMResource to ensure receiving facility capacities are accurately reflected
 - Coordinate with the LEMSA/MHOAC Programs to establish temporary Field Treatment Sites (FTS)/Patient Reception Areas (PRA) as necessary.
 - Maintain communications with the EMSA and LEMSA/MHOAC Programs to facilitate patient movement and patient distribution.
 - Ensure final patient tracking information is provided to the requesting entity.
- For events requiring out-of-state patient distribution, the EMSA will coordinate with the National Disaster Medical Service (NDMS) to rapidly assess other states' receiving facility capacities and coordinate patient distribution to other states.



SECTION 5: Glossary

- **California EMS Authority (EMSA):** The state department with responsibility to coordinate, through LEMSAs, medical and hospital disaster preparedness with other local, OA, state, and federal agencies/departments having a responsibility relating to disaster response.
- **Crisis Standard of Care:** A level of medical care delivered to individuals under conditions of duress (disaster, pandemic, etc.), or when medical/health resources are insufficient for demand.
- **Control Facility (CF):** A facility/entity identified and authorized by the LEMSA to assume primary responsibility for determining patient destinations during a MCI or facility evacuation requiring the coordination of patient destinations.
- **Delayed Patient:** Patients whose medical care can be held one to two hours without detriment. Patients without life-threatening injuries who cannot be sent to the waiting room will be triaged as delayed patients.
- **EMResource:** An internet-based system that lists the resources within a geographic region & constantly monitors the status of each to address patient management needs.
- **Event:** A triggering circumstance requiring communication and coordination among various system participants. EMResource Events include: MCI Events, hospital bed availability polls and Regional Announcements.
- **Field Treatment Site (FTS):** A site activated to manage casualties/medical evacuees when the local area capacity to rapidly treat/place these individuals at an established medical facility is overwhelmed. A FTS is used for the assembly, triage, medical stabilization and subsequent evacuation of casualties to an established medical facility if and when necessary/available. A FTS provides medical care for a period of up to 72 hours, or until patients are no longer arriving at the site. FTS activation, coordination, and support is managed from the Medical/Health Branch of the OA EOC, and supported by the public health department and S-SV EMS.
- **Immediate Patient:** Patients with life threatening injuries that will most likely need medical intervention within the hour.
- **Medical Health Operational Area Coordinator (MHOAC):** A role shared by the Public Health Officer and EMS Agency Administrator or an individual designated by a County Health Officer and EMS Agency Administrator who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of medical and health resources within the Operational Area (county).
- **Minor Patient:** Ambulatory patient whose medical care can be held two hours or more without detriment.



- **Multi-Casualty Incidents (MCI):** An incident which requires more emergency medical resources to adequately deal with victims than those available during routine responses, including an incident that meets any of the following criteria:
 - Five (5) or more Immediate and/or Delayed patients; or
 - Ten (10) or more Minor patients, irrespective of the number of Immediate and/or Delayed patients; or
 - At the discretion of prehospital or hospital providers.
- **National Disaster Medical System (NDMS):** The federal organization responsible to augment the Nation's emergency response capability.
- **Patient Reception Area (PRA):** A geographic locale containing one or more airfields; adequate patient staging facilities; and adequate local patient transport assets that support patient reception and transport to a group of voluntary, pre-identified, non-Federal, acute care hospitals capable of providing definitive care for victims in a domestic disaster, emergency, or military contingency.
- **Patient Transportation Unit Leader/Medical Communications Coordinator:** Field incident command system (ICS) positions (individuals) responsible for communicating directly with the CF to provide pertinent event information/updates and assist the CF in patient distribution. A Medical Communications Coordinator may be assigned on larger events, otherwise the Patient Transportation Unit Leader maintains this responsibility.
- **Regional Disaster Medical/Health Coordinator (RDMHC):** The EMS Authority and CDPH jointly appoint the RDMHC in each mutual-aid region. The RDMHC coordinates disaster information and medical/health mutual-aid and assistance between the MHOACs within that mutual-aid region and response to other mutual-aid regions in the state. The RDMHS provides the day-to-day planning and coordination of medical and health disaster response within the mutual-aid region. During disaster response, the combined RDMHC/S Program is the point-of-contact for MHOAC Programs within the mutual-aid region, as well as for the CDPH and EMSA.
- **Regional Disaster Medical/Health Specialist (RDMHS):** The RDMHS is staff to the RDMHC. The RDMHS is also a staff person in a LEMSA where that agency has agreed to manage the regional medical and health mutual aid and emergency response system for the California Governor's Office of Emergency Services (Cal OES) Mutual Aid Region. Responsibilities are to manage and improve the region medical and health mutual aid and mutual cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems.



APPENDIX A: Receiving Facility Patient Capacity Worksheet

FORM COMPLETION INSTRUCTIONS

- Complete the 'Immediate Patients' section first – working left to right.**
 - Place a check mark for each available staff/bed necessary to complete a patient team.
 - Enter the number of complete Immediate teams in the 'Total Teams' column. Multiply the number of total teams by 1, and enter that number in the 'Total Patients' column.
- Complete 'Delayed Patients' section second – working left to right.**
 - Transfer check marks from incomplete Immediate teams to this section, and/or place additional check marks for each additional available staff/bed necessary to complete a patient team.
 - Enter the number of complete Delayed teams in the 'Total Teams' column. Multiply the number of total teams by 2, and enter that number in the 'Total Patients' column.
- Complete 'Minor Patients' section last – working left to right.**
 - Transfer check marks from incomplete Delayed teams to this section, and/or place additional check marks for each additional available staff necessary to complete a patient team.
 - Enter the number of complete Minor teams in the 'Total Teams' column. Multiply the number of total teams by 10, and enter that number in the 'Total Patients' column.
- Transfer the numbers in the 'Total Patients' columns to the corresponding EMResource data fields, and click the EMResource 'Save' button to report your patient receiving capacity to the CF.**
 - IMPORTANT:** When reporting capacity to receive Immediate Trauma patients, the name of an available trauma surgeon must also be entered in the corresponding EMResource data field.

PATIENT RECEIVING CAPACITIES BY TRIAGE CATEGORY

Immediate Patients: 1 Patient Per Team			Total Teams	Total Patients
<input type="checkbox"/> ED Physician <input type="checkbox"/> Surgeon (Trauma MCI) <input type="checkbox"/> 2 – RNs <input type="checkbox"/> 1 – ED Bed	<input type="checkbox"/> ED Physician <input type="checkbox"/> Surgeon (If Trauma MCI)* <input type="checkbox"/> 2 – RNs <input type="checkbox"/> 1 – ED Bed	<input type="checkbox"/> ED Physician <input type="checkbox"/> Surgeon (If Trauma MCI)* <input type="checkbox"/> 2 – RNs <input type="checkbox"/> 1 – ED Bed		
Delayed Patients: 2 Patients Per Team			Total Teams	Total Patients
<input type="checkbox"/> ED Physician <input type="checkbox"/> RN <input type="checkbox"/> 2 – ED Beds	<input type="checkbox"/> ED Physician <input type="checkbox"/> RN <input type="checkbox"/> 2 – ED Beds	<input type="checkbox"/> ED Physician <input type="checkbox"/> RN <input type="checkbox"/> 2 – ED Beds		
Minor Patients: 10 Patients Per Team			Total Teams	Total Patients
<input type="checkbox"/> RN	<input type="checkbox"/> RN	<input type="checkbox"/> RN		



APPENDIX B: Control Facility MCI Patient Destination Worksheet

MCI Date:	MCI Name:	MCI Type: <input type="checkbox"/> Trauma <input type="checkbox"/> Medical <input type="checkbox"/> Haz-Mat
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Total EMS Transport Units Available: Air: _____ Ground: _____	Total Patients: EMS Transported: _____ Deceased: _____ AMA: _____
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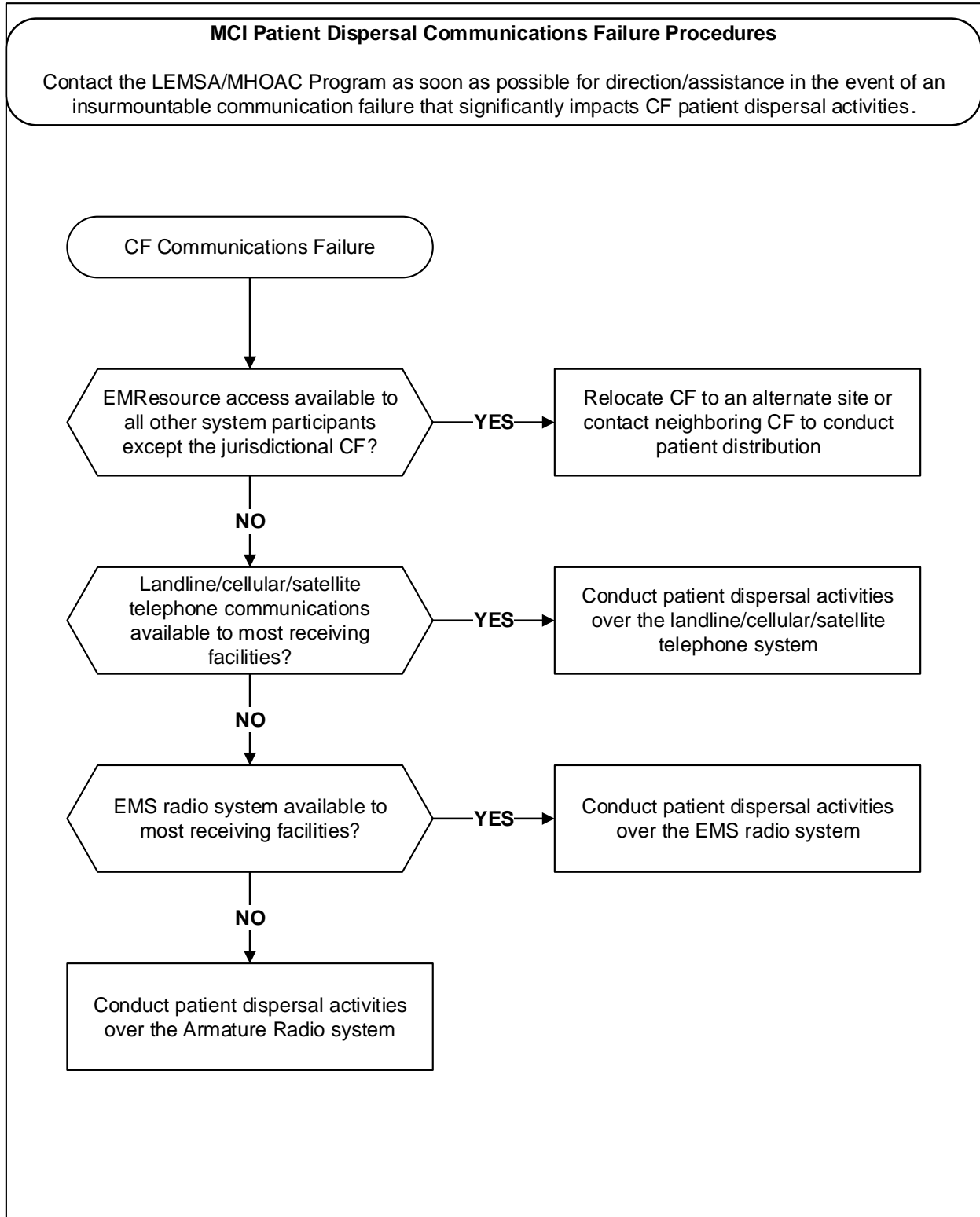
I	D	M
----------	----------	----------

Triage Status	Triage Tag #	Age	Gender	Primary Injury	Receiving Facility Destination	Transport Unit ID	ETA To Receiving Facility	Receiving Facility Advised
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					
I D M			M F					

I = Immediate (Red) Patient D = Delayed (Yellow) Patient M = Minor (Green) Patient



Appendix C: Communications Failure Procedures





APPENDIX D: Facilities List

County	Hospital	ED Telephone	CF	Jurisdictional CF
Butte	Enloe Medical Center	530-332-7417	✓	EMC
Butte	Orchard Hospital	530-846-9068		EMC
Butte	Oroville Hospital	530-523-8342		EMC
Colusa	Colusa Medical Center	530-619-0841		EMC
Glenn	Glenn Medical Center	530-934-1840		EMC
Lassen	Banner Lassen Medical Center	530-252-2096		MMCR or REMSA
Nevada	Sierra Nevada Memorial Hospital	530-272-3682		SRMC
Nevada	Tahoe Forest Hospital	530-582-6011	✓	TFH or REMSA
Modoc	Modoc Medical Center	530-233-1911		MMCR
Modoc	Surprise Valley Hospital	530-279-6111 (x-228)		MMCR
Placer	Kaiser Roseville Medical Center	916-784-8407		SRMC
Placer	Sutter Auburn Faith Hospital	530-888-4562		SRMC
Placer	Sutter Roseville Medical Center	916-786-3033	✓	SRMC
Plumas	Eastern Plumas District Hospital	530-832-6538		REMSA
Plumas	Plumas District Hospital	530-283-1322		REMSA
Plumas	Seneca District Hospital	530-258-2253		EMC
Sierra	N/A - No Hospital in Sierra County	N/A		AHR or REMSA
Shasta	Mayers Memorial Hospital	530-336-6440		MMCR
Shasta	Mercy Medical Center Redding	530-225-7214	✓	MMCR
Shasta	Shasta Regional Medical Center	530-243-4042		MMCR
Siskiyou	Fairchild Medical Center	530-841-6259		MMCR
Siskiyou	Mercy Medical Center Mt. Shasta	530-926-1108		MMCR
Sutter	N/A - No Hospital in Sutter County	N/A		AHR
Tehama	St. Elizabeth Community Hospital	530-527-0321		MMCR
Trinity	Trinity Hospital	530-623-5541		MMCR
Yuba	Adventist Health +Rideout	530-749-4524	✓	AHR

Notes

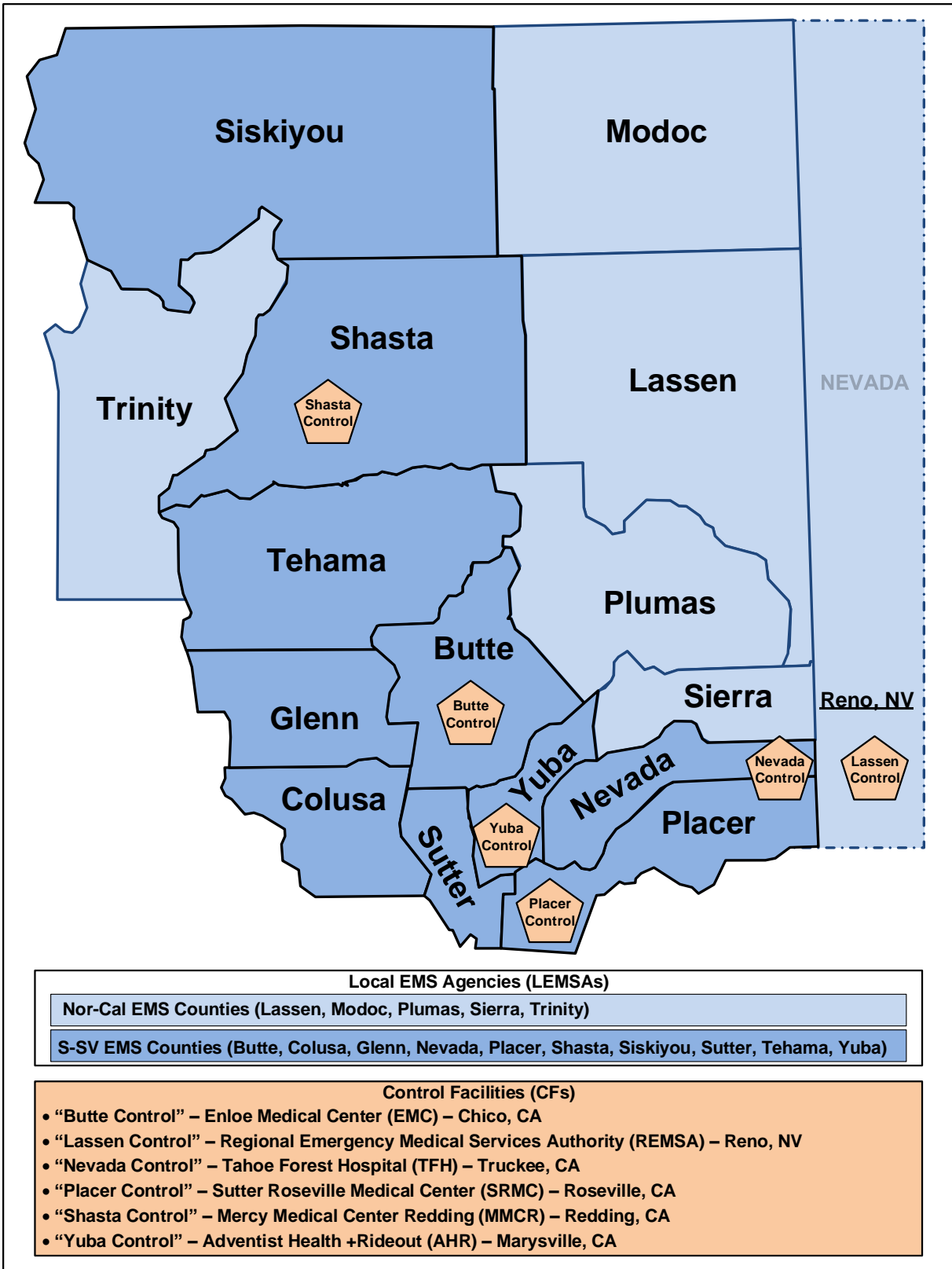
- **AHR shall be utilized as the CF for events in Sierra County (West).**
- **EMC shall be utilized as the CF for Plumas County (Lake Almanor Basin).**
- **MMCR shall be utilized as the CF for events in Lassen County (North).**
- **REMSA may be utilized as an alternate CF for events in the Truckee/Tahoe area, upon direction of TFH.**
- **REMSA shall be utilized as the CF for events in Lassen County (South), Plumas County (excluding the Lake Almanor Basin), and Sierra County (East).**



Control Facility Details			
Abbreviation	Facility Name	Location	Radio Name/ID
AHR	Adventist Health +Rideout	Marysville, CA	“Yuba Control”
EMC	Enloe Medical Center	Chico, CA	“Butte Control”
MMCR	Mercy Medical Center Redding	Redding, CA	“Shasta Control”
REMSA	Regional Emergency Medical Services Authority	Reno, NV	“Lassen Control”
SRMC	Sutter Roseville Medical Center	Roseville, CA	“Placer Control”
TFH	Tahoe Forest Hospital	Truckee, CA	“Nevada Control”



APPENDIX E: Regional Control Facility Locations Map





APPENDIX F: MCI Details/Feedback Form

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR FACILITY ROLE)

Role: <input type="checkbox"/> Control Facility (CF) <input type="checkbox"/> Receiving Facility	Incident Date:
Incident Name:	Incident Location:
Facility Name:	Reporting Person:
Telephone:	Email Address:
CF Name:	Initial CF Contact Name:

Initial CF Notification Received From (Dispatch, Field, etc.):

Pt Age Type	Immediate Pt Count	Delayed Pt Count	Minor Pt Count	AMA/Refusal Pt Count	Deceased Pt Count
Adult (≥ 15yo)					
Pedi (≤ 14yo)					

Were Triage Tags Used On All Patients? Yes No Unknown

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

Large empty box for MCI comments, issues, suggestions, and observations.

Completed forms shall be submitted to the jurisdictional LEMSA where the event occurred

2021 & 2022 S-SV EMS PLAN

TABLE 8

EMS PROVIDER RESOURCES

DIRECTORY &

AMBULANCE ZONE SUMMARY FORMS

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 1

INTERFACILITY & SPECIAL EVENT

GROUND EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Alpha One **Response Zone:** N/A

Address: 10461 Old Placerville Road, Ste 110
Sacramento, CA 95827

Number of Ambulance Vehicles in Fleet: 34

Phone Number: 916-635-2011

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

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

4500 Total number of responses
0 Number of emergency responses
4500 Number of non-emergency responses

4500 Total number of transports
0 Number of emergency transports
4500 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** America West Medical Transport Inc. **Response Zone:** N/A

Address: 9090 Union Park Way #117
Elk Grove, CA 95624

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-890-6194

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

<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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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

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

410 Total number of transports
0 Number of emergency transports
410 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** AmWest Ambulance **Response Zone:** _____

Address: 13257 Satcoy Street
North Hollywood, CA 91605

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 818-859-7999

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

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

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

485 Total number of transports
0 Number of emergency transports
485 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Bay Medic **Response Zone:** N/A

Address: 959 Detroit Ave
Concord, CA 94518

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 925-689-9000

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

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

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

817 Total number of transports
0 Number of emergency transports
817 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Falcon Critical Care Transport **Response Zone:** N/A

Address: 1600 S. Main Street, Ste. 215
Walnut Creek, CA 94596

Number of Ambulance Vehicles in Fleet: 63

Phone Number: 510-223-1171

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

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

1675 Total number of responses
0 Number of emergency responses
1675 Number of non-emergency responses

1675 Total number of transports
0 Number of emergency transports
1675 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Lifeline Training Center **Response Zone:** N/A

Address: 1074 East Avenue, Suite E
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-893-5254

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

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

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

0 Total number of transports
0 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Medic Ambulance Service Inc. **Response Zone:** N/A

Address: 3300 Business Drive
Sacramento, CA 95820

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 916-564-9040

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

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

4250 Total number of responses
0 Number of emergency responses
4520 Number of non-emergency responses

4250 Total number of transports
0 Number of emergency transports
4520 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mountain Medics Inc. **Response Zone:** N/A

Address: 234 Gateway Road
Mt. Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-605-5205

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** NORCAL Ambulance **Response Zone:** N/A

Address: 1815 Stockton Blvd.
Sacramento, CA 95816

Number of Ambulance Vehicles in Fleet: 33

Phone Number: 916-860-7900

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

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

4650 Total number of responses
0 Number of emergency responses
4560 Number of non-emergency responses

4650 Total number of transports
0 Number of emergency transports
4560 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** ON SCENE EVENT MEDICAL SERVICES, LLC **Response Zone:** N/A

Address: 8707 Lupin Lane
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: N/A - Special Event/Standby Provider Only

Phone Number: 916-709-5023

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

<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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Performance EMS **Response Zone:** N/A

Address: 7636 Poppy Way
Citrus Heights, CA 95610

Number of Ambulance Vehicles in Fleet: N/A - Special Event Standby Provider Only

Phone Number: (530) 521-7456

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

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** PROTRANSPORT-1 **Response Zone:** N/A

Address: 720 Portal Street
Cotati, CA 94931

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 800-650-4003

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

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

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

870 Total number of transports
0 Number of emergency transports
870 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: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Sacramento Valley Ambulance **Response Zone:** N/A

Address: 6220 Belleau Wood Ln #
Sacramento, CA 95822

Number of Ambulance Vehicles in Fleet: 20

Phone Number: 916-736-2500

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

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

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

998 Total number of transports
0 Number of emergency transports
998 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: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** SideTrax EMS **Response Zone:** N/A

Address: 5250 Hwy 162
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-5981

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Trauma Life Care Medical Transport, Inc. **Response Zone:** N/A

Address: 3637 Mission Avenue, Building A, Suite A
Carmichael, CA 95608

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-368-2222

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" 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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

1000 Total number of responses
0 Number of emergency responses
1000 Number of non-emergency responses

1000 Total number of transports
0 Number of emergency transports
1000 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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 2

BUTTE COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Butte **Provider:** Butte County EMS, LLC **Response Zone:** Butte County Zone 1

Address: 333 Huss Dr Ste 100
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 530-879-5512

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

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

28000 Total number of responses
26000 Number of emergency responses
1200 Number of non-emergency responses

2000 Total number of transports
19000 Number of emergency transports
1200 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: 2021

Response/Transportation/Providers

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

County: Butte **Provider:** Butte County Fire Department **Response Zone:** N/A

Address: 176 Nelson Avenue
Oroville, CA 95965

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-538-7111

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Butte **Provider:** City of Chico Fire Rescue Department **Response Zone:** N/A

Address: 411 Main Street, 3rd Floor
Chico, CA 95928

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-897-3400

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Butte **Provider:** El Medio Fire Protection District **Response Zone:** N/A

Address: 3515 Myers Street
Oroville CA 95966

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-533-4484

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 3

COLUSA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Arbuckle College City Fire Protection District **Response Zone:** N/A

Address: 506 Lucas Street
Arbuckle, CA 95912

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-476-2231

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Bear Valley Indian Valley Fire Protection District **Response Zone:** N/A

Address: 5122 E. Park Road
Stonyford, CA 95979

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-963-3231

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** CAL FIRE - Colusa (LNU) **Response Zone:** _____

Address: 1199 Big Tree
St Helena, CA 94574

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-994-2441

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Enloe EMS **Response Zone:** Colusa County Zone 1

Address: 1531 Esplanade
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

1200 Total number of responses
1100 Number of emergency responses
75 Number of non-emergency responses

700 Total number of transports
600 Number of emergency transports
70 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: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** City of Colusa City Fire Department **Response Zone:** N/A

Address: 750 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-7721

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Maxwell Fire Protection District **Response Zone:** N/A

Address: 231 Oak Street
Maxwell, CA 95955

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-438-2320

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Princeton Fire Department **Response Zone:** N/A

Address: 342 Winter Street
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-439-2235

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Sacramento River Fire District **Response Zone:** N/A

Address: 235 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-0239

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Colusa **Provider:** Williams Fire Protection District **Response Zone:** N/A

Address: 810 E Street
Williams, CA 95987

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-473-2269

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 4

GLENN COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Artois Fire Department **Response Zone:** N/A

Address: 740 Main Street
Artois, CA 95913

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-5351

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Bayliss Fire Protection District **Response Zone:** N/A

Address: 2555 County Road West
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2593

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Butte City Fire Department **Response Zone:** N/A

Address: 1947 Biggs-Willows Road
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-982-2111

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Capay Valley Fire Protection District **Response Zone:** N/A

Address: 7447 CA-16
Guinda, CA 95637

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-796-3300

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Orland Fire Department **Response Zone:** N/A

Address: 810 5th Street
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-1625

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Willows Fire Department **Response Zone:** N/A

Address: 445 S Butte Street
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-3323

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Elk Creek Volunteer Fire Department **Response Zone:** N/A

Address: 3288 Road 308
Elk Creek, CA 95939

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-968-5325

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Glenn Codora Fire Protection District **Response Zone:** N/A

Address: 1516 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-330-9043

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Hamilton City Fire Protection District **Response Zone:** N/A

Address: 420 1st Street
Hamilton City, California, 95951

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-826-3355

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

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

_____ Total number of responses
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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: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Kanawha Fire Protection District **Response Zone:** N/A

Address: 1709 County Road D
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2672

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

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

_____ Total number of responses
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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: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Ord Bend Fire Department **Response Zone:** N/A

Address: 3221 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-570-6510

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Westside Ambulance Association **Response Zone:** Glenn County Zone 1

Address: 604 Fourth St.
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-865-5981

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

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

1400 Total number of responses
1400 Number of emergency responses
50 Number of non-emergency responses

1000 Total number of transports
1000 Number of emergency transports
50 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: 2021

Response/Transportation/Providers

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

County: Glenn **Provider:** Enloe Ambulance **Response Zone:** Glenn County Zone 2

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

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

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

1300 Total number of responses
900 Number of emergency responses
300 Number of non-emergency responses

900 Total number of transports
600 Number of emergency transports
250 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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 5

NEVADA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** City of Grass Valley Fire Department **Response Zone:** N/A

Address: 125 E. Main St
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Higgins Fire Protection District **Response Zone:** N/A

Address: 10106 Combie Road
Auburn, CA 95602

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada City Fire Department **Response Zone:** N/A

Address: 201 Providence Mine Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-2351

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-4431

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** North San Juan Fire Protection District **Response Zone:** N/A

Address: 13200 Tyler Foote Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-292-9159

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Ophir Hill Fire Protection District **Response Zone:** N/A

Address: 12668 Colfax Highway
Cedar Ridge, CA 95924

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-8351

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Peardale Chicago Park Fire Protection District **Response Zone:** N/A

Address: 18934 Colfax Highway
Grass Valley, CA, 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-2503

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Penn Valley Fire Protection District **Response Zone:** Nevada County Zone 3

Address: 10513 Spenceville Road
Penn Valley, Ca 95946

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-432-2630

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

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

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

750 Total number of transports
550 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: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Rough and Ready Fire Department **Response Zone:** N/A

Address: 14506 Rough and Ready Highway
Rough and Ready, CA 95975

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-477-9812

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Sierra Nevada Ambulance **Response Zone:** Nevada County Zone 2

Address: 155 Glasson Way
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-265-2351

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

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

8800 Total number of responses
6000 Number of emergency responses
2000 Number of non-emergency responses

7800 Total number of transports
5800 Number of emergency transports
2000 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: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Nevada County Zone 1 & Zone 4

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

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

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

1600 Total number of responses
1400 Number of emergency responses
200 Number of non-emergency responses

1000 Total number of transports
900 Number of emergency transports
200 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: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** Washington Fire Department **Response Zone:** N/A

Address: 15406 Washington Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-3166

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 6

PLACER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Alta Fire Protection District **Response Zone:** N/A

Address: 33950 Alta Bonnybrook Road
Alta, CA 95701

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** AMR Placer **Response Zone:** Placer County Zone 3

Address: 6101 Pacific St
Rocklin, CA 95765

Number of Ambulance Vehicles in Fleet: 26

Phone Number: 916-563-0704

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

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

41000 Total number of responses
34000 Number of emergency responses
6500 Number of non-emergency responses

29000 Total number of transports
23000 Number of emergency transports
5500 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: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** City of Auburn Fire Department **Response Zone:** N/A

Address: 1225 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4211

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Foresthill Fre Protection District **Response Zone:** Placer County Zone 1

Address: 24320 Main Street
Foresthill, CA 95631

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-389-2287

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

280 Total number of transports
280 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: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** City of Lincoln Fire Department **Response Zone:** N/A

Address: 126 Joiner Parkway
Lincoln, CA 95648

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-434-2400

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Newcastle Fire Protection District **Response Zone:** N/A

Address: 9211 Cypress Street
Newcastle, CA 95658

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3323

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** North Tahoe Fire Protection District **Response Zone:** Placer County Zone 4

Address: 222 Fairway Drive
Tahoe City, CA 96145

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-583-6913

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

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

1200 Total number of responses
1000 Number of emergency responses
180 Number of non-emergency responses

980 Total number of transports
780 Number of emergency transports
180 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: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Northstar Fire Department **Response Zone:** N/A

Address: 910 Northstar Drive
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Olympic Valley Fire Department **Response Zone:** N/A

Address: 305 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-583-6111

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

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

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Palisades Tahoe Ski Patrol **Response Zone:** N/A

Address: 1960 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Penryn Fire Protection District **Response Zone:** N/A

Address: 7206 Church Street
Penryn, CA 95663

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3389

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Placer County Fire Department **Response Zone:** N/A

Address: 13760 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4904

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

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

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** Placer Hills Fire Protection District **Response Zone:** N/A

Address: 16999 Placer Hills Road
Meadow Vista, CA 95722

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-878-0405

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** City of Rocklin Fire Department **Response Zone:** N/A

Address: 4060 Rocklin Road
Rocklin, CA 95677

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-632-4150

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** City of Roseville Fire Department **Response Zone:** N/A

Address: 316 Vernon Street #480
Roseville, CA 95678

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-774-5844

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Placer **Provider:** South Placer Fire Protection District **Response Zone:** Placer County Zone 2

Address: 6900 Eureka Road
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-791-7059

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

1700 Total number of responses
1600 Number of emergency responses
0 Number of non-emergency responses

1200 Total number of transports
1200 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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 7

SHASTA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** AMR Shasta **Response Zone:** Shasta County Zone 3

Address: 4989 Mountain Lake Blvd
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 11

Phone Number: 530-241-2323

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

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

17000 Total number of responses
16000 Number of emergency responses
900 Number of non-emergency responses

12000 Total number of transports
11000 Number of emergency transports
500 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: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Anderson Fire Protection District **Response Zone:** N/A

Address: 1925 Howard St
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-379-6699

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Burney Fire Protection District **Response Zone:** Shasta County Zone 2

Address: 37072 Main Street
Burney, CA 96013

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-335-2212

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

400 Total number of transports
400 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: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Cottonwood Fire Protection District **Response Zone:** N/A

Address: 20875 4th Street
Cottonwood, CA 96022

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-347-4737

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Fall River Valley Fire Protection District **Response Zone:** N/A

Address: 44283 CA-299 E.
McArthur, CA 96056

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-336-5026

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Happy Valley Fire Protection District **Response Zone:** N/A

Address: 17441 Palm Avenue
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-357-2345

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Mercy Medical Center Redding Ambulance Service **Response Zone:** Shasta County Zone 3

Address: 2175 Rosalina Ave
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-245-4847

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

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

9000 Total number of responses
8500 Number of emergency responses
900 Number of non-emergency responses

7000 Total number of transports
6000 Number of emergency transports
800 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: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Mountain Gate Volunteer Fire Department **Response Zone:** N/A

Address: 14508 Wonderland Boulevard
Redding, CA 96003

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-3003

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Old Shasta Fire Department **Response Zone:** N/A

Address: 10644 High Street
Shasta, CA 96087

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-241-4615

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** City of Redding Fire Department **Response Zone:** N/A

Address: 777 W Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-225-4141

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Sierra Medical Services Alliance (SEMSA) **Response Zone:** Shasta County Zone 1

Address: 1325 Airmotive Way, Suite 290
Reno, NV 89502

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-336-5511

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

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

400 Total number of responses
200 Number of emergency responses
150 Number of non-emergency responses

300 Total number of transports
150 Number of emergency transports
75 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: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta County Fire Department **Response Zone:** N/A

Address: 875 Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-224-2460

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta Lake Fire Protection District **Response Zone:** N/A

Address: 4126 ASHBY Court
Shasta Lake CA 96019

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-7474

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 8

SISKIYOU COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Ambulance **Response Zone:** Siskiyou County Zone 1

Address: 104 N Railroad
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-397-2105

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

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

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

75 Total number of transports
80 Number of emergency transports
1 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Fire Protection District **Response Zone:** N/A

Address: 12320 Old State Highway
Macdoel, CA 96058

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-398-4332

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Copco Lake Fire Department **Response Zone:** N/A

Address: 27805 Copco Road
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-0434

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Dorris Fire Department **Response Zone:** N/A

Address: 307 S Main Street
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2121

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Etna Fire Department **Response Zone:** N/A

Address: 1604 CA-3
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-467-3295

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Fort Jones Fire Department **Response Zone:** N/A

Address: 31 Newton Street
Fort Jones, CA 96032

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2261

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Lake Shastina Fire Department **Response Zone:** N/A

Address: 16309 Everhart Drive
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4113

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Montague Fire Department **Response Zone:** N/A

Address: 121 S. 10th Street
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-5343

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Colestine Rural Fire District (Hilt VFD) **Response Zone:** N/A

Address: 1701 Colestin Road
Ashland, OR 97520

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 541-488-1768

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Dunsmuir - Castella Fire Department **Response Zone:** N/A

Address: 5915 Dunsmuir Avenue
Dunsmuir, California 96025

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-235-4822 ext 106

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Etna Ambulance **Response Zone:** Siskiyou County Zone 2

Address: 450 Main Street
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-467-3331

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

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

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

250 Total number of transports
250 Number of emergency transports
18 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Gazelle Volunteer Fire Department **Response Zone:** N/A

Address: 18338 Old Highway 99 South
Gazelle, CA 96034

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-435-2331

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Grenada Fire Protection District **Response Zone:** N/A

Address: 6055 4th Avenue
Grenada CA 96038

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-5783

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Hammond Ranch Fire Department **Response Zone:** N/A

Address: 8800 North Old Stage Road
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4200

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Happy Camp Volunteer Ambulance **Response Zone:** Siskiyou County Zone 3

Address: 26 4th Ave
Happy Camp, CA 96039

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-493-2643

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

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

230 Total number of responses
210 Number of emergency responses
0 Number of non-emergency responses

200 Total number of transports
70 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Hornbrook Volunteer Fire Department **Response Zone:** N/A

Address: 16100 Front Street
Hornbrook, CA 96044

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-475-3064

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Klamath River Volunteer Fire Company **Response Zone:** N/A

Address: 30330 Walker Road
Klamath River, CA 96050-9033

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3546

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

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

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

Air Ambulance Services

_____ 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mayten Fire Protection District **Response Zone:** N/A

Address: 7427 County Highway A12
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-3296

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of McCloud Fire Department **Response Zone:** Siskiyou County Zone 4

Address: 409 Tucci Ave
McCloud, CA 96057

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-964-2017

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

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

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

35 Total number of transports
32 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mt. Shasta Ambulance Service Inc. **Response Zone:** Siskiyou County Zones 5 & 6

Address: 1020 Oak Street
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

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

5400 Total number of responses
4500 Number of emergency responses
700 Number of non-emergency responses

3800 Total number of transports
3100 Number of emergency transports
600 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: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Mt. Shasta City Fire Department **Response Zone:** N/A

Address: 305 N. Mt Shasta Blvd
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-926-7546

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mount Shasta Vista Volunteer Fire Company **Response Zone:** N/A

Address: 13502 Roland Drive
Montague, California, 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-2297

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Orleans Volunteer Fire Department **Response Zone:** N/A

Address: 38162 CA-96
Orleans, CA 95556

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-627-3344

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Pleasant Valley Fire Company **Response Zone:** N/A

Address: 2543 Durham Drive
Dorris, California, 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Salmon River Volunteer Fire and Rescue **Response Zone:** N/A

Address: 15600 Salmon River Road
Forks of Salmon, CA 96031

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-462-4605

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Scott Valley Fire Protection District **Response Zone:** N/A

Address: 317 Maple Street
Greenville, CA 96037

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2170

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Seiad Volunteer Fire Department **Response Zone:** N/A

Address: 44601 CA-96
Seiad Valley, CA 96086

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3164

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** CAL FIRE Siskiyou Unit **Response Zone:** N/A

Address: 1890 Fairlane Road
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-3516

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** South Yreka Fire District **Response Zone:** N/A

Address: 3420 Easy Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-1477

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Tulelake Volunteer Fire Department **Response Zone:** N/A

Address: 1 Ray Oehlerich Way
Tulelake, CA 96134

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-521-2232

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Weed Fire Department **Response Zone:** N/A

Address: 128 Roseburg Parkway
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (530) 938-5030

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Yreka Fire Department **Response Zone:** N/A

Address: 401 West Miner Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-841-2383

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 9

SUTTER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Sutter County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

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

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

35000 Total number of responses
32000 Number of emergency responses
2500 Number of non-emergency responses

29000 Total number of transports
26000 Number of emergency transports
2900 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: 2021

Response/Transportation/Providers

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

County: Sutter **Provider:** City of Meridian Fire Department **Response Zone:** N/A

Address: 1100 3rd Street
Meridian, CA 95957

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-696-2306

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Sutter **Provider:** Pleasant Grove / East Nicolaus Fire Department **Response Zone:** N/A

Address: 3100 Howsley Road
Pleasant Grove, CA 95668

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-655-3937

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Sutter **Provider:** Sutter County Fire Department **Response Zone:** N/A

Address: 2340 California Street
Sutter, CA 95982

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-755-0266

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Sutter **Provider:** City of Yuba City Fire Department **Response Zone:** N/A

Address: 824 Clark Ave
Yuba City, CA 95991

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-822-4686

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN
TABLE 8
RESOURCE DIRECTORY
SECTION 10
TEHAMA COUNTY
EMERGENCY GROUND
EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Tehama & Glenn **Provider:** Capay Fire Protection District **Response Zone:** _____

Address: 50 4th Ave
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-2070

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Tehama **Provider:** City of Corning Fire Department **Response Zone:** N/A

Address: 814 5th Street
Corning, CA 96021

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-824-7044

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Tehama **Provider:** Red Bluff City Fire Department **Response Zone:** N/A

Address: 555 Washington Street, Suite C
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-527-1126

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Tehama **Provider:** St. Elizabeth Community Hospital Ambulance **Response Zone:** Tehama County Zone 1

Address: 2550 Sister Columba Dr
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-529-8318

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

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

8000 Total number of responses
7000 Number of emergency responses
900 Number of non-emergency responses

5000 Total number of transports
4000 Number of emergency transports
700 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: 2021

Response/Transportation/Providers

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

County: Tehama **Provider:** Tehama County Fire Department **Response Zone:** N/A

Address: 604 Antelope Boulevard
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-528-5199

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 11

YUBA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** Beale Air Force Base Ambulance Services **Response Zone:** Yuba County Zone 2

Address: 6451 B St
Beale AFB 95903

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-634-8672

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

120 Total number of responses
110 Number of emergency responses
10 Number of non-emergency responses

40 Total number of transports
40 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: 2021

Response/Transportation/Providers

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

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Yuba County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

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

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

35000 Total number of responses
32000 Number of emergency responses
2500 Number of non-emergency responses

29000 Total number of transports
26000 Number of emergency transports
2900 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: 2021

Response/Transportation/Providers

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

County: Nevada **Provider:** City of Camptonville Volunteer Fire Department **Response Zone:** N/A

Address: 15410 Mill Street
Camptonville, CA 95922

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-288-3303

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** Dobbins / Oregon House Fire Protection District **Response Zone:** N/A

Address: 9162 Marysville Road
Oregon House, CA 95962

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-692-2255

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** Foothill Fire Protection District **Response Zone:** N/A

Address: 16796 Willow Glen Road
Brownsville, CA 95919

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-675-0633

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Linda Fire Department **Response Zone:** N/A

Address: 1286 Scales Avenue
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-1553

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** Loma Rica / Browns Valley Fire Department **Response Zone:** N/A

Address: 11485 Loma Rica Road
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-0755

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Marysville Fire Department **Response Zone:** N/A

Address: 107 9th Street
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-6622

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Olivehurst Fire Department **Response Zone:** N/A

Address: 1962 9th Avenue
Olivehurst, CA 95961

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-7117

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** Smartsville Fire Protection District **Response Zone:** N/A

Address: 8459 Blue Gravel Road
Smartsville, CA 95977

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-639-0405

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Wheatland Fire Department **Response Zone:** N/A

Address: 313 Main Street
Wheatland, CA 95692

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-633-0861

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

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

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

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

Air Ambulance Services

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

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

2021 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 12

EMS AIRCRAFT PROVIDERS

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region (Placer County Base) **Provider:** CALSTAR **Response Zone:** N/A

Address: 13750 Lincoln Wy
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

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

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

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

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

Air Ambulance Services

350 Total number of responses
80 Number of emergency responses
275 Number of non-emergency responses

350 Total number of transports
80 Number of emergency transports
275 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region (Nevada County Base) **Provider:** CAREFLIGHT **Response Zone:** N/A

Address: 10356 Truckee Airport
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

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

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

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

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

Air Ambulance Services

90 _____ Total number of responses
25 _____ Number of emergency responses
60 _____ Number of non-emergency responses

90 _____ Total number of transports
25 _____ Number of emergency transports
60 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: S-SV EMS Region (Placer & Shasta Bases) **Provider:** California Highway Patrol (CHP) Air Operations **Response Zone:** N/A

Address: 601 N, 7th Street
Sacramento, CA 95811

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-843-3300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

140 Total number of responses
130 Number of emergency responses
 _____ Number of non-emergency responses

50 Total number of transports
45 Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Butte County Base) **Provider:** Enloe Flightcare **Response Zone:** N/A

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-680-2428

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

900 _____ Total number of responses
200 _____ Number of emergency responses
650 _____ Number of non-emergency responses

900 _____ Total number of transports
200 _____ Number of emergency transports
650 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Shasta County Base) **Provider:** PHI **Response Zone:** N/A

Address: 5900 Old Oregon Trail
Redding, CA 96002

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

630 Total number of responses
105 Number of emergency responses
520 Number of non-emergency responses

630 Total number of transports
105 Number of emergency transports
520 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Colusa, Shasta & Yuba Bases) **Provider:** REACH **Response Zone:** N/A

Address: 10034 Missle Way
Mather, CA 95655

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

1150 Total number of responses
215 Number of emergency responses
980 Number of non-emergency responses

1150 Total number of transports
215 Number of emergency transports
980 Number of non-emergency transports

2021 & 2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 13

AMBULANCE ZONE SUMMARY FORMS

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Butte County EMS, LLC</p>
<p>Area or Subarea (Zone) Name or Title: Butte County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Butte County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance Service, ALS Interfacility Ground Ambulance Transports</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): Exclusivity achieved through a competitive bid process, conducted in 2012, resulting in the execution of an EOA agreement with an initial term of 7/1/2013 – 6/30/2018. A five (5) year EOA agreement extension was subsequently granted with a term of 7/1/2018 – 6/30/2023. A competitive bid process is currently in process to select an EOA provider and execute a new EOA agreement, with an expected new initial EOA agreement term of 7/1/2023 – 6/30/2028.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Enloe EMS</p>
<p>Area or Subarea (Zone) Name or Title: Colusa County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Colusa County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Orland Community Ambulance Association, DBA – Westside Ambulance Association</p>
<p>Area or Subarea (Zone) Name or Title: Glenn County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, north of CR 33.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Enloe EMS</p>
<p>Area or Subarea (Zone) Name or Title: Glenn County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, south of CR 33.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Truckee Fire Protection District at Donner Summit</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Donner Summit Public Utilities District (PUD).</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Sierra Nevada Memorial – Miners Hospital, DBA – Sierra Nevada Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: The City of Grass Valley, the City of Nevada City and surrounding rural areas, all areas within the geographic boundaries of the Nevada County Consolidated Fire Protection District, North San Juan Fire Protection District, Ophir Hill Fire Protection District, Peardale-Chicago Park Fire Protection District, and Washington Fire Department, the Hwy 49 corridor from the junction of I-80 (east) through the geographic boundaries of the Higgins Fire Protection District (Placer County Line), to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Penn Valley Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Penn Valley Fire Protection District, including Penn Valley proper and the Lake Wildwood area.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Truckee Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 4</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Truckee Fire Protection District and immediate surrounding areas.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Foresthill Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Foresthill Fire Protection District, including the town of Foresthill, Todd Valley Estates, and Baker Ranch.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: South Placer Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the South Placer Fire Protection District, excluding the town of Loomis.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: American Medical Response West</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: I-80 corridor from the Emigrant Gap area south/west to the Sacramento County Line (including the cities/towns/areas of Blue Canyon, Dutch Flat, Gold Run, Alta, Colfax, Meadow Vista, Applegate, Bowman, Auburn, North Auburn, Newcastle, Penryn, Loomis, Rocklin and Roseville, and immediate surrounding areas), Hwy 49 corridor from the El Dorado County Line to the Nevada County Line (and immediate surrounding areas outside the geographic boundaries of the Foresthill Fire Protections District), Hwy 65 corridor from the junction of I-80 to the Yuba County Line (including the cities/areas of Lincoln, Sheridan, and immediate surrounding areas).</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: North Tahoe Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 4</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the North Tahoe Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Sierra Medical Services Alliance</p>
<p>Area or Subarea (Zone) Name or Title: Shasta County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: SR 299 from the Shasta/Modoc County line (east) to the junction of SR 89 (west), SR 89 from the Siskiyou County Line (north) to the junction of SR 44/Lassen National Park entrance (south), and all other surrounding areas of Shasta County east of the geographic boundaries of the Burney Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Burney Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Shasta County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: SR 299 from the junction of SR 89 (east) to Hatchet Summit (west), and all surrounding areas within the geographic boundaries of the Burney Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: American Medical Response West, Mercy Medical Center Redding, and Shasta Regional Medical Center</p>
<p>Area or Subarea (Zone) Name or Title: Shasta County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: SR 299 from Hatchet Summit (east) to the Trinity County Line (west), I-5 corridor from the Siskiyou County Line (north) to the Tehama County Line (south), SR 44 from the junction of SR 299 (west) to the junction of SR 44/Lassen National Park entrance (east), Hwy 89 from the junction of SR 44/Lassen National Park entrance (north) to the Tehama County Line (south) – including associated areas within the Lassen National Park, and all other surrounding areas of Shasta County to the west of the geographic boundaries of the Burney Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Butte Valley Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: North: Oregon State Line, South: SR 97 at Grass Lake, East: Approximately from the West Klamath Wildlife Refuge to Toe Modoc Plateau, West: Refuge Unit on Hwy 161, and those wilderness areas most accessible by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: City of Etna Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: North: SR 3 to Forest Mountain Summit, South: SR 3 to Scott Mountain Summit, Southwest: Cecilville Road to Cecilville Summit, East: Gazelle-Callahan Road to Gazelle Summit, West: Sawyers Bar Road to Etna Summit, Northwest: Scott River Road to Thompson Creek, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Happy Camp Volunteer Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: North: A line from the Oregon Border as the Del Norte County Line to SR 96 at Horse Creek, South: SR 96 at Somes Bar, East: Lines from Horse Creek to Scotts Bar, then Southwest, Southwest: SR 44 at the Lassen National Park turnoff, West: A line from the Oregon Border at the Del Norte County Line, passing SSW to approx. the latitude of Somes Bar, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

Sierra – Sacramento Valley EMS Agency 2021 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Name of Current Provider: McCloud Fire Department
Area or Subarea (Zone) Name or Title: Siskiyou County Zone 4
Area or Subarea (Zone) Geographic Description: North: Military Pass Road, 1 mile South of Medicine Lake, South: Southwest Gerard Ridge, East of Sims, South of Grizzly Peak, Southeast Ponderosa at SR 89, East: SR 89 to the Modoc County Line, West: Mt. Shasta Peak, Snowman Summit, SR 89 at Gerald Ridge, and those wilderness areas best accessed by ground from these corridors.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Mt. Shasta Ambulance Service Inc.</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 5</p>
<p>Area or Subarea (Zone) Geographic Description: North: I-5 to Parks Creek, US 97 to Grass Lake, South: I-5 at the Siskiyou/Shasta County Line, East: SR 89 to the Siskiyou County Line, West: Mt. Eddy Range, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Mt. Shasta Ambulance Service, Inc.</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 6</p>
<p>Area or Subarea (Zone) Geographic Description: North: Oregon State Line, South: I-5 at Parks Creek, East: West Siskiyou Mountains, West: SR 96 to Horse Creek, SR 3 to Fort Jones Road, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Bi-County Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Sutter County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Sutter County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Name of Current Provider: St. Elizabeth Community Hospital
Area or Subarea (Zone) Name or Title: Tehama County Zone 1
Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Tehama County.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Bi-County Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Yuba County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Yuba County, excluding Beale Air Force Base federal land.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2021

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Name of Current Provider: Beale Air Force Base Ambulance Services
Area or Subarea (Zone) Name or Title: Yuba County Zone 2
Area or Subarea (Zone) Geographic Description: All areas on Beale Air Force Base federal land.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 1

INTERFACILITY & SPECIAL EVENT

GROUND EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Alpha One **Response Zone:** N/A

Address: 10461 Old Placerville Road, Ste 110
Sacramento, CA 95827

Number of Ambulance Vehicles in Fleet: 34

Phone Number: 916-635-2011

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

4706 Total number of responses
0 Number of emergency responses
4706 Number of non-emergency responses

4706 Total number of transports
0 Number of emergency transports
4706 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** America West Medical Transport Inc. **Response Zone:** N/A

Address: 9090 Union Park Way #117
Elk Grove, CA 95624

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-890-6194

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

430 Total number of responses
0 Number of emergency responses
430 Number of non-emergency responses

430 Total number of transports
0 Number of emergency transports
430 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** AmWest Ambulance **Response Zone:** _____

Address: 13257 Satcoy Street
North Hollywood, CA 91605

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 818-859-7999

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

524 Total number of responses
0 Number of emergency responses
524 Number of non-emergency responses

524 Total number of transports
0 Number of emergency transports
524 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Bay Medic **Response Zone:** N/A

Address: 959 Detroit Ave
Concord, CA 94518

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 925-689-9000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

844 Total number of responses
0 Number of emergency responses
844 Number of non-emergency responses

844 Total number of transports
0 Number of emergency transports
844 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Falcon Critical Care Transport **Response Zone:** N/A

Address: 1600 S. Main Street, Ste. 215
Walnut Creek, CA 94596

Number of Ambulance Vehicles in Fleet: 63

Phone Number: 510-223-1171

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

1765 Total number of responses
0 Number of emergency responses
1765 Number of non-emergency responses

1765 Total number of transports
0 Number of emergency transports
1765 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Lifeline Training Center **Response Zone:** N/A

Address: 1074 East Avenue, Suite E
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-893-5254

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input checked="" type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input checked="" type="checkbox"/> IFT	
<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																
<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input checked="" type="checkbox"/> IFT																	

<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Medic Ambulance Service Inc. **Response Zone:** N/A

Address: 3300 Business Drive
Sacramento, CA 95820

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 916-564-9040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

4454 Total number of responses
0 Number of emergency responses
4454 Number of non-emergency responses

4231 Total number of transports
0 Number of emergency transports
4231 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Mountain Medics Inc. **Response Zone:** N/A

Address: 234 Gateway Road
Mt. Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-605-5205

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** NORCAL Ambulance **Response Zone:** N/A

Address: 1815 Stockton Blvd.
Sacramento, CA 95816

Number of Ambulance Vehicles in Fleet: 33

Phone Number: 916-860-7900

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

4752 Total number of responses
0 Number of emergency responses
4752 Number of non-emergency responses

4752 Total number of transports
0 Number of emergency transports
4752 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** ON SCENE EVENT MEDICAL SERVICES, LLC **Response Zone:** N/A

Address: 8707 Lupin Lane
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: N/A - Special Event/Standby Provider Only

Phone Number: 916-709-5023

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Performance EMS **Response Zone:** N/A

Address: 7636 Poppy Way
Citrus Heights, CA 95610

Number of Ambulance Vehicles in Fleet: N/A - Special Event Standby Provider Only

Phone Number: (530) 521-7456

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** PROTRANSPORT-1 **Response Zone:** N/A

Address: 720 Portal Street
Cotati, CA 94931

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 800-650-4003

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

890 Total number of responses
0 Number of emergency responses
890 Number of non-emergency responses

890 Total number of transports
0 Number of emergency transports
890 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Sacramento Valley Ambulance **Response Zone:** N/A

Address: 6220 Belleau Wood Ln #
Sacramento, CA 95822

Number of Ambulance Vehicles in Fleet: 20

Phone Number: 916-736-2500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

1035 Total number of responses
0 Number of emergency responses
1035 Number of non-emergency responses

1035 Total number of transports
0 Number of emergency transports
1035 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region **Provider:** Trauma Life Care Medical Transport, Inc. **Response Zone:** N/A

Address: 3637 Mission Avenue, Building A, Suite A
Carmichael, CA 95608

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-368-2222

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" 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 type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

1022 Total number of responses
0 Number of emergency responses
1022 Number of non-emergency responses

1022 Total number of transports
0 Number of emergency transports
1022 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

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 2

BUTTE COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Butte **Provider:** Butte County EMS, LLC **Response Zone:** Butte County Zone 1

Address: 333 Huss Dr Ste 100
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 530-879-5512

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

30000 Total number of responses
27000 Number of emergency responses
1400 Number of non-emergency responses

21000 Total number of transports
20000 Number of emergency transports
1300 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Butte **Provider:** Butte County Fire Department **Response Zone:** N/A

Address: 176 Nelson Avenue
Oroville, CA 95965

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-538-7111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Butte **Provider:** City of Chico Fire Rescue Department **Response Zone:** N/A

Address: 411 Main Street, 3rd Floor
Chico, CA 95928

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-897-3400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Butte **Provider:** El Medio Fire Protection District **Response Zone:** N/A

Address: 3515 Myers Street
Oroville CA 95966

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-533-4484

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 3

COLUSA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** CAL FIRE - Colusa (LNU) **Response Zone:** _____

Address: 1199 Big Tree
St Helena, CA 94574

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-994-2441

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Arbuckle College City Fire Protection District **Response Zone:** N/A

Address: 506 Lucas Street
Arbuckle, CA 95912

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-476-2231

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Bear Valley Indian Valley Fire Protection District **Response Zone:** N/A

Address: 5122 E. Park Road
Stonyford, CA 95979

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-963-3231

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Enloe EMS **Response Zone:** Colusa County Zone 1

Address: 1531 Esplanade
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

1300 Total number of responses
1200 Number of emergency responses
100 Number of non-emergency responses

800 Total number of transports
700 Number of emergency transports
70 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** City of Colusa City Fire Department **Response Zone:** N/A

Address: 750 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-7721

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Maxwell Fire Protection District **Response Zone:** N/A

Address: 231 Oak Street
Maxwell, CA 95955

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-438-2320

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Princeton Fire Department **Response Zone:** N/A

Address: 342 Winter Street
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-439-2235

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Sacramento River Fire District **Response Zone:** N/A

Address: 235 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-0239

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** Williams Fire Protection District **Response Zone:** N/A

Address: 810 E Street
Williams, CA 95987

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-473-2269

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 4

GLENN COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Artois Fire Department **Response Zone:** N/A

Address: 740 Main Street
Artois, CA 95913

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-5351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Bayliss Fire Protection District **Response Zone:** N/A

Address: 2555 County Road West
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2593

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Butte City Fire Department **Response Zone:** N/A

Address: 1947 Biggs-Willows Road
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-982-2111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** City of Orland Fire Department **Response Zone:** N/A

Address: 810 5th Street
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-1625

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** City of Willows Fire Department **Response Zone:** N/A

Address: 445 S Butte Street
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-3323

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** City of Elk Creek Volunteer Fire Department **Response Zone:** N/A

Address: 3288 Road 308
Elk Creek, CA 95939

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-968-5325

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Glenn Codora Fire Protection District **Response Zone:** N/A

Address: 1516 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-330-9043

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Hamilton City Fire Protection District **Response Zone:** N/A

Address: 420 1st Street
Hamilton City, California, 95951

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-826-3355

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Kanawha Fire Protection District **Response Zone:** N/A

Address: 1709 County Road D
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2672

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Ord Bend Fire Department **Response Zone:** N/A

Address: 3221 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-570-6510

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Westside Ambulance Association **Response Zone:** Glenn County Zone 1

Address: 604 Fourth St.
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-865-5981

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

1500 Total number of responses
1500 Number of emergency responses
50 Number of non-emergency responses

1100 Total number of transports
1100 Number of emergency transports
50 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** Enloe Ambulance **Response Zone:** Glenn County Zone 2

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

1400 Total number of responses
1000 Number of emergency responses
350 Number of non-emergency responses

1000 Total number of transports
700 Number of emergency transports
300 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

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 5

NEVADA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** City of Grass Valley Fire Department **Response Zone:** N/A

Address: 125 E. Main St
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Higgins Fire Protection District **Response Zone:** N/A

Address: 10106 Combie Road
Auburn, CA 95602

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Nevada City Fire Department **Response Zone:** N/A

Address: 201 Providence Mine Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-2351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-4431

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** North San Juan Fire Protection District **Response Zone:** N/A

Address: 13200 Tyler Foote Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-292-9159

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input 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 checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Ophir Hill Fire Protection District **Response Zone:** N/A

Address: 12668 Colfax Highway
Cedar Ridge, CA 95924

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-8351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Peardale Chicago Park Fire Protection District **Response Zone:** N/A

Address: 18934 Colfax Highway
Grass Valley, CA, 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-2503

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Penn Valley Fire Protection District **Response Zone:** Nevada County Zone 3

Address: 10513 Spenceville Road
Penn Valley, Ca 95946

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-432-2630

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

800 Total number of responses
800 Number of emergency responses
0 Number of non-emergency responses

600 Total number of transports
600 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Rough and Ready Fire Department **Response Zone:** N/A

Address: 14506 Rough and Ready Highway
Rough and Ready, CA 95975

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-477-9812

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Glenn **Provider:** SideTrax EMS **Response Zone:** N/A

Address: 5250 Hwy 162
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-5981

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Sierra Nevada Ambulance **Response Zone:** Nevada County Zone 2

Address: 155 Glasson Way
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-265-2351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

9000 Total number of responses
6300 Number of emergency responses
2000 Number of non-emergency responses

7000 Total number of transports
5000 Number of emergency transports
2000 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Nevada County Zone 1 & Zone 4

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

1700 Total number of responses
1500 Number of emergency responses
200 Number of non-emergency responses

1100 Total number of transports
1000 Number of emergency transports
200 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Washington Fire Department **Response Zone:** N/A

Address: 15406 Washington Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-3166

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 6

PLACER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Alta Fire Protection District **Response Zone:** N/A

Address: 33950 Alta Bonnybrook Road
Alta, CA 95701

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** AMR Placer **Response Zone:** Placer County Zone 3

Address: 6101 Pacific St
Rocklin, CA 95765

Number of Ambulance Vehicles in Fleet: 26

Phone Number: 916-563-0704

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

42000 Total number of responses
35000 Number of emergency responses
7000 Number of non-emergency responses

30000 Total number of transports
24000 Number of emergency transports
6000 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** City of Auburn Fire Department **Response Zone:** N/A

Address: 1225 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4211

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Foresthill Fre Protection District **Response Zone:** Placer County Zone 1

Address: 24320 Main Street
Foresthill, CA 95631

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-389-2287

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

400 Total number of responses
400 Number of emergency responses
0 Number of non-emergency responses

300 Total number of transports
300 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** City of Lincoln Fire Department **Response Zone:** N/A

Address: 126 Joiner Parkway
Lincoln, CA 95648

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-434-2400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Newcastle Fire Protection District **Response Zone:** N/A

Address: 9211 Cypress Street
Newcastle, CA 95658

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3323

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** North Tahoe Fire Protection District **Response Zone:** Placer County Zone 4

Address: 222 Fairway Drive
Tahoe City, CA 96145

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-583-6913

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

1300 Total number of responses
1100 Number of emergency responses
200 Number of non-emergency responses

1000 Total number of transports
800 Number of emergency transports
200 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Northstar Fire Department **Response Zone:** N/A

Address: 910 Northstar Drive
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Olympic Valley Fire Department **Response Zone:** N/A

Address: 305 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-583-6111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Palisades Tahoe Ski Patrol **Response Zone:** N/A

Address: 1960 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>ALS Ski Patrol</u> </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Penryn Fire Protection District **Response Zone:** N/A

Address: 7206 Church Street
Penryn, CA 95663

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3389

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Placer County Fire Department **Response Zone:** N/A

Address: 13760 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4904

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Placer Hills Fire Protection District **Response Zone:** N/A

Address: 16999 Placer Hills Road
Meadow Vista, CA 95722

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-878-0405

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** City of Rocklin Fire Department **Response Zone:** N/A

Address: 4060 Rocklin Road
Rocklin, CA 95677

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-632-4150

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** City of Roseville Fire Department **Response Zone:** N/A

Address: 316 Vernon Street #480
Roseville, CA 95678

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-774-5844

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** South Placer Fire Protection District **Response Zone:** Placer County Zone 2

Address: 6900 Eureka Road
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-791-7059

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

1800 Total number of responses
1700 Number of emergency responses
0 Number of non-emergency responses

1300 Total number of transports
1300 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Nevada County Zone 1 & Zone 4

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

1700 Total number of responses
1500 Number of emergency responses
200 Number of non-emergency responses

1100 Total number of transports
1000 Number of emergency transports
200 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

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 7

SHASTA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** AMR Shasta **Response Zone:** Shasta County Zone 3

Address: 4989 Mountain Lake Blvd
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 11

Phone Number: 530-241-2323

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input checked="" type="checkbox"/> IFT	
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input checked="" type="checkbox"/> IFT																	

<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

18000 Total number of responses
17000 Number of emergency responses
1000 Number of non-emergency responses

13000 Total number of transports
12000 Number of emergency transports
600 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Anderson Fire Protection District **Response Zone:** N/A

Address: 1925 Howard St
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-379-6699

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Burney Fire Protection District **Response Zone:** Shasta County Zone 2

Address: 37072 Main Street
Burney, CA 96013

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-335-2212

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

700 Total number of responses
700 Number of emergency responses
0 Number of non-emergency responses

500 Total number of transports
500 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Cottonwood Fire Protection District **Response Zone:** N/A

Address: 20875 4th Street
Cottonwood, CA 96022

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-347-4737

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Fall River Valley Fire Protection District **Response Zone:** _____

Address: 444283 Hwy 299 E.
McArthur, CA 96056

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-336-5026

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Happy Valley Fire Protection District **Response Zone:** N/A

Address: 17441 Palm Avenue
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-357-2345

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Mercy Medical Center Redding Ambulance Service **Response Zone:** Shasta County Zone 3

Address: 2175 Rosalina Ave
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-245-4847

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

10000 Total number of responses
9000 Number of emergency responses
1000 Number of non-emergency responses

7500 Total number of transports
6500 Number of emergency transports
900 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Mountain Gate Volunteer Fire Department **Response Zone:** N/A

Address: 14508 Wonderland Boulevard
Redding, CA 96003

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-3003

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Old Shasta Fire Department **Response Zone:** N/A

Address: 10644 High Street
Shasta, CA 96087

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-241-4615

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** City of Redding Fire Department **Response Zone:** N/A

Address: 777 W Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-225-4141

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Sierra Medical Services Alliance (SEMSA) **Response Zone:** Shasta County Zone 1

Address: 1325 Airmotive Way, Suite 290
Reno, NV 89502

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-336-5511

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

500 Total number of responses
300 Number of emergency responses
200 Number of non-emergency responses

400 Total number of transports
200 Number of emergency transports
100 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Shasta County Fire Department **Response Zone:** N/A

Address: 875 Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-224-2460

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Shasta Lake Fire Protection District **Response Zone:** N/A

Address: 4126 ASHBY Court
Shasta Lake CA 96019

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-7474

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 8

SISKIYOU COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Butte Valley Ambulance **Response Zone:** Siskiyou County Zone 1

Address: 104 N Railroad
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-397-2105

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

90 Total number of responses
89 Number of emergency responses
1 Number of non-emergency responses

87 Total number of transports
86 Number of emergency transports
1 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Butte Valley Fire Protection District **Response Zone:** N/A

Address: 12320 Old State Highway
Macdoel, CA 96058

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-398-4332

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Copco Lake Fire Department **Response Zone:** N/A

Address: 27805 Copco Road
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-0434

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Dorris Fire Department **Response Zone:** N/A

Address: 307 S Main Street
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2121

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Etna Ambulance **Response Zone:** Siskiyou County Zone 2

Address: 450 Main Street
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-467-3331

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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>City of Etna</u>	<u>If Public:</u> <input checked="" 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
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Transporting Agencies

400 Total number of responses
400 Number of emergency responses
30 Number of non-emergency responses

300 Total number of transports
300 Number of emergency transports
20 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Etna Fire Department **Response Zone:** N/A

Address: 1604 CA-3
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-467-3295

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Fort Jones Fire Department **Response Zone:** N/A

Address: 31 Newton Street
Fort Jones, CA 96032

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2261

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Lake Shastina Fire Department **Response Zone:** N/A

Address: 16309 Everhart Drive
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4113

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Montague Fire Department **Response Zone:** N/A

Address: 121 S. 10th Street
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-5343

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Colestine Rural Fire District (Hilt VFD) **Response Zone:** N/A

Address: 1701 Colestin Road
Ashland, OR 97520

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 541-488-1768

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Dunsmuir - Castella Fire Department **Response Zone:** N/A

Address: 5915 Dunsmuir Avenue
Dunsmuir, California 96025

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-235-4822 ext 106

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Gazelle Volunteer Fire Department **Response Zone:** N/A

Address: 18338 Old Highway 99 South
Gazelle, CA 96034

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-435-2331

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Grenada Fire Protection District **Response Zone:** N/A

Address: 6055 4th Avenue
Grenada CA 96038

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-5783

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Hammond Ranch Fire Department **Response Zone:** N/A

Address: 8800 North Old Stage Road
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Happy Camp Volunteer Ambulance **Response Zone:** Siskiyou County Zone 3

Address: 26 4th Ave
Happy Camp, CA 96039

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-493-2643

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 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

260 Total number of responses
260 Number of emergency responses
0 Number of non-emergency responses

70 Total number of transports
70 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Hornbrook Volunteer Fire Department **Response Zone:** N/A

Address: 16100 Front Street
Hornbrook, CA 96044

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-475-3064

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Klamath River Volunteer Fire Company **Response Zone:** N/A

Address: 30330 Walker Road
Klamath River, CA 96050-9033

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Mayten Fire Protection District **Response Zone:** N/A

Address: 7427 County Highway A12
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-3296

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of McCloud Fire Department **Response Zone:** Siskiyou County Zone 4

Address: 409 Tucci Ave
McCloud, CA 96057

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-964-2017

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<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>CSD</u>	<u>If Public:</u> <input type="checkbox"/> City <input checked="" 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
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Transporting Agencies

45 Total number of responses
45 Number of emergency responses
0 Number of non-emergency responses

37 Total number of transports
37 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Mt. Shasta Ambulance Service Inc. **Response Zone:** Siskiyou County Zones 5 & 6

Address: 1020 Oak Street
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

5500 Total number of responses
4700 Number of emergency responses
800 Number of non-emergency responses

4000 Total number of transports
3300 Number of emergency transports
750 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Mt. Shasta City Fire Department **Response Zone:** N/A

Address: 305 N. Mt Shasta Blvd
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Mount Shasta Vista Volunteer Fire Company **Response Zone:** N/A

Address: 13502 Roland Drive
Montague, California, 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-2297

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Orleans Volunteer Fire Department **Response Zone:** N/A

Address: 38162 CA-96
Orleans, CA 95556

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-627-3344

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Pleasant Valley Fire Company **Response Zone:** N/A

Address: 2543 Durham Drive
Dorris, California, 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Salmon River Volunteer Fire and Rescue **Response Zone:** N/A

Address: 15600 Salmon River Road
Forks of Salmon, CA 96031

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-462-4605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Scott Valley Fire Protection District **Response Zone:** N/A

Address: 317 Maple Street
Greenville, CA 96037

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2170

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Seiad Volunteer Fire Department **Response Zone:** N/A

Address: 44601 CA-96
Seiad Valley, CA 96086

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3164

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** CAL FIRE Siskiyou Unit **Response Zone:** N/A

Address: 1890 Fairlane Road
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-3516

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** South Yreka Fire District **Response Zone:** N/A

Address: 3420 Easy Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-1477

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Tulelake Volunteer Fire Department **Response Zone:** N/A

Address: 1 Ray Oehlerich Way
Tulelake, CA 96134

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-521-2232

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Weed Fire Department **Response Zone:** N/A

Address: 128 Roseburg Parkway
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (530) 938-5030

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Yreka Fire Department **Response Zone:** N/A

Address: 401 West Miner Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-841-2383

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 9

SUTTER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Sutter County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

36000 Total number of responses
33000 Number of emergency responses
2600 Number of non-emergency responses

30000 Total number of transports
27000 Number of emergency transports
3000 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** City of Meridian Fire Department **Response Zone:** N/A

Address: 1100 3rd Street
Meridian, CA 95957

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-696-2306

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** Pleasant Grove / East Nicolaus Fire Department **Response Zone:** N/A

Address: 3100 Howsley Road
Pleasant Grove, CA 95668

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-655-3937

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** Sutter County Fire Department **Response Zone:** N/A

Address: 2340 California Street
Sutter, CA 95982

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-755-0266

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** City of Yuba City Fire Department **Response Zone:** N/A

Address: 824 Clark Ave
Yuba City, CA 95991

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-822-4686

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 10

TEHAMA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama & Glenn **Provider:** Capay Fire Protection District **Response Zone:** _____

Address: 50 4th Ave
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-2070

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** City of Corning Fire Department **Response Zone:** N/A

Address: 814 5th Street
Corning, CA 96021

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-824-7044

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** Red Bluff City Fire Department **Response Zone:** N/A

Address: 555 Washington Street, Suite C
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-527-1126

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** St. Elizabeth Community Hospital Ambulance **Response Zone:** Tehama County Zone 1

Address: 2550 Sister Columba Dr
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-529-8318

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

9000 Total number of responses
7500 Number of emergency responses
1000 Number of non-emergency responses

6000 Total number of transports
5000 Number of emergency transports
800 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** Tehama County Fire Department **Response Zone:** N/A

Address: 604 Antelope Boulevard
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-528-5199

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 11

YUBA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Beale Air Force Base Ambulance Services **Response Zone:** Yuba County Zone 2

Address: 6451 B St
Beale AFB 95903

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-634-8672

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

130 Total number of responses
120 Number of emergency responses
10 Number of non-emergency responses

50 Total number of transports
50 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Yuba County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

36000 Total number of responses
33000 Number of emergency responses
2600 Number of non-emergency responses

30000 Total number of transports
27000 Number of emergency transports
3000 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** City of Camptonville Volunteer Fire Department **Response Zone:** N/A

Address: 15410 Mill Street
Camptonville, CA 95922

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-288-3303

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Dobbins / Oregon House Fire Protection District **Response Zone:** N/A

Address: 9162 Marysville Road
Oregon House, CA 95962

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-692-2255

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Foothill Fire Protection District **Response Zone:** N/A

Address: 16796 Willow Glen Road
Brownsville, CA 95919

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-675-0633

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Linda Fire Department **Response Zone:** N/A

Address: 1286 Scales Avenue
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-1553

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Loma Rica / Browns Valley Fire Department **Response Zone:** N/A

Address: 11485 Loma Rica Road
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-0755

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Marysville Fire Department **Response Zone:** N/A

Address: 107 9th Street
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-6622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Olivehurst Fire Department **Response Zone:** N/A

Address: 1962 9th Avenue
Olivehurst, CA 95961

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-7117

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Smartsville Fire Protection District **Response Zone:** N/A

Address: 8459 Blue Gravel Road
Smartsville, CA 95977

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-639-0405

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Wheatland Fire Department **Response Zone:** N/A

Address: 313 Main Street
Wheatland, CA 95692

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-633-0861

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 12

EMS AIRCRAFT PROVIDERS

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Placer & Shasta Bases) **Provider:** California Highway Patrol (CHP) Air Operations **Response Zone:** N/A

Address: 601 N, 7th Street
Sacramento, CA 95811

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-843-3300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

155 Total number of responses
155 Number of emergency responses
 _____ Number of non-emergency responses

58 Total number of transports
58 Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Placer County Base) **Provider:** CALSTAR **Response Zone:** N/A

Address: 13750 Lincoln Wy
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

376 Total number of responses
83 Number of emergency responses
293 Number of non-emergency responses

376 Total number of transports
83 Number of emergency transports
293 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Nevada County Base) **Provider:** CAREFLIGHT **Response Zone:** N/A

Address: 10356 Truckee Airport
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

97 _____ Total number of responses
31 _____ Number of emergency responses
66 _____ Number of non-emergency responses

97 _____ Total number of transports
31 _____ Number of emergency transports
66 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Butte County Base) **Provider:** Enloe Flightcare **Response Zone:** N/A

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-680-2428

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

949 Total number of responses
238 Number of emergency responses
711 Number of non-emergency responses

949 Total number of transports
238 Number of emergency transports
711 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Shasta County Base) **Provider:** PHI **Response Zone:** N/A

Address: 5900 Old Oregon Trail
Redding, CA 96002

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

645 Total number of responses
113 Number of emergency responses
532 Number of non-emergency responses

645 Total number of transports
113 Number of emergency transports
532 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Colusa, Shasta & Yuba Bases) **Provider:** REACH **Response Zone:** N/A

Address: 10034 Missle Way
Mather, CA 95655

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

1220 _____ Total number of responses
221 _____ Number of emergency responses
999 _____ Number of non-emergency responses

1220 _____ Total number of transports
221 _____ Number of emergency transports
999 _____ Number of non-emergency transports

2022 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 13

AMBULANCE ZONE SUMMARY FORMS

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Butte County EMS, LLC</p>
<p>Area or Subarea (Zone) Name or Title: Butte County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Butte County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance Service, ALS Interfacility Ground Ambulance Transports</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): Exclusivity achieved through a competitive bid process, conducted in 2012, resulting in the execution of an EOA agreement with an initial term of 7/1/2013 – 6/30/2018. A five (5) year EOA agreement extension was subsequently granted with a term of 7/1/2018 – 6/30/2023. A competitive bid process is currently in process to select an EOA provider and execute a new EOA agreement, with an expected new initial EOA agreement term of 7/1/2023 – 6/30/2028.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Enloe EMS</p>
<p>Area or Subarea (Zone) Name or Title: Colusa County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Colusa County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Orland Community Ambulance Association, DBA – Westside Ambulance Association</p>
<p>Area or Subarea (Zone) Name or Title: Glenn County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, north of CR 33.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Name of Current Provider: Enloe EMS
Area or Subarea (Zone) Name or Title: Glenn County Zone 2
Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, south of CR 33.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Truckee Fire Protection District at Donner Summit</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Donner Summit Public Utilities District (PUD).</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Sierra Nevada Memorial – Miners Hospital, DBA – Sierra Nevada Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: The City of Grass Valley, the City of Nevada City and surrounding rural areas, all areas within the geographic boundaries of the Nevada County Consolidated Fire Protection District, North San Juan Fire Protection District, Ophir Hill Fire Protection District, Peardale-Chicago Park Fire Protection District, and Washington Fire Department, the Hwy 49 corridor from the junction of I-80 (east) through the geographic boundaries of the Higgins Fire Protection District (Placer County Line), to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Penn Valley Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Penn Valley Fire Protection District, including Penn Valley proper and the Lake Wildwood area.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Truckee Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Nevada County Zone 4</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Truckee Fire Protection District and immediate surrounding areas.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Foresthill Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Foresthill Fire Protection District, including the town of Foresthill, Todd Valley Estates, and Baker Ranch.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: South Placer Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the South Placer Fire Protection District, excluding the town of Loomis.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: American Medical Response West</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: I-80 corridor from the Emigrant Gap area south/west to the Sacramento County Line (including the cities/towns/areas of Blue Canyon, Dutch Flat, Gold Run, Alta, Colfax, Meadow Vista, Applegate, Bowman, Auburn, North Auburn, Newcastle, Penryn, Loomis, Rocklin and Roseville, and immediate surrounding areas), Hwy 49 corridor from the El Dorado County Line to the Nevada County Line (and immediate surrounding areas outside the geographic boundaries of the Foresthill Fire Protections District), Hwy 65 corridor from the junction of I-80 to the Yuba County Line (including the cities/areas of Lincoln, Sheridan, and immediate surrounding areas).</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: North Tahoe Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Placer County Zone 4</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the North Tahoe Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Sierra Medical Services Alliance</p>
<p>Area or Subarea (Zone) Name or Title: Shasta County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: SR 299 from the Shasta/Modoc County line (east) to the junction of SR 89 (west), SR 89 from the Siskiyou County Line (north) to the junction of SR 44/Lassen National Park entrance (south), and all other surrounding areas of Shasta County east of the geographic boundaries of the Burney Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Burney Fire Protection District</p>
<p>Area or Subarea (Zone) Name or Title: Shasta County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: SR 299 from the junction of SR 89 (east) to Hatchet Summit (west), and all surrounding areas within the geographic boundaries of the Burney Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: American Medical Response West, Mercy Medical Center Redding, and Shasta Regional Medical Center</p>
<p>Area or Subarea (Zone) Name or Title: Shasta County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: SR 299 from Hatchet Summit (east) to the Trinity County Line (west), I-5 corridor from the Siskiyou County Line (north) to the Tehama County Line (south), SR 44 from the junction of SR 299 (west) to the junction of SR 44/Lassen National Park entrance (east), Hwy 89 from the junction of SR 44/Lassen National Park entrance (north) to the Tehama County Line (south) – including associated areas within the Lassen National Park, and all other surrounding areas of Shasta County to the west of the geographic boundaries of the Burney Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Butte Valley Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: North: Oregon State Line, South: SR 97 at Grass Lake, East: Approximately from the West Klamath Wildlife Refuge to Toe Modoc Plateau, West: Refuge Unit on Hwy 161, and those wilderness areas most accessible by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: City of Etna Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: North: SR 3 to Forest Mountain Summit, South: SR 3 to Scott Mountain Summit, Southwest: Cecilville Road to Cecilville Summit, East: Gazelle-Callahan Road to Gazelle Summit, West: Sawyers Bar Road to Etna Summit, Northwest: Scott River Road to Thompson Creek, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Happy Camp Volunteer Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 3</p>
<p>Area or Subarea (Zone) Geographic Description: North: A line from the Oregon Border as the Del Norte County Line to SR 96 at Horse Creek, South: SR 96 at Somes Bar, East: Lines from Horse Creek to Scotts Bar, then Southwest, Southwest: SR 44 at the Lassen National Park turnoff, West: A line from the Oregon Border at the Del Norte County Line, passing SSW to approx. the latitude of Somes Bar, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

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AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: McCloud Fire Department</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 4</p>
<p>Area or Subarea (Zone) Geographic Description: North: Military Pass Road, 1 mile South of Medicine Lake, South: Southwest Gerard Ridge, East of Sims, South of Grizzly Peak, Southeast Ponderosa at SR 89, East: SR 89 to the Modoc County Line, West: Mt. Shasta Peak, Snowman Summit, SR 89 at Gerald Ridge, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Mt. Shasta Ambulance Service Inc.</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 5</p>
<p>Area or Subarea (Zone) Geographic Description: North: I-5 to Parks Creek, US 97 to Grass Lake, South: I-5 at the Siskiyou/Shasta County Line, East: SR 89 to the Siskiyou County Line, West: Mt. Eddy Range, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Mt. Shasta Ambulance Service, Inc.</p>
<p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 6</p>
<p>Area or Subarea (Zone) Geographic Description: North: Oregon State Line, South: I-5 at Parks Creek, East: West Siskiyou Mountains, West: SR 96 to Horse Creek, SR 3 to Fort Jones Road, and those wilderness areas best accessed by ground from these corridors.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Bi-County Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Sutter County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Sutter County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: St. Elizabeth Community Hospital</p>
<p>Area or Subarea (Zone) Name or Title: Tehama County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Tehama County.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Bi-County Ambulance</p>
<p>Area or Subarea (Zone) Name or Title: Yuba County Zone 1</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Yuba County, excluding Beale Air Force Base federal land.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2022

<p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p>
<p>Name of Current Provider: Beale Air Force Base Ambulance Services</p>
<p>Area or Subarea (Zone) Name or Title: Yuba County Zone 2</p>
<p>Area or Subarea (Zone) Geographic Description: All areas on Beale Air Force Base federal land.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p>

2021 & 2022 S-SV EMS PLAN

TABLE 9

HOSPITAL RESOURCES DIRECTORY

TABLE 9: FACILITIES

County: Butte	Year: 2021 & 2022	Table 9 Page #: 1 of 17
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FACILITY INFORMATION		
Name: Enloe Medical Center		
Address: 1531 Esplanade, Chico, CA 95926		
Telephone Number: (530) 332-7300		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Butte	Year: 2021 & 2022	Table 9 Page #: 2 of 17
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FACILITY INFORMATION		
Name: Orchard Hospital		
Address: 240 Spruce Street, Gridley, CA 95948		
Telephone Number: (530) 846-9021		
Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Written Contact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input checked="" type="checkbox"/> Standby Emergency	
<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Butte	Year: 2021 & 2022	Table 9 Page #: 3 of 17
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FACILITY INFORMATION		
Name: Oroville Hospital		
Address: 2767 Olive Hwy, Oroville, CA 95966		
Telephone Number: (530) 533-8500		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Colusa	Year: 2021 & 2022	Table 9 Page #: 4 of 17
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FACILITY INFORMATION		
Name: Colusa Medical Center		
Address: 199 E Webster Street, Colusa, CA 95932		
Telephone Number: (530) 619-0800		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input checked="" type="checkbox"/> Standby Emergency	
<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Glenn	Year: 2021 & 2022	Table 9 Page #: 5 of 17
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FACILITY INFORMATION		
Name: Glenn Medical Center		
Address: 1133 W Sycamore Street, Willows, CA 95988		
Telephone Number: (530) 934-1800		
Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Written Contact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Nevada	Year: 2021 & 2022	Table 9 Page #: 6 of 17
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FACILITY INFORMATION		
Name: Sierra Nevada Memorial Hospital		
Address: 155 Glasson Way, Grass Valley, CA 95945		
Telephone Number: (530) 274-6227		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Nevada	Year: 2021 & 2022	Table 9 Page #: 7 of 17
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FACILITY INFORMATION		
Name: Tahoe Forest Hospital		
Address: 10121 Pine Avenue, Truckee, CA 96161		
Telephone Number: (530) 582-6629		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Placer	Year: 2021 & 2022	Table 9 Page #: 8 of 17
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FACILITY INFORMATION		
Name: Kaiser Roseville Medical Center		
Address: 1600 Eureka Road, Roseville, CA 95661		
Telephone Number: (916) 784-4000		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency		<input type="checkbox"/> Standby Emergency
<input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Comprehensive Emergency
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Placer	Year: 2021 & 2022	Table 9 Page #: 9 of 17
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FACILITY INFORMATION		
Name: Sutter Auburn Faith Hospital		
Address: 11815 Education Street, Auburn, CA 95602		
Telephone Number: (530) 888-4557		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Placer	Year: 2021 & 2022	Table 9 Page #: 10 of 17
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FACILITY INFORMATION		
Name: Sutter Roseville Medical Center		
Address: 1 Medical Plaza Drive		
Telephone Number: (916) 781-1000		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Shasta	Year: 2021 & 2022	Table 9 Page #: 11 of 17
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FACILITY INFORMATION		
Name: Mayers Memorial Hospital		
Address: 43563 State Highway 299 E, Fall River Mills, CA 96028		
Telephone Number: (530) 336-5511		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input checked="" type="checkbox"/> Standby Emergency	
<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Shasta	Year: 2021 & 2022	Table 9 Page #: 12 of 17
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FACILITY INFORMATION		
Name: Mercy Medical Center Redding		
Address: 2175 Rosaline Avenue, Redding, CA 96001		
Telephone Number: (530) 225-6000		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Shasta	Year: 2021 & 2022	Table 9 Page #: 13 of 17
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FACILITY INFORMATION		
Name: Shasta Regional Medical Center		
Address: 1100 Butte Street, Redding, CA 96001		
Telephone Number: (530) 244-5454		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A		
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Siskiyou	Year: 2021 & 2022	Table 9 Page #: 14 of 17
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FACILITY INFORMATION		
Name: Fairchild Medical Center		
Address: 444 Bruce Street, Yreka, CA 96097		
Telephone Number: (530) 841-6200		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Siskiyou	Year: 2021 & 2022	Table 9 Page #: 15 of 17
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FACILITY INFORMATION		
Name: Mercy Medical Center Mt. Shasta		
Address: 914 Pine Street, Mount Shasta, CA 96067		
Telephone Number: (530) 926-9381		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Tehama	Year: 2021 & 2022	Table 9 Page #: 16 of 17
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FACILITY INFORMATION		
Name: St. Elizabeth Community Hospital		
Address: 2550 Sister Mary Columba Drive, Red Bluff, CA 96080		
Telephone Number: (530) 529-8000		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yuba	Year: 2021 & 2022	Table 9 Page #: 17 of 17
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FACILITY INFORMATION		
Name: Adventist Health And Rideout		
Address: 726 4th Street, Marysville, CA 95901		
Telephone Number: (530) 749-4300		
Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	
<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specialty Care Center Service Capabilities		
Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A		
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A		

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

2021 & 2022 S-SV EMS PLAN

TABLE 10

APPROVED EMS TRAINING PROGRAMS

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2021 & 2022	Table 10 Page #: 1 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: Butte Community College			
Address: 3356 Butte Campus Drive, Oroville, CA 95965			
Telephone Number: (530) 895-2487			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<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
Program Approval Expiration	12/31/2024	N/A	12/31/2025
Student Eligibility	General Public	N/A	General Public
Initial Program Cost	\$625	N/A	\$4450
Refresher Program Cost	\$154	N/A	N/A
# Of Annual Students* – Initial	120	N/A	24
# Of Annual Students* – Refresher	20	N/A	N/A
# Of Annual Courses – Initial	5	N/A	1
# Of Annual Course – Refresher	2	N/A	0

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2021 & 2022	Table 10 Page #: 2 of 14
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EMS TRAINING PROGRAM INFORMATION
Name: Butte College - Fire Academy
Address: 3536 Butte Campus Drive, Oroville, CA 95965
Telephone Number: (530) 895-2402

EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2024	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$625	N/A	N/A
Refresher Program Cost	\$154	N/A	N/A
# Of Annual Students* – Initial	56	N/A	N/A
# Of Annual Students* – Refresher	0	N/A	N/A
# Of Annual Courses – Initial	2	N/A	N/A
# Of Annual Course – Refresher	0	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2021 & 2022	Table 10 Page #: 3 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: EMST, LLC / Oroville Adult Education Center			
Address: 1900 Oro Dam Blvd #12-375			
Telephone Number: 530-403-8432			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2026	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$1285.00	N/A	N/A
Refresher Program Cost	\$255.00	N/A	N/A
# Of Annual Students* – Initial	N/A	N/A	N/A
# Of Annual Students* – Refresher	N/A	N/A	N/A
# Of Annual Courses – Initial	2	N/A	N/A
# Of Annual Course – Refresher	1	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Colusa	Year: 2021 & 2022	Table 10 Page #: 4 of 14
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EMS TRAINING PROGRAM INFORMATION
Name: Woodland Community College - Colusa Campus
Address: 99 Ella Street, Williams, CA 95987
Telephone Number: (530) 668-2500

EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	06/30/2024	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$752	N/A	N/A
Refresher Program Cost	\$56	N/A	N/A
# Of Annual Students* – Initial	14	N/A	N/A
# Of Annual Students* – Refresher	0	N/A	N/A
# Of Annual Courses – Initial	1	N/A	N/A
# Of Annual Course – Refresher	1	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Nevada/Placer	Year: 2021 & 2022	Table 10 Page #: 5 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: Sierra College			
Address: 5100 Sierra College Blvd, Rocklin, CA 95677			
Telephone Number: (916) 781-6251			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2025	N/A	N/A
Student Eligibility	18 years	N/A	N/A
Initial Program Cost	\$450.00	N/A	N/A
Refresher Program Cost	\$74.00	N/A	N/A
# Of Annual Students* – Initial	296	N/A	N/A
# Of Annual Students* – Refresher	81	N/A	N/A
# Of Annual Courses – Initial	13	N/A	N/A
# Of Annual Course – Refresher	5	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer	Year: 2021 & 2022	Table 10 Page #: 6 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: NCTI-Roseville			
Address: 2995 Foothills Boulevard, Suite 100, Roseville, CA 95747			
Telephone Number: (916) 960-6284			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<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
Program Approval Expiration	12/31/2025	N/A	12/31/2025
Student Eligibility	General Public	N/A	General Public
Initial Program Cost	\$1895	N/A	\$10540
Refresher Program Cost	\$395	N/A	N/A
# Of Annual Students* – Initial	136	N/A	144
# Of Annual Students* – Refresher	10	N/A	N/A
# Of Annual Courses – Initial	4	N/A	3
# Of Annual Course – Refresher	2	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Shasta	Year: 2021 & 2022	Table 10 Page #: 7 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: Shasta College EMS Program			
Address: 11555 Old Oregon Trail, Redding, CA 96003			
Telephone Number: (530) 242-7563 / (530) 242-2207			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2025	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$362.50	N/A	N/A
Refresher Program Cost	\$86.50	N/A	N/A
# Of Annual Students* – Initial	131	N/A	N/A
# Of Annual Students* – Refresher	12	N/A	N/A
# Of Annual Courses – Initial	6	N/A	N/A
# Of Annual Course – Refresher	2	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Shasta	Year: 2021 & 2022	Table 10 Page #: 8 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: Shasta Union High School District			
Address: 2200 Eureka Way, Redding, CA 96001			
Telephone Number: (530) 241-3261, (916) 834-8995			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2025	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$0	N/A	N/A
Refresher Program Cost	\$0	N/A	N/A
# Of Annual Students* – Initial	20	N/A	N/A
# Of Annual Students* – Refresher	0	N/A	N/A
# Of Annual Courses – Initial	1	N/A	N/A
# Of Annual Course – Refresher	0	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou	Year: 2021 & 2022	Table 10 Page #: 9 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: College of The Siskiyous			
Address: 800 College Ave, Weed, CA 96094			
Telephone Number: (530) 938-5530			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<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
Program Approval Expiration	12/31/2026	N/A	12/31/2025
Student Eligibility	General Public	N/A	General Public
Initial Program Cost	\$500	N/A	\$5008
Refresher Program Cost	\$67	N/A	0
# Of Annual Students* – Initial	57	N/A	39
# Of Annual Students* – Refresher	4	N/A	0
# Of Annual Courses – Initial	4	N/A	2
# Of Annual Course – Refresher	4	N/A	0

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou	Year: 2021 & 2022	Table 10 Page #: 10 of 14
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EMS TRAINING PROGRAM INFORMATION			
Name: NOLS Wilderness Medicine Institute			
Address: 800 College Ave., Weed, CA 96094			
Telephone Number: (307) 335-2359			
EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2024	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$4675	N/A	N/A
Refresher Program Cost	N/A	N/A	N/A
# Of Annual Students* – Initial	138	N/A	N/A
# Of Annual Students* – Refresher	0	N/A	N/A
# Of Annual Courses – Initial	5	N/A	N/A
# Of Annual Course – Refresher	0	N/A	N/A

*Total number of students who successfully completed the training program within the past year.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yuba	Year: 2021 & 2022	Table 10 Page #: 11 of 14
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EMS TRAINING PROGRAM INFORMATION
Name: Yuba Community College
Address: 2088 N. Beale Road, Marysville, CA 95901
Telephone Number: (530) 749-3879

EMS TRAINING PROGRAM DETAILS			
Item/Description	EMT Training Program	AEMT Training Program	Paramedic Training Program
Training Program Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Approval Expiration	12/31/2024	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$1000	N/A	N/A
Refresher Program Cost	\$500	N/A	N/A
# Of Annual Students* – Initial	120	N/A	N/A
# Of Annual Students* – Refresher	0	N/A	N/A
# Of Annual Courses – Initial	3	N/A	N/A
# Of Annual Course – Refresher	1	N/A	N/A

***Total number of students who successfully completed the training program within the past year.**

Sierra – Sacramento Valley EMS Agency 2021 & 2022 EMS Plan – Table 10

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2021 & 2022	Table 10 Page #: 12 of 14
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S-SV EMS Approved Public Safety First Aid (PSFA) Training Programs			
Program Name	Program Approval Expiration	Program County	Program Phone Number
Accredited EMS Fire Training	12/31/2024	Colusa	925-708-5377
Assoc. Students - Wildcat Rec. Center	6/30/2025	Butte	530-898-5070
Auburn Rec. District	12/31/2025	Placer	530-885-8461
Butte Community College	12/31/2024	Butte	530-895-2321
Butte Valley Ambulance	12/31/2024	Siskiyou	530-397-2105
Chico Parks & Rec.	12/31/2025	Butte	530-895-4711
Craig Dunn Training	12/31/2026	Colusa	530-531-7501
Darcy Seipert	12/31/2025	Butte	530-321-7535
Durham Parks & Rec.	12/31/2026	Butte	209-329-1875
Glenn Codora Fire Protection District	12/31/2026	Glenn	530-330-9043
Grenada Fire Protection District	12/31/2024	Siskiyou	530-436-2200
Lifeline Training	12/31/2023	Butte	530-893-5254
Morgan Barr	12/31/2023	Siskiyou	530-938-2226
Mountain Medics	1/31/2024	Siskiyou	530-605-5205
Mt. Shasta Fire District	12/31/2023	Siskiyou	530-926-0702
Nathan Borer	12/31/2026	Butte	530-838-8142
North State EMS Training	8/31/2023	Shasta	530-260-7554
North Valley Training Associates	12/31/2023	Butte	530-520-6813
Orland Volunteer Fire Dept	12/31/2023	Glenn	530-865-1625
Rachel Jannsen	7/31/2026	Nevada	423-309-8335
Roseville Parks & Rec.	12/31/2025	Placer	916-774-5971
Shasta Community College	12/31/2025	Shasta	530-242-7500
Smartsville Fire Protection District	12/31/2026	Nevada	530-639-0405
Steve Duncan	12/31/2026	Siskiyou	928-542-6721
Training Alliance for Public Safety	12/31/2023	S-SV Region	530-521-7456
Truckee Donner Parks & Rec. District	12/31/2026	Nevada	530-550-4408
Yuba Community College	12/31/2026	Yuba	530-751-2023

***Note: PSFA Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2021 & 2022	Table 10 Page #: 13 of 14
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S-SV EMS Approved Emergency Medical Responder (EMR) Training Programs			
Program Name	Program Approval Expiration	Program County	Program Phone Number
Accredited EMS Fire Training	12/31/2023	Colusa	925-708-5377
Butte Community College	12/31/2024	Butte	530-895-2321
Butte Valley Ambulance	12/31/2026	Siskiyou	530-397-2105
College of the Siskiyous	12/31/2026	Siskiyou	530-938-5578
Cottonwood Fire Protection District	12/31/2023	Shasta	530-347-4737
Craig Dunn Training	12/31/2026	Colusa	530-531-7501
EMSCES911	12/31/2024	Sutter	530-632-8204
Glenn-Codora Fire Protection District	12/31/2026	Glenn	530-330-9043
Grenada Fire Protection District	12/31/2024	Siskiyou	530-436-2200
Klamath National Forest (NPS)	12/31/2023	Siskiyou	530-251-7920
Lifeline Training Center	12/31/2023	Butte	530-893-5254
Mountain Medics	1/31/2024	Siskiyou	530-605-5205
Mt. Shasta Fire District	12/31/2023	Siskiyou	530-926-0702
Orland Volunteer Fire Dept	12/31/2023	Glenn	530-865-1625
Shasta Community College	12/31/2023	Shasta	530-242-7500
Shasta Union High School District	12/31/2025	Shasta	916-834-8995
Sierra Community College	12/31/2024	Placer	916-781-6251
Smartsville Fire Protection District	12/31/2026	Nevada	530-639-0405
Training Alliance for Public Safety	12/31/2026	S-SV Region	530-521-7456
Yreka Volunteer Fire Department	12/31/2023	Siskiyou	530-842-1463

***Note: EMR Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2021 & 2022	Table 10 Page #: 14 of 14
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S-SV EMS Approved Tactical Casualty Care (TCC) Training Programs			
Program Name	Program Approval Expiration	Program County	Program Phone Number
Accredited EMS Fire Training	12/31/2024	S-SV Region	925-708-5377
Field Casualty Care	12/31/2026	S-SV Region	916-297-2811

***Note: TCC Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

2021 & 2022 S-SV EMS PLAN

TABLE 11

DISPATCH AGENCIES

TABLE 11: DISPATCH AGENCY

County: Butte	Year: 2021 & 2022	Table 11 Page #: 1 of 13
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Dispatch Center Name: Butte County Sheriff's Office Dispatch	
Address: 5 Gillick Way, Oroville, CA 95965	
Telephone Number: (530) 538-7321	Primary Contact: Kory Honea
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: CAL FIRE Oroville Emergency Command Center (ECC)	
Address: 176 Nelson Avenue, Oroville, CA 95965	
Telephone Number: (530) 538-7111	Primary Contact: John Gaddie
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name: City of Chico Dispatch	
Address: 1460 Humboldt Road, Chico, CA 95928	
Telephone Number: (530) 897-4900	Primary Contact: Jeramie Struthers
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Butte	Year: 2021 & 2022	Table 11 Page #: 2 of 13
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Dispatch Center Name: City of Oroville Dispatch	
Address: 2055 Lincoln Street, Oroville, CA 95966	
Telephone Number: (530) 538-2444	Primary Contact: Dispatch Supervisor
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: Enloe MEDCOM Dispatch	
Address: 1444 Magnolia Ave, Chico, CA 95926	
Telephone Number: (530) 332-3030	Primary Contact: Robert Sutton
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Colusa	Year: 2021 & 2022	Table 11 Page #: 3 of 13
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Dispatch Center Name: Colusa County Sheriff's Office Dispatch	
Address: 929 Bridge Street, Colusa, CA 95932	
Telephone Number: (530) 458-0233	Primary Contact: Brenna Van Atta
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: Enloe MEDCOM Dispatch	
Address: 1444 Magnolia Avenue, Chico, CA 95926	
Telephone Number: (530) 332-3030	Primary Contact: Robert Sutton
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Glenn	Year: 2021 & 2022	Table 11 Page #: 4 of 13
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Dispatch Center Name: Glenn County Sheriff's Office Dispatch	
Address: 543 W. Oak Street, Willows, CA 95988	
Telephone Number: (530) 934-6441	Primary Contact: Dispatch Supervisor
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: Enloe MEDCOM Dispatch	
Address: 1444 Magnolia Avenue, Chico, CA 95926	
Telephone Number: (530) 332-3030	Primary Contact: Robert Sutton
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Nevada	Year: 2021 & 2022	Table 11 Page #: 5 of 13
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Dispatch Center Name: CAL FIRE Grass Valley Emergency Command Center (ECC)	
Address: 13120 Loma Rica Drive, Grass Valley, CA 95945	
Telephone Number: (530) 477-0641	Primary Contact: Steve Mueller
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Placer	Year: 2021 & 2022	Table 11 Page #: 6 of 13
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Dispatch Center Name: American Medical Response Sacramento Dispatch	
Address: 1041 Fee Drive, Sacramento, CA 95815	
Telephone Number: (800) 913-9112	Primary Contact: Timothy Reeser
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name: CAL FIRE Grass Valley Emergency Command Center (ECC)	
Address: 13120 Loma Rica Drive, Grass Valley, CA 95945	
Telephone Number: Steve Mueller	Primary Contact: (530) 477-0641
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name: City of Lincoln Dispatch	
Address: 770 7th Street, Lincoln, CA 95648	
Telephone Number: (916) 645-4040	Primary Contact: Jeff Morse
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Placer	Year: 2021 & 2022	Table 11 Page #: 7 of 13
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Dispatch Center Name: Placer County Sheriff's Office Dispatch	
Address: 2929 Richardson Drive, Auburn, CA 95603	
Telephone Number: (530) 889-7800	Primary Contact: Kimberly Thomson
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: City of Rocklin Dispatch	
Address: 4080 Rocklin Road, Rocklin, CA 95677	
Telephone Number: (916) 625-5400	Primary Contact: Jennifer Gibson
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: City of Roseville Dispatch	
Address: 1051 Junction Boulevard, Roseville, CA 95678	
Telephone Number: (916) 774-5000	Primary Contact: Claudia Harlan
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Shasta	Year: 2021 & 2022	Table 11 Page #: 8 of 13
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Dispatch Center Name: CAL FIRE Redding Emergency Command Center (ECC)	
Address: 875 Cypress Avenue, Redding, CA 96001	
Telephone Number: (530) 225-2418	Primary Contact: Sean Johnson
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: SHASCOM	
Address: 3101 South Street, Redding, CA 96001	
Telephone Number: (530) 245-6500	Primary Contact: Jessica Larmour
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Siskiyou	Year: 2021 & 2022	Table 11 Page #: 9 of 13
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Dispatch Center Name: CAL FIRE Yreka Interagency Command Center (YICC)		
Address: 1809 Fairlane Road, Yreka, CA 96097		
Telephone Number: (530) 842-3516	Primary Contact: Jason Stone	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law	
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District		
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS		

Dispatch Center Name:		
Address:		
Telephone Number:	Primary Contact:	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law	
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS		

Dispatch Center Name:		
Address:		
Telephone Number:	Primary Contact:	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law	
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS		

TABLE 11: DISPATCH AGENCY

County: Sutter	Year: 2021 & 2022	Table 11 Page #: 10 of 13
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Dispatch Center Name: Bi County Ambulance Dispatch	
Address: 1900 Poole Boulevard, Yuba City, CA 95993	
Telephone Number: (530) 674-2780	Primary Contact: Cameron Bumpus
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: Sutter County Sheriff's Office Dispatch	
Address: 1077 Civic Center Boulevard, Yuba City, CA 95993	
Telephone Number: (530) 822-7307	Primary Contact: Tabatha Lopez
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: City of Yuba City Dispatch	
Address: 1545 Poole Boulevard, Yuba City, CA 95993	
Telephone Number: (530) 822-4660	Primary Contact: Tawnya Smallwood
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

TABLE 11: DISPATCH AGENCY

County: Tehama	Year: 2021 & 2022	Table 11 Page #: 11 of 13
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Dispatch Center Name: CAL FIRE Red Bluff Emergency Command Center (ECC)		
Address: 604 Antelope Boulevard, Red Bluff, CA 96080		
Telephone Number: (530) 528-5199	Primary Contact: Travis Bowersox	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law	
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District		
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS		

Dispatch Center Name: City of Corning Dispatch		
Address: 814 5th Street, Corning, CA 96021		
Telephone Number: (530) 824-7044	Primary Contact: Tom Tomlinson	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law	
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS		

Dispatch Center Name: City of Red Bluff Dispatch		
Address: 555 Washington Street, Red Bluff, CA 96080		
Telephone Number: (530) 527-3131	Primary Contact: Kyle Sanders	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law	
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS		

TABLE 11: DISPATCH AGENCY

County: Yuba	Year: 2021 & 2022	Table 11 Page #: 12 of 13
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Dispatch Center Name: Bi County Ambulance Dispatch	
Address: 1900 Poole Boulevard, Yuba City, CA 95993	
Telephone Number: (530) 674-2780	Primary Contact: Cameron Bumpus
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name: CAL FIRE Grass Valley Emergency Command Center (ECC)	
Address: 13120 Loma Rica Drive, Grass Valley, CA 95945	
Telephone Number: (530) 477-0641	Primary Contact: Steve Mueller
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS	

Dispatch Center Name: City of Marysville Dispatch	
Address: 316 6th Street, Marysville, CA 95901	
Telephone Number: (530) 749-3900	Primary Contact: Kelly Mincer
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

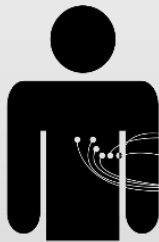
TABLE 11: DISPATCH AGENCY

County: Yuba	Year: 2021 & 2022	Table 11 Page #: 13 of 13
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Dispatch Center Name: Yuba County Sheriff's Office Dispatch	
Address: 720 Yuba Street, Marysville, CA 95901	
Telephone Number: (530) 749-7777	Primary Contact: Nina Wideman
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law
If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	

Dispatch Center Name:	
Address:	
Telephone Number:	Primary Contact:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	
Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS	



2021 & 2022 STEMI Critical Care System Plan Update

**Sierra-Sacramento Valley
EMS Agency**

Updated: November 2022

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS) was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional STEMI system planning. The S-SV EMS region covers approximately 21,000 square miles and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by both public and private providers. Hospitals providing STEMI services within the S-SV EMS region are well distributed into both rural and urban areas, and well serve the needs of STEMI patients. The S-SV EMS region is currently served by the following EMS system resources:

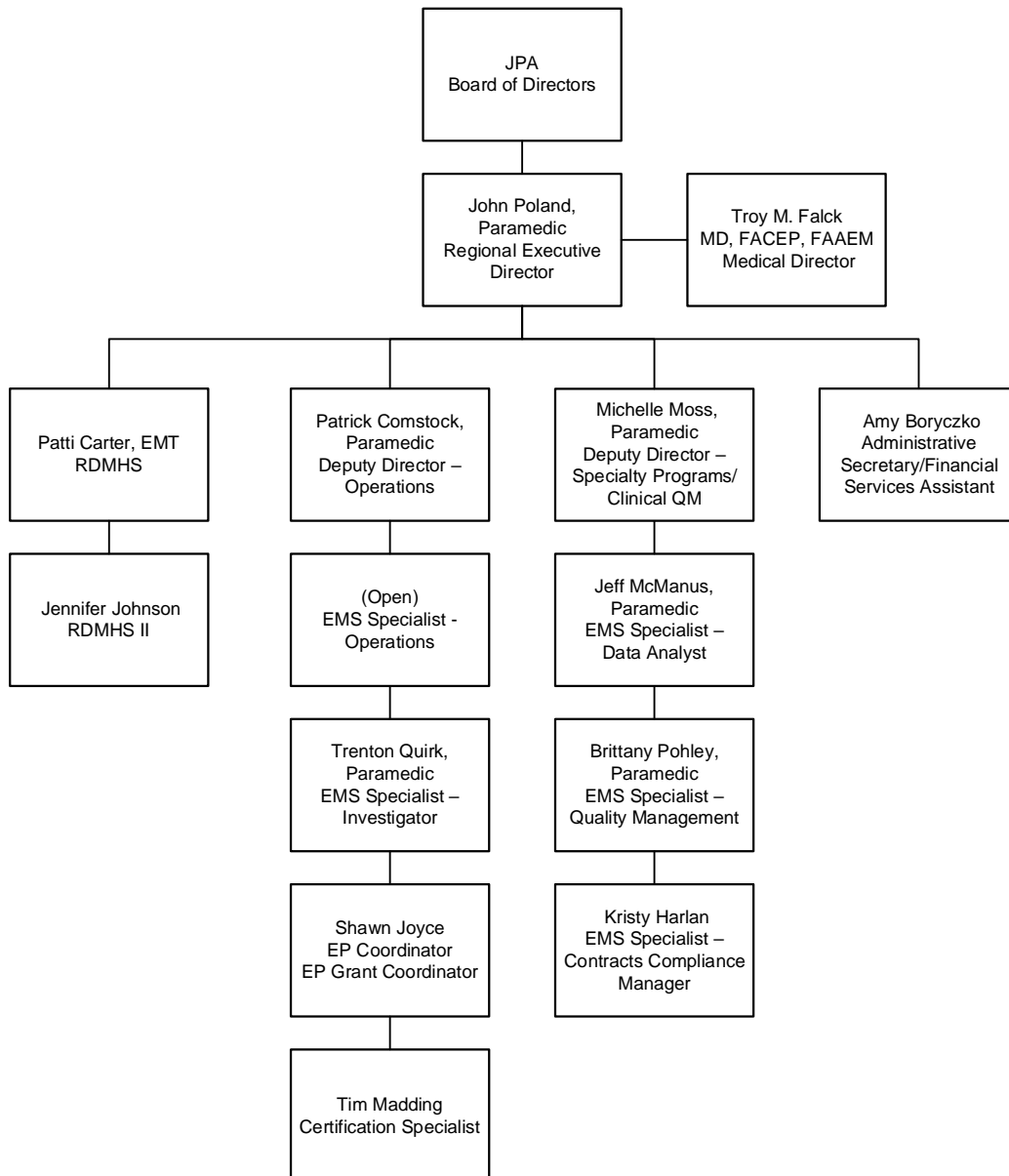
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 6 of which are S-SV EMS designated STEMI Receiving Centers

The S-SV EMS STEMI system is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional STEMI Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Committee
- S-SV EMS Regional Emergency Medical Advisory Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS STEMI System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS STEMI System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS STEMI System related duties as necessary/appropriate. In addition, George Fehrenbacher, MD, Sutter Roseville Medical Center Interventional Cardiologist serves as the S-SV EMS STEMI QI Committee Chairperson, and Kamara Graham MD, Adventist Health +Rideout Emergency Services Medical Director serves at the S-SV EMS STEMI QI Committee Co-Chairperson.



S-SV EMS STEMI System Changes

S-SV EMS STEMI Receiving Center site visits were postponed in 2021 in the interest of the health and safety of S-SV EMS and hospital staff related to COVID 19. Site visits have resumed with the first 2022 site visits scheduled in November at Mercy Medical Center Redding and Shasta Regional Medical Center. Additional site visits will be scheduled 2023 Q2.

Number and Designation of Designated STEMI Receiving Centers

As of November 2022, there are 6 designated STEMI Receiving Centers within the S-SV EMS region. As an agency, we have worked diligently to assist these centers with obtaining and reporting quality data. We have developed an internal assessment tool for ongoing performance evaluation and quality improvement of our STEMI system. The following facilities are currently designated as STEMI Receiving Centers (SRCs) by the S-SV EMS Agency:

Facility	Location	SRC Contract Expiration
Adventist Health +Rideout	Marysville, CA	12/31/2023
Enloe Medical Center	Chico, CA	12/31/2023
Kaiser Roseville Medical Center	Roseville, CA	12/31/2023
Mercy Medical Center Redding	Redding, CA	12/31/2023
Shasta Regional Medical Center	Redding, CA	12/31/2023
Sutter Roseville Medical Center	Roseville, CA	12/31/2023

S-SV EMS STEMI System Data Collection

S-SV EMS has been collecting comprehensive STEMI patient data from the regional SRCs since 2010. S-SV EMS has been utilizing the AHA GWTG-CAD registry for SRC reporting since January 2020. All S-SV EMS designated SRCs are users within the system and S-SV EMS accesses the data as a super-user. We continue to work with the AHA to address issues and challenges with using the registry for STEMI system surveillance purposes.

S-SV EMS STEMI System Public Education

All S-SV EMS designated SRCs are required to provide public education about STEMI warning signs and the importance of early utilization of the 911 system. This public education information is reported by the SRCs to S-SV EMS on an annual basis. In addition, multiple EMS prehospital agencies provide EMS public education in various settings on an ongoing basis (health fairs and other similar events). This public education information is reported by EMS prehospital provider agencies to S-SV EMS as part of their annual EMSQIP reports/updates.

S-SV EMS STEMI System Quality Improvement

The S-SV EMS Regional STEMI QI Committee meets twice per year. A comprehensive review of STEMI patient data and case reviews are discussed during these meetings, as well as reviews of S-SV EMS policies and protocols which direct care and management of STEMI patients in the S-SV EMS region. In 2023, meetings will be hybrid, allowing both remote and in-person attendance to increase participation and encourage broader attendance by EMS system and STEMI Referral Hospital stakeholders. The S-SV EMS region 2023 SRC reporting metrics are included on the following page.

S-SV EMS STEMI System Policies/Protocols

The following S-SV EMS policies/protocols are currently utilized to direct the prehospital care and management of STEMI patients in the S-SV EMS Region:

- Chest Discomfort/Suspected Acute Coronary Syndrome (ACS) (C-6)
- STEMI Receiving Center Designation Criteria, Requirements & Responsibilities (506)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)
- 12-Lead EKG Procedure (1107)

Copies of these current policies/protocols are included on the following pages.

S-SV EMS STEMI System 2023 SRC Reporting Metrics

SRC		
#	Measure	Population
1	STEMI Patient volume by SRC (EMS, WI, IFT)	All patients with a cardiac diagnosis of: Confirmed AMI - STEMI
2	Average ED time (EMS/WI)	All patients with a cardiac diagnosis of : Confirmed AMI-STEMI.
3	Average FMC to PCI (EMS/WI)	All patients with a cardiac diagnosis of: Confirmed AMI - STEMI, AND STEMI or STEMI Equivalent on First ECG, AND no EMS transports >45 minutes, AND PCI was performed, AND no lytics prior to PCI, AND no Non-System reasons for delay
4	Average Time from EMS Pre-Alert to Cath Lab Activation	All patients who are transported directly to the SRC by EMS, AND have STEMI or STEMI on EMS EKG.
5	% EMS First Medical Contact to PCI <= 90 minutes or <= 120 minutes if transport is > 45 minutes	All patients for whom PCI is the primary reperfusion strategy AND who have STEMI or STEMI equivalent first noted on first ECG, AND who arrive at the SRC via ambulance, AND essential calculation data not missing, AND time from FMC to first device activation is not > 12 hours. EXCLUDES TRANSFERS AND PATIENTS RECEIVING LYTICS.
EMS		
#	Measure	Population
1	Median FMC to 12 lead, by provider	All patients who are transported from scene to SRC by EMS, AND 1st 12 Lead is performed prior to arrival at SRC. EXCLUDES TRANSFERS
2	Median time from FMC to destination alert for STEMI patients	All patients who are transported from scene to SRC by EMS, AND 1st 12 Lead is performed prior to arrival at SRC, AND prehospital EKG indicates STEMI or STEMI equivalent. EXCLUDES TRANSFERS
3	Median Scene time, by provider	
4	Over-Under triage, by provider	All patients with a STEMI indicated on PCR by way of Primary/Secondary Impression, STEMI alert or STEMI on ECG prior to hospital arrival. EXCLUDES TRANSFERS.
IFT		
#	Measure	Population
1	Transfer patient volume	All AHA-GWTG patients who were transferred from a SRH.
2	Average door to 12 lead, by SRH	
3	# Receiving thrombolytics at SRH	All AHA-GWTG patients who were transferred from a SRH and received thrombolytics.
4	Average time to thrombolytics, by SRH	
5	Average SRH arrive to transfer time, by SRH	All AHA-GWTG patients who were transferred from a SRH.
6	Average SRH arrive to PCI	All AHA-GWTG patients who received primary PCI.



Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2022

Approval: Victoria Pinette – Executive Director

Next Review: 05/2025

- **Common symptoms associated with ACS include, but are not limited to:**
 - Dyspnea/SOB
 - Palpitations
 - Diaphoresis
 - Nausea/vomiting
 - Lightheadedness/near-syncope/syncope
 - Upper abdominal pain or heartburn unrelated to meals
 - Discomfort in the throat or abdomen may occur in pts with diabetes, women & elderly pts
- **Fleeting or sharp chest pain that increases with inspiration & lying supine is unlikely to be ACS related.**
- **Pt assessment, treatment & transport destination determination should occur concurrently.**

BLS

- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%), short of breath, or signs of heart failure or shock
- P-Q-R-S-T

Aspirin

- 160 - 325 mg chewable PO (anticoagulant use is not a contraindication to administration)

ALS

- Cardiac monitor
- 12-lead EKG as soon as possible (prior to nitroglycerin administration)
 - Criteria for ST Elevation Myocardial Infarction (STEMI):
 1. Machine readout: 'Meets ST Elevation MI Criteria', 'Acute MI', 'STEMI' (or equivalent)
 2. ST elevation in 2 or more contiguous leads
 - For pts with suspected ACS, serial 12-lead EKGs should be obtained if the pt's clinical status changes or if EKG changes are noted on the monitor, and every 15 mins if transport times are long

- IV/IO at appropriate time during treatment
 - Administer 250 mL NS fluid boluses to maintain SBP >90
 - Do not administer fluid if signs of heart failure

If discomfort persists following initial 12-lead acquisition:

Nitroglycerin

- 0.4 mg SL (tablet or spray), repeat every 5 mins if discomfort persists
- Do not administer if SBP <100,
- Use with caution for pts with suspected inferior MI (establish vascular access prior to administration)
- Consult with base/modified base hospital prior to administration if pt takes erectile dysfunction or pulmonary hypertension medication

SEE PAGE 2 FOR ADDITIONAL ALS TREATMENT & PT DESTINATION



Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)

ADDITIONAL ALS TREATMENT & PT DESTINATION

If discomfort persists following one or more EMS administered nitroglycerine doses:

Fentanyl

- 25 mcg slow IV/IO
- May repeat every 5 mins if discomfort persists (maximum cumulative dose: 200 mcg)

Morphine Sulfate

- 2 mg slow IV/IO
- May repeat every 5 mins if discomfort persists (maximum cumulative dose: 20 mg)

- Ⓢ Do not administer fentanyl or morphine to pts with any of the following contraindications:
- Systolic BP <100
 - Hypoxia or RR <12
 - ALOC or evidence of head injury
- Ⓢ If administering fentanyl & morphine to the same pt, maximum cumulative dose: 100 mcg fentanyl & 10 mg morphine

For current or potential nausea/vomiting:

Zofran (Ondansetron)

- 4 - 8 mg slow IV/IO, IM or ODT
- May be administered concurrently with fentanyl or morphine to reduce potential nausea/vomiting

STEMI Criteria Met?

NO → Transport to Closest Facility

YES

Both STEMI Criteria Met?

NO → Contact closest facility for destination consultation

YES

≤45 min to STEMI Receiving Center (SRC)?

NO → Contact closest facility for destination consultation
• Transmit 12-lead to closest facility if able

YES

Any of the following criteria met?

- CPR in progress
- Unmanageable airway
- Unstable v-tach

YES → Contact closest facility for destination consultation


NO

Transport Directly to SRC

- Transmit 12-lead to SRC if able
- Advise SRC of "STEMI ALERT"

STEMI Pt Notes

- When possible, any 12-lead meeting STEMI criteria shall be transmitted within 10 mins of first STEMI positive 12-lead.
- Scene time for STEMI pts should be ≤10 mins.
- When possible, obtain & relay to the receiving hospital the name/contact information of an individual who can make decisions on behalf of the pt.
- Always relay pertinent medical directives (DNR, POLST, etc.) to the receiving hospital.

Sierra – Sacramento Valley EMS Agency Program Policy			
STEMI Receiving Center Designation Criteria, Requirements & Responsibilities			
	Effective: 06/01/2022	Next Review: 01/2025	506
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish STEMI receiving center (SRC) designation criteria, requirements and responsibilities.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. California Code of Regulations, Title 13, § 1105 (c).
- C. California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

- A. **Percutaneous Coronary Intervention (PCI)** – A procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient.
- B. **Primary PCI** – Urgent balloon angioplasty (with or without stenting), without the previous administration of fibrinolytic therapy or platelet glycoprotein IIb/IIIa inhibitors, to open the infarct-related artery during an acute myocardial infarction with ST-segment elevation.
- C. **ST-Elevation Myocardial Infarction (STEMI)** – A clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on EKG.
- D. **STEMI Receiving Center (SRC)** – A licensed general acute care facility that has emergency interventional cardiac catheterization capabilities, meets the minimum STEMI care requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.1, § 100270.124), and is designated as a SRC by S-SV EMS.
- E. **STEMI Referring Hospital (SRH)** – A licensed general acute care facility that does not have emergency interventional cardiac catheterization capabilities, and transfers STEMI patients to SRCs for PCI services when necessary.

STEMI Receiving Center Designation Criteria, Requirements & Responsibilities	506
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POLICY:

- A. Criteria for assessment, identification, treatment and transport of prehospital suspected STEMI patients shall be based on S-SV EMS Chest Pain/Suspected Symptoms of Cardiac Origin Protocol (C-6).
- B. The following shall be met for a hospital to be designated as a SRC by S-SV EMS:
1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.
 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 4. Have a cardiac catheterization laboratory (cath lab) license.
 5. Have intra-aortic balloon pump capability.
 6. Have cardiovascular surgical services available on site. If cardiovascular surgical services are not available on site, the SRC must have a rapid transfer plan and written agreement in place with a facility that provides cardiovascular surgical services. The expectation is that for emergency cases, the patient will arrive at the cardiac surgical hospital within one (1) hour of the decision to operate.
 7. Be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
 8. Have a communication system for notification of a prehospital suspected STEMI patient, including 12-lead EKG receiving capabilities.
 9. Have established protocols for triage, diagnosis, and cath lab activation following notification of a prehospital suspected STEMI patient.
 10. Maintain a STEMI team call roster (including a cardiologist with PCI privileges and other appropriate cath lab team members).
 11. Have a single call activation system to activate the cath lab team directly.
 12. Ensure the cath lab team is available within 30 minutes of call activation.
 13. Have written protocols in place for the identification of STEMI patients.


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14. Have a process in place for the treatment and triage of simultaneously arriving STEMI patients.
 15. Agree to accept all prehospital suspected STEMI patients according to applicable S-SV EMS policies/protocols.
 16. Agree to accept all STEMI patients from adjacent SRHs, and have transfer plans/agreements in place to ensure rapid transport of these patients to the SRC.
 17. Perform a minimum of 36 Primary PCI and 200 total PCI procedures annually.
 18. Have the following STEMI Program oversight staff:
 - One STEMI Program Medical Director who is a physician board certified/eligible in interventional cardiology with active PCI privileges at the SRC, and one STEMI Program Medical Co-Director who is a physician board certified/eligible in emergency medicine with active privileges to practice in the emergency department at the SRC.
 - STEMI Program Medical Director/Co-Medical Director responsibilities:
 - Oversight of STEMI program patient care.
 - Participation in development of STEMI Program clinical practice guidelines/protocols.
 - Coordination of STEMI program staff and services.
 - Authority/accountability for STEMI Program quality and performance improvement.
 - Establish and monitor STEMI Program quality control.
 - Regular participation in S-SV EMS Regional STEMI QI Committee activity.
 - One STEMI Program Manager who is an RN trained/certified in critical care nursing and affiliated with the cardiac catheterization laboratory at the SRC, and one STEMI Program Co-Manager who is an RN trained/certified in critical care nursing and affiliated with the emergency department at the SRC.
 - STEMI Program Manager/Co-Manager responsibilities:
 - Support the STEMI Program Medical Director/Co-Medical Director functions.
 - Acts as the STEMI Program EMS liaison.
 - Assures EMS-SRC STEMI data sharing.
 - Manages EMS-SRC STEMI QI activities.
 - Authority/accountability for STEMI Program quality and performance improvement.
 - Regular participation in S-SV EMS Regional STEMI QI Committee activity.

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19. Have job descriptions and an organizational structure clarifying the relationship between the STEMI medical directors, STEMI program manager, and the STEMI team and hospital administration.
 20. Have a quality improvement (QI) process in place to track and improve treatment (acutely and at discharge) with American College of Cardiology (ACC) and American Heart Association (AHA) guidelines-based Class 1 therapies. At a minimum, this process will evaluate performance in meeting the following AHA/ACC STEMI Receiving Center Achievement Measures:
 - Fibrinolysis within 30 minutes of ED arrival, if administered.
 - SRC Arrival to PCI ≤ 90 minutes for patients arriving by non-EMS modes of transport.
 - EMS First Medical Contact (FMC) to PCI ≤ 90 minutes, or ≤ 120 minutes when transport time is prolonged (≥ 45 minutes).
 21. Have a QI process in place to provide ongoing feedback to adjacent SRHs on patients transferred for STEMI services. At a minimum, this QI process shall evaluate and provide SRH feedback of the following:
 - SRH STEMI patient door-to-first ECG time (goal < 10 minutes).
 - SRH STEMI patient door-to-transfer time (goal < 30 minutes).
 - SRH STEMI patient door-to-fibrinolysis time, if applicable (goal < 30 minutes).
 - Operational issues related to STEMI patient transfer delays.
 - Proportion of STEMI patients receiving fibrinolysis prior to transport when the system cannot achieve times consistent with ACC/AHA guidelines for primary PCI.
 - Proportion of STEMI-eligible patients receiving any reperfusion (PCI or fibrinolysis) therapy.
 22. Conduct regularly scheduled multidisciplinary team meetings to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified, and solutions implemented.
 23. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of 12-lead EKG acquisition and interpretation, as well as assessment and management of STEMI patients.
 24. Provide public education about STEMI warning signs and the importance of early utilization of the 9-1-1 system.
 25. Comply with all data collection, QI and performance standards as defined in S-SV EMS SRC contracts.

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- C. SRC diversion of STEMI patients shall only occur during times of an internal disaster or when the cath lab is otherwise unavailable.
1. Notification shall be made to the following entities at least 24 hours prior to any planned event, or as soon as possible for any unplanned event, resulting in the cath lab being unavailable:
 - S-SV EMS.
 - SRC emergency department – to include a status posting on EMResource indicating that the cath lab is unavailable.
 - Appropriate adjacent SRC(s).
 - Appropriate prehospital provider agencies.
 2. All appropriate entities shall be notified as soon as possible when the cath lab is subsequently available.
 3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

- A. The SRC applicant shall be designated after satisfactory review of written documentation and an initial site survey conducted by S-SV EMS representatives or designees and completion of a contract between the hospital and S-SV EMS.
- B. Designated SRCs shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.
- C. Failure to comply with the criteria and performance standards outlined in this policy and/or SRC contracts may result in probation, suspension or rescission of SRC designation. Compliance will be solely determined by S-SV EMS.

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/01/2019	Next Review: 09/2022	510
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. California Code of Regulations, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

- A. **STEMI Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).
- B. **Stroke Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.
- C. **Trauma Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of a seriously injured patient from a non-trauma facility, or a lower level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

- A. STEMI patients shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.
- B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

- C. Trauma patients meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.
2. The timeline goals for SRH identified STEMI patients are <90 minutes SRH arrival-to-SRC first intervention for walk in patients and <120 minutes 911 call-to-SRC first intervention time for EMS patients initially transported to a SRH.
3. If SRH arrival-to-SRC first intervention is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. The goal for door to thrombolytics is <30 minutes for these patients. Contact the SRC early to discuss coordination of care.
4. Immediately after a STEMI patient is identified, contact the SRC to arrange an ED to ED transfer. The SRC will assist in advising the appropriateness of transfer for primary PCI, and contact the SRC interventional cardiologist as needed.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.
2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.
3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center criteria (incorporated into this policy for reference).
2. Emergency Transfer ("Red Box") Trauma Patients:
 - The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting “Red Box” criteria.

3. Urgent Transfer Trauma Patients:

- The goal is to transfer patients meeting any ‘Urgent Transfer’ criteria within four (4) hours of arrival at the transferring facility.
- Contact the closest most appropriate trauma center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.
2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.
3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival to the sending facility. Availability of records should not delay transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.
4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center
North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*


- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic	Extremity Injuries
<ul style="list-style-type: none"> • For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation • Patients requiring blood products to maintain their blood pressure <p>Note:</p> <ol style="list-style-type: none"> 1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension 2. Systolic blood pressure <110 may represent shock in patients >65 years of age 	<ul style="list-style-type: none"> • Amputation of extremity proximal to wrist or ankle • Open long-bone fractures • Two or more long-bone fracture sites* • Crush injury/mangled extremity <p>*A radius/ulna fracture or tibia/fibula fracture are considered one site</p>
Neck & Thoracic Injuries	Neurological Injuries
<ul style="list-style-type: none"> • Tracheobronchial injury • Esophageal trauma • Great vessel injury • Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion • Pneumothorax or hemothorax with respiratory failure • Radiographic evidence of aortic injury • Known or suspected cardiac injury 	<ul style="list-style-type: none"> • GCS deteriorating by 2 points during observation • Open or depressed skull fracture • Acute spinal cord injury • Spinal fractures, unstable or potentially unstable • Neurologic deficit
Abdominal Injuries	Pelvic/Urogenital
<ul style="list-style-type: none"> • Evisceration • Free air, fluid or solid organ injury on diagnostic testing 	<ul style="list-style-type: none"> • Bladder rupture
Burn Injuries	Co-Morbid Factors
<ul style="list-style-type: none"> • Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age • Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints • Third-degree burns >5% of the body surface area in any age group • Electrical burns, including lightning injury • Burn injury with inhalation injury 	<ul style="list-style-type: none"> • Adults >55 years of age with significant trauma • Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis) • Patients taking anti-coagulant medication or platelet inhibitors • Children <14 years of age with significant trauma • Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002

Sierra – Sacramento Valley EMS Agency Program Policy			
12-Lead EKG Procedure			
	Effective: 06/01/2021	Next Review: 05/2024	1107
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE

To establish indications and requirements for performing 12-lead electrocardiogram (EKG) procedures in the prehospital setting.

AUTHORITY

- A. HSC, Division 2.5, § 1791.220.
- B. CCR, Title 22, Division 9, Chapters 3 & 4.

POLICY

12-lead EKG procedures shall be performed on patients who present with one or more of the following:

- A. Signs/symptoms suggestive of acute coronary syndrome (ACS) such as:
 - 1. Non-traumatic chest or upper abdominal discomfort.
 - 2. Syncope or near-syncope.
 - 3. Acute generalized weakness.
 - 4. Dyspnea.
- B. Cardiac dysrhythmias on 4-lead EKG.
- C. ROSC following cardiac arrest.

PROCEDURE

- A. Packaged electrodes designed for single patient use (not bulk) shall be utilized for 12-lead EKG procedures.
- B. The patient's skin shall be adequately prepared (wiped utilizing a 4x4 gauze pad and shaved if required) prior to electrode placement.

- C. A minimum of the patient's age, gender, last name and first initial shall be entered into the cardiac monitor prior to 12-lead EKG acquisition.
- D. Obtain an initial 12-lead EKG as soon as possible/practical, and prior to EMS nitroglycerin administration.
- E. 12-lead EKG criteria for ST Elevation Myocardial Infarction (STEMI) includes either of the following:
5. Machine read out indicating *****Meets ST Elevation MI Criteria*****, *****Acute MI*****, *****STEMI***** (or equivalent).
 6. EMS personnel interpretation consistent with a STEMI (e.g. ST segment elevation in two or more contiguous leads).
- F. Bundle branch blocks, atrial fibrillation, artifact, poor lead placement and/or poor skin preparation can result in STEMI false positive 12-lead EKGs. Consider 12-lead re-acquisition if significant artifact is observed or 12-lead EKG machine read out indicates "poor data quality" (or equivalent).
- G. Any 12-lead EKG meeting STEMI criteria shall be transmitted to the appropriate facility (closest hospital or STEMI Receiving Center depending on incident specific circumstances) as soon as possible if transmission capabilities are available.
- H. For patients with suspected acute coronary syndromes (ACS), serial 12-lead EKGs should be obtained if the patient's clinical status changes or if EKG changes are noted on the cardiac monitor, and every 15 minutes if transport times are long.
- I. Copies of prehospital 12-lead EKGs shall be provided to the receiving hospital physician upon EMS arrival, left at the receiving hospital at time of patient delivery and attached to the EMS patient care report.



2021 & 2022 Stroke Critical Care System Plan Update

**Sierra-Sacramento Valley
EMS Agency**

Updated: November 2022

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional STEMI system planning. The S-SV EMS region covers approximately 21,000 square miles and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by both public and private providers. Hospitals providing stroke services within the S-SV EMS region are well distributed into both rural and urban areas, and well serve the needs of stroke patients. The S-SV EMS region is currently served by the following EMS system resources:

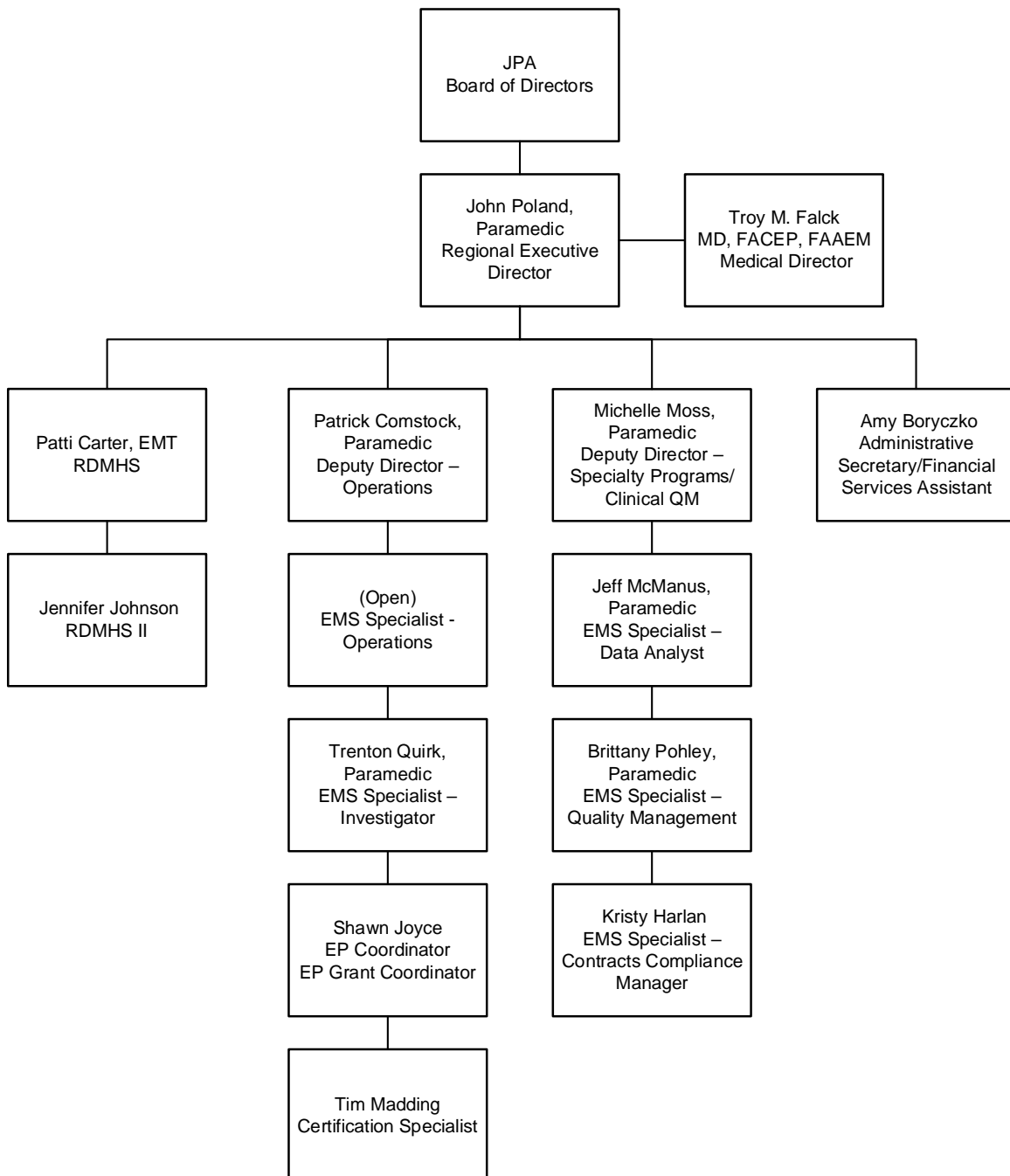
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 12 of which are S-SV EMS designated Stroke Receiving Centers

The S-SV EMS Stroke System is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional Stroke Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Committee
- S-SV EMS Regional Emergency Medical Advisory Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS Stroke System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS Stroke System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS Stroke System related duties as necessary/appropriate.



S-SV EMS Stroke System Changes

In 2021, S-SV EMS Stroke Receiving Center site visits were postponed in the interest of the health and safety of S-SV EMS and hospital staff related to COVID 19. Site visits are anticipated to resume during the 2023 calendar year. Mercy Medical Center Redding and Sutter Roseville Medical Center also obtained Joint Commission Thrombectomy Capable Stroke Receiving Center Certification within the past year.

Number and Designation of Designated Stroke Receiving Centers

As of November 2022, there are 12 designated Stroke Receiving Centers within the S-SV EMS region (10 – Primary Stroke Receiving Centers and 2 – Thrombectomy Capable Stroke Receiving Centers). The following facilities are currently designated as Stroke Receiving Centers by the S-SV EMS Agency:

Facility Name	County	Designation Type	Agreement Exp.
Enloe Medical Center	Butte	Primary Stroke Center	10/31/2023
Oroville Hospital	Butte	Primary Stroke Center	10/31/2023
Sierra Nevada Memorial Hospital	Nevada	Primary Stroke Center	10/31/2023
Kaiser Roseville Medical Center	Placer	Primary Stroke Center	10/31/2023
Sutter Auburn Faith Hospital	Placer	Primary Stroke Center	10/31/2023
Sutter Roseville Medical Center	Placer	Thrombectomy Center	10/31/2023
Mercy Medical Center Redding	Shasta	Thrombectomy Center	10/31/2023
Shasta Regional Medical Center	Shasta	Primary Stroke Center	10/31/2023
Fairchild Medical Center	Siskiyou	Primary Stroke Center	10/31/2023
Mercy Medical Center Mt. Shasta	Siskiyou	Primary Stroke Center	10/31/2023
St. Elizabeth Community Hospital	Tehama	Primary Stroke Center	10/31/2023
Adventist Health +Rideout	Yuba	Primary Stroke Center	10/31/2023

S-SV EMS Stroke System Data Collection

Pursuant to California Health & Safety Code (Division 2.5, § 1797.227) as well as current S-SV EMS policies and provider agreements, all ALS/LALS non-transport and BLS/LALS/ALS transport prehospital personnel are required to complete CEMSIS and NEMSIS complaint electronic patient care records for all incidents where they arrive at scene of a request for EMS assistance. Further, this electronic patient care record data is required to be submitted to S-SV EMS on an ongoing basis. S-SV EMS currently utilizes an ImageTrend EMS database, established through a contractual agreement with the ICEMA EMS Agency.

Pursuant to the provisions contained in the California Stroke Critical Care System Regulations (CCR Title 22, Division 9, Chapter 7.2), S-SV EMS initially chose to utilize an ImageTrend Patient Registry, established through a contractual agreement with the ICEMA EMS Agency, for collection of required stroke patient data. Due to ongoing/unresolved technical issues, the ImageTrend stroke patient data registry was determined not to be sustainable and was abandoned. In June 2022, S-SV EMS executed a contractual agreement with the American Heart Association (AHA) to utilize their Get With The Guidelines (GWTG) stroke patient data registry tool. All S-SV EMS designated Stroke Receiving Centers are users within the system and S-SV EMS accesses the data as a super-user. As of November 2022, S-SV EMS is in the final implementation phase of this new GWTG stroke data registry for our region.

Stroke Critical Care System Neighboring Jurisdiction Integration

Due to the geographical size and location of the S-SV EMS region, EMS patients with a primary impression of Stroke/CVA/TIA are regularly transported to hospitals in neighboring jurisdictions, including Sacramento County (CA), Reno (NV), Medford (OR) and Klamath Falls (OR). S-SV EMS accepts stroke receiving center designation from surrounding LEMSAs and EMS organizations in the states of Nevada and Oregon for EMS identified stroke patient destination purposes. S-SV EMS receives electronic EMS patient care record data on all patients who originate in the S-SV EMS region. Other California LEMSAs are also required to submit hospital data to the California EMS data system to ensure that these patients are captured. S-SV EMS does not routinely receive hospital outcome patient data for patients transported to facilities in the states of Nevada and Oregon. However, even with this limitation we believe it is in the best interest of patient care to continue to transport these specialty patients to the nearest designated specialty receiving facilities in neighboring areas.

S-SV EMS Stroke System Quality Improvement

S-SV EMS staff continually monitor and review prehospital and hospital stroke patient data. Stroke patient data and case reviews are regularly discussed during S-SV EMS regional EMS and specialty care committee meetings, and S-SV EMS staff regularly participate in other regional and facility specific stroke committee meetings. S-SV EMS staff and staff from S-SV EMS designated Stroke Receiving Centers also provide regular education and QA/QI feedback to EMS system participants throughout the S-SV EMS region.

S-SV EMS STEMI System Public Education

All S-SV EMS designated stroke receiving centers are required to provide stroke public education, which is reported to S-SV EMS on an annual basis. In addition, multiple EMS prehospital provider agencies provided stroke public education in various settings on an ongoing basis (health fairs and other similar events), which is reported by to S-SV EMS as part of their annual EMSQIP reports/updates.

S-SV EMS STEMI System Policies/Protocols

The following S-SV EMS policies/protocols are currently utilized to direct the prehospital care and management of stroke patients in the S-SV EMS Region:

- Suspected Stroke (N-3)
- Stroke Receiving Center Designation Criteria, Requirements & Responsibilities (507)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

Copies of these current policies/protocols are included on the following pages.



Suspected Stroke

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2021

Approval: Victoria Pinette – Executive Director

Next Review: 09/2024

Cincinnati Prehospital Stroke Scale (CPSS)

Component	Normal Result	Abnormal Result
Facial Droop (Ask pt to show teeth or smile)	Both sides of face move equally	One side of face does not move as well as the other side
Arm Drift (Ask pt to close eyes & hold both arms out with palms up)	Both arms move the same, or both arms do not move	One arm does not move, or one arm drifts down compared with the other
Speech (Ask pt to say "you can't teach an old dog new tricks")	Pt uses correct words with no slurring	Pt slurs words, uses the wrong words, or is unable to speak

BLS

- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%) or short of breath
- Perform CPSS assessment

Suspect stroke for either of the following:

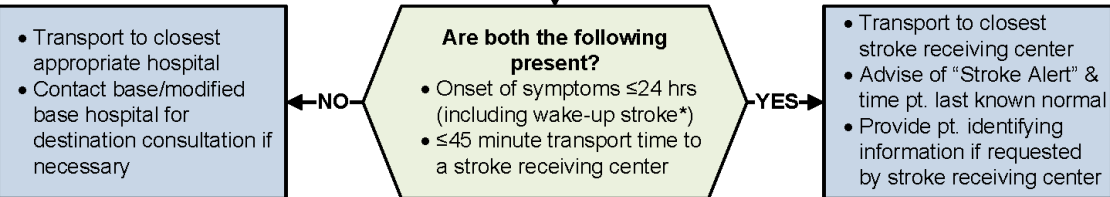
- New onset symptoms with abnormal CPSS
- New onset altered state (GCS <14) with unidentifiable etiology

If stroke suspected:


- Determine time of onset of symptoms (pt last known normal)
 - When possible, obtain and relay to the receiving hospital the name/contact information of the individual who can verify the time of onset of symptoms (pt last known normal)
- Check blood glucose (if glucometer available)
- Transport as soon as possible (scene time should be ≤10 mins)

ALS

- Consider advanced airway if GCS ≤8 or need for airway protection
- Cardiac monitor, consider 12-lead EKG (do not delay transport to perform 12-lead EKG)
- Obtain blood draw if requested by stroke receiving center
- IV/IO NS TKO (may bolus up to 1000 mL)



*Wake-up stroke definition: Pt awakens with stroke symptoms that were not present prior to falling asleep

Sierra – Sacramento Valley EMS Agency Program Policy		
Stroke Receiving Center Designation Criteria, Requirements & Responsibilities		
	Effective: 06/01/2020	Next Review: 01/2023
	Approval: Troy M. Falck, MD – Medical Director	507
	Approval: Victoria Pinette – Executive Director	SIGNATURE ON FILE

PURPOSE:

To describe the S-SV EMS stroke critical care system and define stroke receiving center designation criteria, requirements and responsibilities.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. CCR, Title 13, § 1105 (c).
- C. CCR, Title 22, Division 9, Chapter 7.2.

DEFINITIONS:

- A. **Acute Stroke Patient** – An EMS patient who meets assessment criteria for a suspected stroke in accordance with S-SV EMS Suspected Stroke Protocol (N-3).
- B. **Comprehensive Stroke Center** – An acute care hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.
- C. **EMS Receiving Hospital** – An acute care hospital authorized by S-SV EMS to receive ambulance transported patients, which is not designated for stroke critical care services but is able to provide a minimum level of care for stroke patients in the emergency department.
- D. **Primary Stroke Center** – An acute care hospital that treats acute stroke patients, and identifies patients who may benefit from transfer to a higher level of care when clinically warranted.
- E. **Stroke** – A condition of impaired blood flow to a patient’s brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.

- F. **Stroke Critical Care System** – A subspecialty care component of the EMS system developed by a local EMS agency (LEMSA). This critical care system links prehospital and hospital care to deliver optimal treatment to the population of stroke patients.
- G. **Stroke Receiving Center** – An acute care hospital which meets all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation, obtains/maintains Joint Commission Accreditation as a 'Primary Stroke Center', 'Thrombectomy Capable Stroke Center', or 'Comprehensive Stroke Center' (unless waived by S-SV EMS for valid reasons), and enters into a written agreement with S-SV EMS designating them as a stroke receiving center.
- H. **Thrombectomy-Capable Stroke Center** – A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.

POLICY:

- A. Criteria for assessment, identification, treatment and transport of EMS suspected acute stroke patients shall be based on S-SV EMS Suspected Stroke Protocol (N-3).
- B. No health care facility located in the S-SV EMS jurisdictional region shall advertise in any manner or otherwise hold itself out to be affiliated with a stroke critical care system or a stroke center unless they have been designated as such by S-SV EMS in accordance with this policy and California Code of Regulations, Title 22, Division 9, Chapter 7.2.
- C. The following shall be met for a hospital to be designated as a stroke receiving center by S-SV EMS:
 - 1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 - 2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.
 - 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 - 4. Meet all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation.

5. Be available for treatment of acute stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
6. Have a communication system for notification of an EMS suspected stroke patient.
7. Have established protocols for triage and diagnosis following notification of an EMS suspected acute stroke patient.
8. Agree to accept all EMS suspected acute stroke patients according to applicable S-SV EMS policies/protocols.
9. Agree to accept the transfer of all acute stroke patients whose clinical condition requires a higher level of care than can be provided at the sending facility, unless the stroke receiving center is on diversion or internal disaster.
10. Submit all required stroke patient data to the S-SV EMS selected stroke registry.
 - The hospital stroke patient care elements shall be consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program Resource Guide, dated October 24, 2016:
<https://emsa.ca.gov/wp-content/uploads/sites/71/2019/02/USCDCP-Paul-Coverdell-Nation-Acute-Stroke-Prog-Resource-Guide-10-24-16.pdf>
11. Actively participate in the S-SV EMS regional stroke critical care system quality improvement (QI) process which shall include, at a minimum:
 - Evaluation of program structure, process, and outcome.
 - Review of stroke-related deaths, major complications, and transfers.
 - A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
 - Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
 - Evaluation of regional integration of stroke patient movement.
 - Participation in the stroke data management system.
 - Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected stroke cases.
12. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of assessment and management of acute stroke patients.
13. Provide public education about stroke warning signs and the importance of early utilization of the 9-1-1 system.
14. Pay the initial/annual S-SV EMS stroke receiving center designation fees.


- D. Diversion of EMS suspected acute stroke patients shall only occur during times of an incapacitating internal disaster or when the CT scanner is otherwise unavailable.
1. Notification shall be made to the following entities at least 24 hours prior to any planned event resulting in the CT scanner being unavailable:
 - Stroke receiving center emergency department – to include a status posting on EMResource indicating that the CT scanner is unavailable.
 - Appropriate adjacent stroke receiving center(s).
 - Appropriate prehospital provider agencies.
 2. All entities listed in this section shall also be notified as soon as possible in the case of an unplanned event causing the CT scanner to be unavailable as well as when the CT scanner is subsequently available.
 3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

- A. The stroke receiving center applicant shall be designated after satisfactory review conducted by S-SV EMS representatives or designees and completion of a written agreement between the hospital and S-SV EMS.
- B. Designated stroke receiving centers shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.
- C. Failure to comply with the criteria and performance standards outlined in this policy and/or individual stroke receiving center written agreements may result in probation, suspension or rescission of stroke receiving center designation. Compliance will be solely determined by S-SV EMS.

CROSS REFERENCES:

- A. Patient Destination (505).
- B. S-SV EMS Base/Receiving Hospital Capabilities (505-A).
- C. Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients (510).
- D. Base/Modified Base/Receiving Hospital Contact (812).
- E. Suspected Stroke (N-3).

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/01/2019	Next Review: 09/2022	510
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. California Code of Regulations, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

- A. **STEMI Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).
- B. **Stroke Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.
- C. **Trauma Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of a seriously injured patient from a non-trauma facility, or a lower level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

- A. STEMI patients shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.
- B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

- C. Trauma patients meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.
2. The timeline goals for SRH identified STEMI patients are <90 minutes SRH arrival-to-SRC first intervention for walk in patients and <120 minutes 911 call-to-SRC first intervention time for EMS patients initially transported to a SRH.
3. If SRH arrival-to-SRC first intervention is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. The goal for door to thrombolytics is <30 minutes for these patients. Contact the SRC early to discuss coordination of care.
4. Immediately after a STEMI patient is identified, contact the SRC to arrange an ED to ED transfer. The SRC will assist in advising the appropriateness of transfer for primary PCI, and contact the SRC interventional cardiologist as needed.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.
2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.
3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center criteria (incorporated into this policy for reference).
2. Emergency Transfer ("Red Box") Trauma Patients:
 - The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting “Red Box” criteria.

3. Urgent Transfer Trauma Patients:

- The goal is to transfer patients meeting any ‘Urgent Transfer’ criteria within four (4) hours of arrival at the transferring facility.
- Contact the closest most appropriate trauma center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.
2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.
3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival to the sending facility. Availability of records should not delay transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.
4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center
North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic	Extremity Injuries
<ul style="list-style-type: none"> • For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation • Patients requiring blood products to maintain their blood pressure <p>Note:</p> <ol style="list-style-type: none"> 1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension 2. Systolic blood pressure <110 may represent shock in patients >65 years of age 	<ul style="list-style-type: none"> • Amputation of extremity proximal to wrist or ankle • Open long-bone fractures • Two or more long-bone fracture sites* • Crush injury/mangled extremity <p>*A radius/ulna fracture or tibia/fibula fracture are considered one site</p>
Neck & Thoracic Injuries	Neurological Injuries
<ul style="list-style-type: none"> • Tracheobronchial injury • Esophageal trauma • Great vessel injury • Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion • Pneumothorax or hemothorax with respiratory failure • Radiographic evidence of aortic injury • Known or suspected cardiac injury 	<ul style="list-style-type: none"> • GCS deteriorating by 2 points during observation • Open or depressed skull fracture • Acute spinal cord injury • Spinal fractures, unstable or potentially unstable • Neurologic deficit
Abdominal Injuries	Pelvic/Urogenital
<ul style="list-style-type: none"> • Evisceration • Free air, fluid or solid organ injury on diagnostic testing 	<ul style="list-style-type: none"> • Bladder rupture
Burn Injuries	Co-Morbid Factors
<ul style="list-style-type: none"> • Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age • Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints • Third-degree burns >5% of the body surface area in any age group • Electrical burns, including lightning injury • Burn injury with inhalation injury 	<ul style="list-style-type: none"> • Adults >55 years of age with significant trauma • Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis) • Patients taking anti-coagulant medication or platelet inhibitors • Children <14 years of age with significant trauma • Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002



2021 & 2022 Trauma System Plan Update

Sierra-Sacramento Valley
EMS Agency

Updated: November 2022

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional trauma system planning. The S-SV EMS region covers approximately 21,000 square miles, and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by public and private providers. Hospitals providing trauma services within the S-SV EMS region are well distributed into both rural and urban areas, and serve well the needs of injured adult and pediatric patients. The S-SV EMS region is currently served by the following EMS system resources:

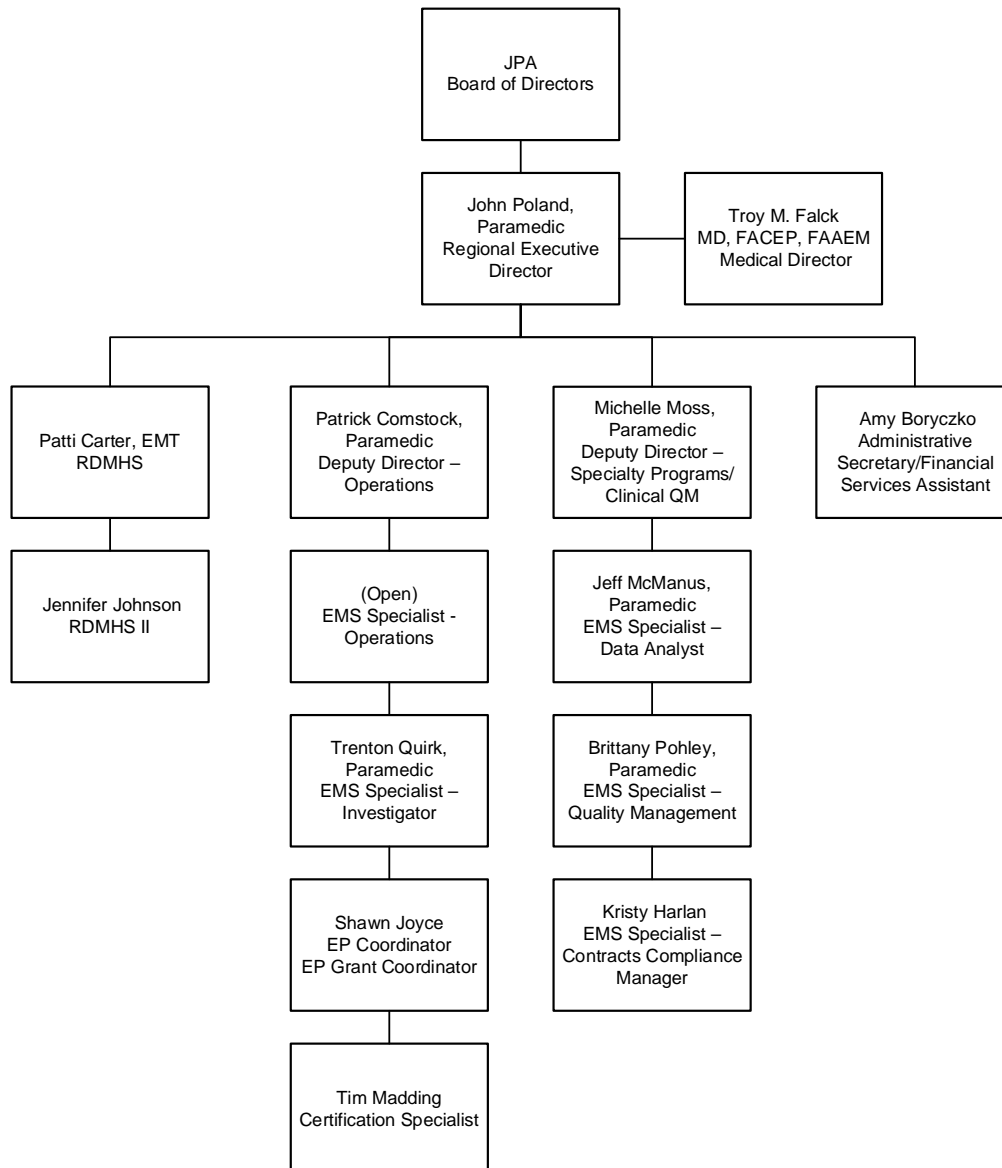
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- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 8 of which are S-SV EMS designated trauma centers

The S-SV EMS trauma system is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional Trauma Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Advisory Committee
- S-SV EMS Regional Emergency Medical Advisory Committee
- California North Regional Trauma Coordinating Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS Trauma System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS Trauma System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS Trauma System related duties as necessary/appropriate. In addition, Jon Perlstein, MD, Sutter Roseville Medical Center Trauma Medical Director serves as the S-SV EMS Trauma QI Committee Chairperson, and Ellen Cooper, MD, Tahoe Forest Hospital District Trauma Medical Director serves as the committee’s co-chair.



S-SV EMS Trauma System Changes

In 2022, one (1) ACS re-verification visit was completed. Mercy Mt. Shasta Medical Center was successfully re-verified for three years on 9/8/2022. Mercy Medical Center Redding and St. Elizabeth Community Hospital were both successfully re-verified following focused visits to address deficiencies in their 2021 re-verification visits.

Tahoe Forest Hospital District successfully completed a consultative review in September 2021 and are currently working with the ACS to schedule an initial verification visit in 2023 Q1 or Q2.

Number and Designation Level of S-SV EMS Designated Trauma Centers

As of November 2022, all S-SV EMS designated Level II and Level III trauma centers are ACS verified except for Tahoe Forest Hospital District. Fairchild Medical Center continues to function as an S-SV EMS designated Level IV trauma center. A re-verification visit is tentatively planned for 2023 Q4.

Facility	Level	S-SV EMS Designation Expiration	ACS Consult Completed	ACS Verification Completed	Next ACS Verification Due
Enloe Med. Center	II	2024	2012	2021	2024
Mercy Med. Center Redding	II	2025	2021	2021	2024
Sutter Roseville Med. Center	II	2023	1994	2019	2023
Adventist Health +Rideout	III	2023	2014	2020	2023
Mercy Med. Center Mt. Shasta	III	2023	2010	2022	2026
St. Elizabeth Hospital	III	2025	2014	2021	2024
Fairchild Med. Center	IV	2023	N/A	N/A	N/A
Tahoe Forest Hospital District	IV	2026	N/A	N/A	2024

S-SV EMS Trauma System Performance Improvement

The trauma system performance improvement is ongoing, and continuous in the S-SV EMS region. The S-SV EMS Regional Trauma QI Committee met twice in 2022 and continued its focus on trauma transfer times as well as other trauma system related matters.

With a focus on traumatic brain injury and a new S-SV EMS TBI protocol that was approved in June 2021, the S-SV EMS Deputy Director – Specialty Programs/Clinical Quality Management delivered seven (7) in-person TBI trauma lectures within the S-SV EMS region in 2022. This lecture was also included in the 2022 S-SV EMS Regional Training Module, presented on the S-SV EMS online learning management system (LMS).

S-SV EMS Trauma System Policies/Protocols

The following S-SV EMS policies/protocols direct the prehospital care and management of trauma patients in the S-SV EMS Region:

- General Trauma Management (T-1)
- Tension Pneumothorax (T-2)
- Suspected Moderate/Severe Traumatic Brain Injury (TBI) (T-3)
- Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI) (P-28)
- Hemorrhage (T-4)
- Burns (T-5)
- Trauma Center Designation Criteria, Requirements & Responsibilities (509)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

All the above referenced S-SV EMS policies/protocols are attached to the end of this document.



General Trauma Management

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2022

Approval: John Poland – Executive Director

Next Review: 11/2025

- Limit on scene procedures for pts meeting Field Trauma Triage Criteria to:
 - Pt assessment
 - Airway management
 - Hemorrhage control
 - Immobilization/splinting
 - SMR
- Transport pts with known/apparent third trimester pregnancy in left-lateral position.
- Notify receiving hospital of a 'Trauma Alert' as soon as possible for pts meeting Field Trauma Triage Criteria.

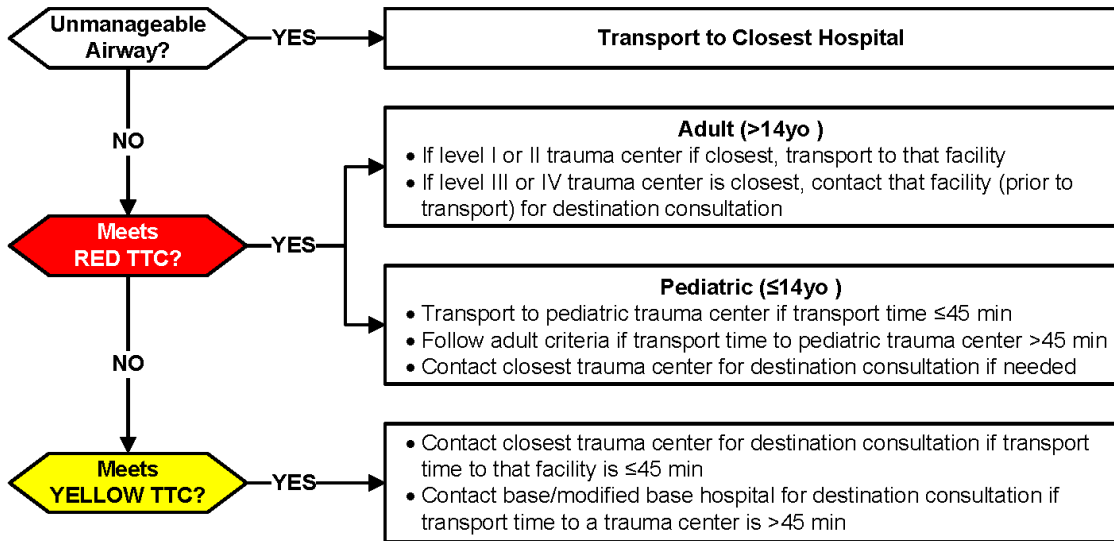
BLS

- Assess & support ABCs
- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%) or short of breath
- Control hemorrhage & immobilize/splint injuries as needed
- Initiate spinal motion restriction (SMR) if indicated (see page 3)
- Maintain body temperature, keep warm

ALS

- Consider advanced airway if indicated
- Consider EtCO₂ monitoring if indicated (see protocol T-3 or P-28)
- Consider application of a pelvic binder if indicated (see page 2)
- Cardiac monitor
- Establish vascular access if indicated (see page 2)
- Consider pain management if indicated (see protocol M-8 or P-34)

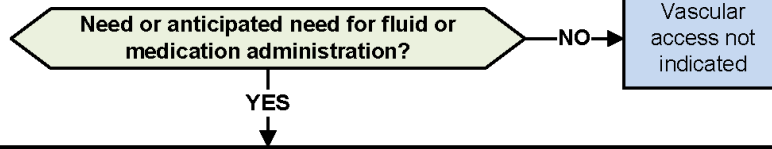
Field Trauma Triage Criteria (TTC) Pt Destination (see page 4 for TTC details)





General Trauma Management

Vascular Access



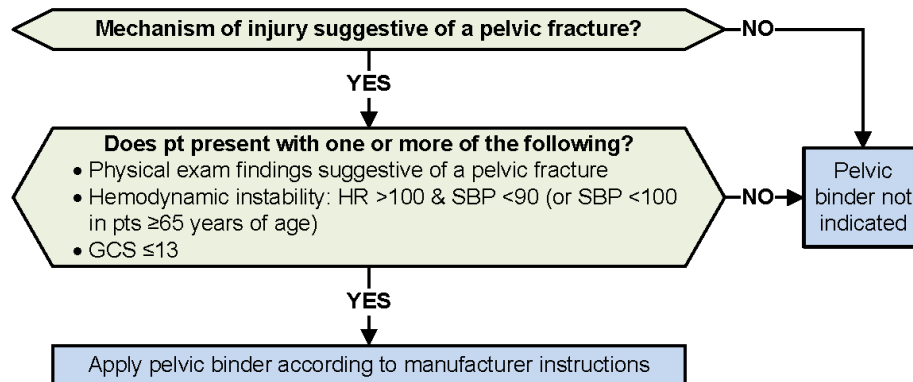
IV/IO – NS or LR

- Initiate vascular access on all pts meeting Field Trauma Triage Criteria
- Initiate second vascular access on adult pts presenting with hypotension (SBP <90 for pts <65 years of age, or SBP <100 for pts ≥65 years of age), or if thoracic/abdominal pain is present
- Fluid resuscitation guidelines:
 - Adult pts:
 - Administer 500 mL fluid boluses for signs of hypoperfusion/shock
 - Reassess hemodynamic parameters, respiratory status and lung sounds after each fluid bolus
 - Titrate fluid boluses to SBP of ≥90 for pts <65 years of age, or ≥100 for pts ≥65 years of age
 - Pediatric pts:
 - Administer 20 mL/kg fluid boluses for signs of hypoperfusion/shock
 - Reassess hemodynamic parameters, respiratory status and lung sounds after each bolus
 - Titrate fluid boluses to age appropriate SBP (max: 60 mL/kg)

Commercial Pelvic Binder

Approved Commercial Pelvic Binders: 1) T-POD Pelvic Stabilization Device, 2) SAM Pelvic Sling 2

- Utilization of a commercial pelvic binder is optional, and only approved for AEMT/paramedic personnel. ALS/LALS provider agencies must ensure that their personnel are appropriately trained on the application/use of the device, as misplacement of pelvic binders can significantly decrease the ability of the binder to reduce pelvic ring fractures.
- Physical exam findings which may indicate the presence of a pelvic ring fracture include, but are not limited to:
 - Crepitus when applying compression to the iliac crests
 - Perineal or genital swelling
 - Testicular/groin pain
 - Blood at the urethral meatus
 - Rectal, vaginal or perineal lacerations/bleeding
- When stabilizing a suspected pelvic ring fracture, care must be taken not to over-reduce the fracture. Over-reduction can be assessed by examining the position of the legs, greater trochanters and knees with the pt supine. The goal is to achieve normal anatomic position of the pelvis, so the lower legs should be symmetrical after stabilization.
- When clinically indicated and logistically feasible, the pelvic binder should be placed prior to extrication/movement.
- Pelvic binders should be placed directly to skin. Once applied, pelvic binders should not be removed.
- If possible, avoid log-rolling pts with a suspected pelvic fracture.

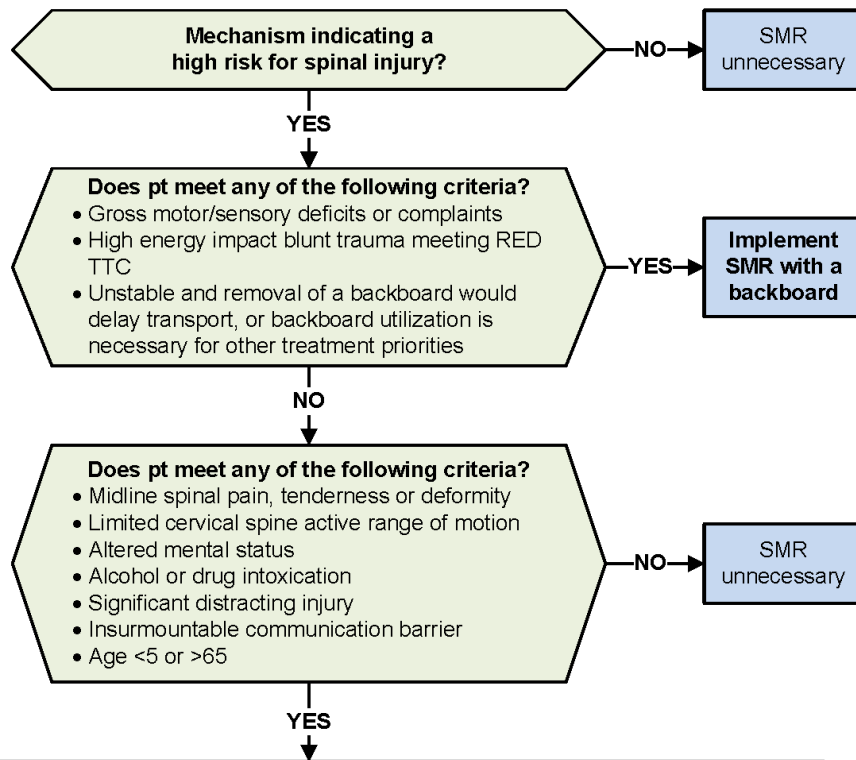




General Trauma Management

Spinal Motion Restriction (SMR)

- A backboard shall not be utilized for pts with penetrating trauma to the head, neck or torso without evidence of spinal injury
- Helmet removal guidelines:
 - For pts who meet criteria for SMR with a backboard, football helmets should only be removed if they prevent adequate SMR or under the following circumstances:
 - If the helmet and chin strap fail to hold the head securely or prevent adequate airway control.
 - If the facemask cannot be removed.
 - Football helmets should be carefully removed to allow for appropriate SMR of pts who do not meet criteria for backboard utilization.
 - All other types of helmets (bicycle, motorcycle, etc.) should be carefully removed to allow for appropriate SMR.



- Implement SMR without a backboard as follows:**
- Apply a cervical collar
 - Allow ambulatory pts to sit on the stretcher and then lie flat (no 'standing take-down")
 - If necessary, move pt from the position found to the ambulance stretcher utilizing a device such as a KED, scoop stretcher, backboard, or if necessary, by having the pt stand and pivot to the stretcher – do not permit the pt to struggle to their feet from a seated or supine position
 - Once on the ambulance stretcher, remove any hard backboard device & instruct the pt to lie still
 - The head of the stretcher may be elevated 20-30° in a position of comfort
 - Secure cross stretcher straps and over-the-shoulder belts firmly
 - Pts with nausea &/or vomiting may be placed in the lateral recumbent position, maintaining the head in a neutral position using manual stabilization, padding, pillows, &/or the pt's arm



General Trauma Management

Field Trauma Triage Criteria (TTC)

RED TTC (High Risk for Serious Injury)

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> • Penetrating injuries to head, neck, torso, &/or proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor/sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones in a pt of any age, or one or more proximal long bone fracture in a pt ≤ 14 or ≥ 65 years of age • Suspected open proximal long bone fracture • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Continued, uncontrolled bleeding despite EMS hemorrhage control measures 	<p>All pt ages:</p> <ul style="list-style-type: none"> • Unable to follow commands (motor GCS <6) • RR <10 or >29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse SpO₂ <90% <p>Age 0-9 years:</p> <ul style="list-style-type: none"> • SBP <70mm Hg + (2 x age years) <p>Age 10-64 years:</p> <ul style="list-style-type: none"> • SBP <90 mmHg OR • HR>SBP <p>Age ≥ 65 years:</p> <ul style="list-style-type: none"> • SBP <100 mmHG OR • HR>SBP

YELLOW TTC (Moderate Risk for Serious Injury)

Mechanism of Injury	EMS Judgement
<ul style="list-style-type: none"> • High-Risk Auto Crash <ul style="list-style-type: none"> ○ Partial or complete ejection ○ Significant intrusion (including roof) <ul style="list-style-type: none"> - >12 inches occupant site; or - >18 inches any site; or - Need for extrication for entrapped pt ○ Death in passenger compartment ○ Child (age 0-9) unrestrained or in unsecured child safety seat ○ Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height >10 feet (all ages) 	<p>EMS personnel should consider the following risk factors, and contact the closest trauma center or base/modified base hospital for destination consultation (see page 1), if transport to a trauma center is believed to be in the pt's best interest:</p> <ul style="list-style-type: none"> • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy >20 weeks • Burns in conjunction with trauma



Suspected Moderate/Severe Traumatic Brain Injury (TBI)

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2021

Approval: Victoria Pinette – Executive Director

Next Review: 01/2024

Prehospital Identification of Moderate/Severe TBI

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
 - <65 years of age with a GCS \leq 13, or \geq 65 years of age with a GCS <15 (or decrease from baseline)
 - Post-traumatic seizures
 - Multi-system trauma requiring advanced airway placement

For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI “H-Bombs”:

- 1) Hyperventilation, 2) Hypoxia, 3) Hypotension

BLS

- Assess V/S, including continuous SpO₂ monitoring: Reassess V/S every 3-5 min if possible
- High-flow O₂ (regardless of SpO₂ reading): If continued hypoxia (SpO₂ <94%) or inadequate ventilatory effort, reposition airway &/or initiate BVM ventilations with appropriate airway adjunct if necessary (use of a pressure-controlled BVM &/or ventilation rate timer is recommended if available)
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction

ALS

- Continuous cardiac & EtCO₂ monitoring
- IV/IO NS TKO: For SBP <90 (or SBP <100 in pts \geq 65 years of age), bolus 1000 mL N/S, then titrate additional fluids to maintain SBP \geq 90 (or SBP \geq 100 in pts \geq 65 years of age)
- Check blood glucose

Blood glucose \leq 60 mg/dl?

YES

- Dextrose 50%**
- 25 gm (50 mL) IV/IO
- OR**
- Glucagon**
- 1 mg (1 unit) IM/IN

NO

For persistent hypoxia &/or inadequate ventilatory effort:

- Consider advanced airway
- Avoid hyperventilation - target EtCO₂: 40 mmHg
- Ventilate at a rate of 10 breaths/min

- Transport to appropriate destination & notify receiving facility of a “Trauma Alert” as soon as possible (if applicable)
- Monitor & reassess



Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI)

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/02/2021

Approval: Victoria Pinette – Executive Director

Next Review: 01/2024

Prehospital Identification of Moderate/Severe TBI

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
 - GCS <13 (in infants: any decreased responsiveness, deterioration of mental status, irritation or agitation)
 - Post-trauma seizures, whether continuing or not
 - Multi-system trauma requiring advanced airway placement

For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI “H-Bombs”:

- 1) Hyperventilation, 2) Hypoxia, 3) Hypotension

BLS

- Assess V/S, including continuous SpO₂ monitoring: Reassess V/S every 3-5 min if possible
- High-flow O₂ (regardless of SpO₂ reading): If continued hypoxia (SpO₂ <94%) or inadequate ventilatory effort, reposition airway &/or initiate BVM ventilations with appropriate airway adjunct if necessary (use of a pressure-controlled BVM &/or ventilation rate timer is recommended if available)
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction

ALS

- Continuous cardiac & EtCO₂ monitoring
- IV/IO NS TKO: For hypotension, bolus 20 mL/kg, repeat bolus until hypotension resolves
- Check blood glucose

Blood glucose ≤60 mg/dl?

YES

- Dextrose 10%**
- 5 ml/kg (0.5 gm/kg) IV/IO
 - Max: 100 mL (10 gm)
- OR**
- Glucagon**
- <24 kg: 0.5 mg IM
 - ≥24 kg: 1 mg IM

NO

For persistent hypoxia &/or inadequate ventilatory effort:

- Consider advanced airway
- Avoid hyperventilation - target EtCO₂: 40 mmHg
 - Infant (0-24 mo) ventilation rate: 25 breaths/min
 - Pediatric (2-14yo) ventilation rate: 20 breaths/min

- Transport to appropriate destination & notify receiving facility of a “Trauma Alert” as soon as possible (if applicable)
- Monitor & reassess



Hemorrhage

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2020

Approval: Victoria Pinette – Executive Director

Next Review: 09/2023

Approved Commercial Tourniquet Devices:

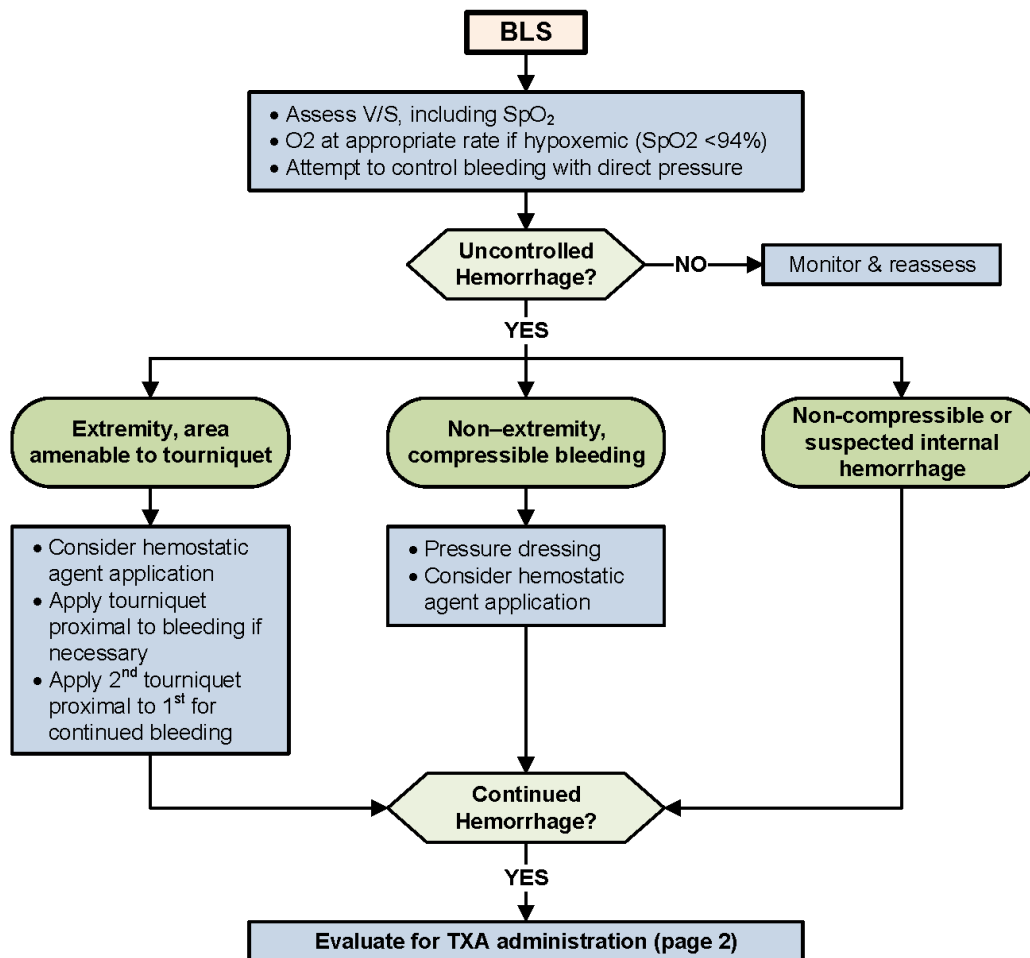
- Combat Application Tourniquet
- Emergency and Military Tourniquet
- Mechanical Advantage Tourniquet
- SAM XT Extremity Tourniquet
- Special Ops. Tactical Tourniquet
- RECON Medical Tourniquet

Tourniquet Utilization Notes:

- Tourniquets applied by lay rescuers or other responders shall be evaluated for appropriateness and may be adjusted or removed if necessary – improvised tourniquets should be removed by prehospital personnel.
- If application is indicated and appropriate, a commercial tourniquet should not be loosened or removed by prehospital personnel unless time to definitive care will be greatly delayed (>2 hrs).

Approved Hemostatic Agents:

- QuikClot Emergency 4x4 and/or Combat Gauze Z-Fold
- HemCon ChitoGauze Pro Z-Fold





Hemorrhage

Tranexamic Acid (TXA) Administration

ALS

TXA INCLUSION CRITERIA

Does pt meet the following inclusion criteria?

- Blunt or penetrating traumatic injury with signs/symptoms of hemorrhagic shock: including SBP <90 or <100 in pts ≥65 yo

OR

- Significant hemorrhage (either of the following):
 - Significant blood loss with HR >120
 - Hemorrhage not controlled by direct pressure, hemostatic agents, or commercial tourniquet application

NO

Monitor & reassess

YES

TXA EXCLUSION CRITERIA

Does pt. meet any of the following exclusion criteria?

- <15 yo
- Time since injury >3 hrs
- Isolated traumatic brain injury
- Thromboembolic event (i.e., stroke, MI, PE) in past 24 hrs
- Traumatic arrest with >5 mins of CPR without ROSC
- Hypotension secondary to suspected cervical cord injury with motor deficit or spinal shock

YES

NO

BASE/MODIFIED BASE HOSPITAL ORDER ONLY

Tranexamic Acid (TXA) IV/IO

- Mix 1gm TXA in 100mL D₅W or NS and infuse over 10 mins



Sierra – Sacramento Valley EMS Agency Treatment Protocol

T-5

Burns

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2020

Approval: Victoria Pinette – Executive Director

Next Review: 11/2022

Information Needed

- Type/source of burn: chemical, electrical, thermal, steam.
- Complicating factors: concomitant trauma, exposure in enclosed space, total time of exposure, drug or alcohol use, smoke or toxic fumes, delayed resuscitation.

Objective Findings

- Evidence of inhalation injury or toxic exposure (i.e., carbonaceous sputum, hoarseness, or singed nasal hairs).
- Extent of burn (full or partial thickness and body surface area affected).
- Entrance or exit wounds for electrical or lightning strike or trauma from an explosion, electrical shock or fall.

Transport Notes

- All pts suffering from an electrical burn shall be transported for evaluation.
- Contact the base/modified base hospital for destination consultation on pts with any of the following:
 - Full thickness (3°) burns of the hands, feet, face, perineum, or >2% of any body surface.
 - Partial thickness (2°) burns >9% of body surface.
 - Significant electrical or chemical burns.

BLS

- O₂ at appropriate rate, consider BVM early for altered LOC or respiratory distress
- Assess V/S, including SpO₂
- Remove wet dressings and cover with dry, clean dressings

ALS

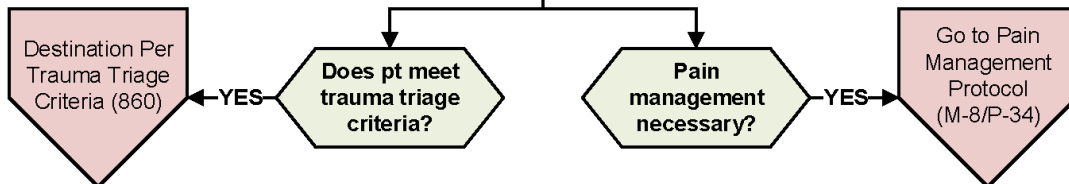
- Cardiac monitor
- Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort

IV/IO – NS/LR TKO (in non-burned extremity)

- For 2° & 3° burns >9% body surface area, facial burns, or if IV/IO pain management is necessary
- Administer 1000 mL fluid bolus for adult pts or 20 mL/kg fluid bolus for pediatric pts with 2° or 3° burns >9% body surface area or signs of hypovolemia

Albuterol (if wheezes are present)

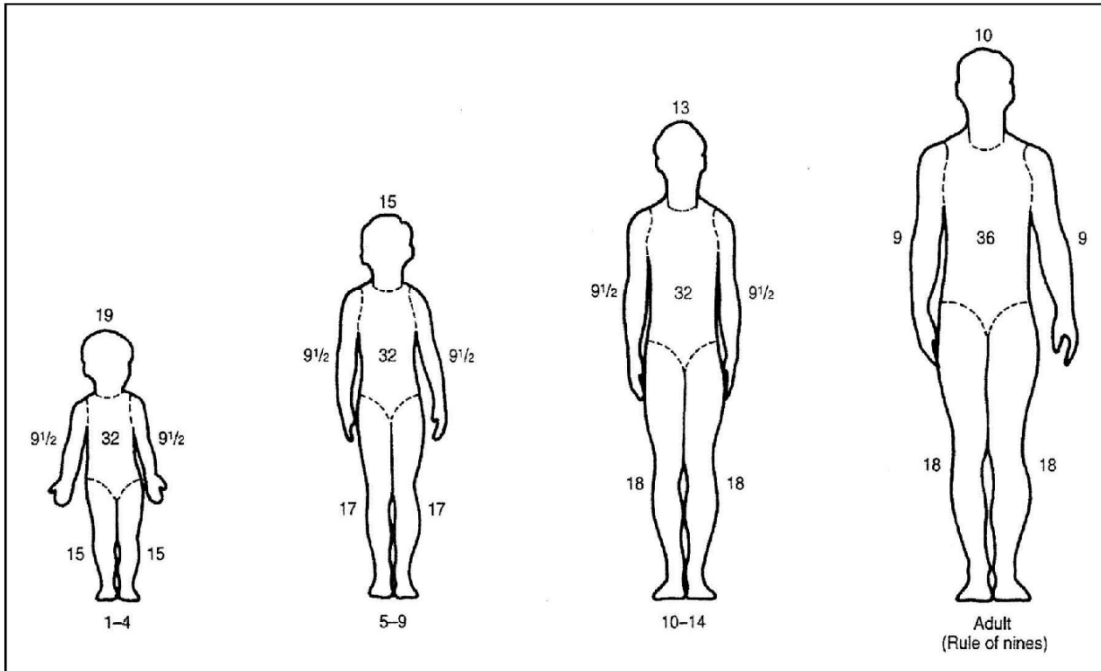
- 5 mg in 6 mL NS via HHN, mask or BVM






Burns

Burn Chart



Sierra – Sacramento Valley EMS Agency Program Policy			
Trauma Center Designation Criteria, Requirements & Responsibilities			
	Effective: 12/1/2022	Next Review: 11/1/2025	509
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish Trauma Center designation criteria, requirements, and responsibilities.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.
- B. CCR, Title 22, Division 9, Chapter 7.

DEFINITIONS:

- A. **Level I Trauma Center** – A Level I Trauma Center has the greatest amount of resources and personnel for care of the injured patient. Typically, it is also a tertiary medical care facility that provides leadership in patient care, education, and research for trauma, including prevention programs.
- B. **Level II Trauma Center** – A Level II Trauma Center offers similar resources as a Level I Trauma Center, differing only by the lack of research activities required for Level I Trauma Center designation.
- C. **Level I and II Pediatric Trauma Center** – Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level I Pediatric Trauma Centers require some additional pediatric specialties and are research and teaching facilities.
- D. **Level III Trauma Center** – A Level III Trauma Center is capable of assessment, resuscitation, and emergency surgery, if warranted. Injured patients are stabilized before transfer, if indicated, to a facility with a higher level of care according to pre-existing arrangements.
- E. **Level IV Trauma Center** – A Level IV Trauma Center is capable of providing 24-hour physician coverage, resuscitation and stabilization to injured patients before they are transferred, if indicated.

POLICY:


- A. Criteria for identification, treatment and transport of prehospital trauma patients shall be based on S-SV EMS Trauma Triage Criteria Policy (860) and General Trauma Management Protocol (T-1).
- B. S-SV EMS will perform a trauma system needs assessment prior to designating any additional trauma centers in the S-SV EMS region.
- C. The following criteria shall be met for a hospital to be designated as a Trauma Center by S-SV EMS:
 1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 2. Have a special permit for basic or comprehensive emergency medical service, pursuant to the provisions of California Code of Regulations Title 22, Division 5.
 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 4. Meet all requirements contained in California Code of Regulations Title 22, Division 9, Chapter 7, for the applicable level of Trauma Center designation.
 5. Meet the minimum standards published in the current edition of the American College of Surgeons Committee on Trauma (ACS-COT) Resources for Optimal Care of the Injured Patient document.
 6. Meet the ACS-COT and/or S-SV EMS Trauma Center Verification requirements contained in this policy.
 7. Agree to accept the transfer of major trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility unless the Trauma Center is on trauma diversion or internal disaster.
 8. Have a written transfer agreement with a higher-level Trauma Center, if applicable, providing for the transfer of trauma patients whose clinical condition requires a higher level of care than can be provided at their facility.
 9. Enter all required trauma patient data into the S-SV EMS regional trauma registry.
 - Each trauma center shall submit trauma patient data in an agreed upon format, and within the time requirements published in the most current edition of the ACS-COT Resources for the Optimal Care of the Injured Patient document.

- Each trauma center shall ensure that the data entered into the S-SV EMS regional trauma registry is valid and without known errors.
 - Level I, II and III trauma centers located within the S-SV EMS region shall provide S-SV EMS with their American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®) Benchmark Report on a bi-annual basis.
10. Submit all required trauma patient data to the California EMS Authority data management system, as required by California Code of Regulations Title 22, Division 9, Chapter 7.
 11. Actively participate in the S-SV EMS regional trauma system quality improvement (QI) process, which includes required attendance at S-SV EMS Trauma QI meetings by the Trauma Medical Director and Trauma Program Manager.
 12. Have a QI process in place to provide ongoing feedback to:
 - Transferring hospitals on patients transferred for trauma services.
 - EMS provider agencies on prehospital patients who meet trauma triage criteria.
 13. Provide CE opportunities, a minimum of four (4) hours per year, for EMS personnel in areas of trauma care.
 14. Maintain active injury prevention programs targeted at reducing preventable injuries in the community.
 15. Pay the applicable initial/annual S-SV EMS Trauma Center designation fees.
- D. Trauma Center diversion of patients meeting trauma triage criteria shall only occur during times of an internal disaster, or when emergent trauma services are otherwise unavailable.
1. The following entities shall be notified as soon as possible of any event resulting in trauma services being unavailable, and when trauma services are subsequently available:
 - S-SV EMS.
 - Trauma center emergency department – to include a status posting on EMResource indicating trauma services are unavailable.
 - Appropriate adjacent trauma centers.
 - Appropriate prehospital provider agencies.
 2. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

- A. Any hospital seeking S-SV EMS Trauma Center designation shall submit a letter of intent to the S-SV EMS Regional Executive Director. The letter of intent shall be on hospital letterhead and include a minimum of the following:
1. The requested level of Trauma Center designation and anticipated start date for the provision of trauma services.
 2. Identification of the Trauma Program Medical Director, Trauma Program Manager and Trauma Program Registrar.
 3. Confirmation of commitment and support by hospital administration and physician staff for the applicable level of Trauma Center designation, including signatures of the hospital Chief of Staff and Chief Executive Officer.
- B. Within 90 calendar days of receiving a letter of intent that complies with the criteria listed in this section of the policy, S-SV EMS will perform a trauma system needs assessment. The S-SV EMS Regional Executive Director will consequently make a designation recommendation to the S-SV EMS JPA Governing Board of Directors based on the results of the trauma system needs assessment.
- C. Upon direction from the S-SV EMS JPA Governing Board of Directors to proceed with the Trauma Center designation process, the following will occur:
1. S-SV EMS will establish a Trauma Center contract with the hospital.
 2. The hospital shall complete a Trauma Center consultative review:
 - An ACS-COT Consultative Review is required for any hospital requesting Level I, II or III Trauma Center designation.
 - An S-SV EMS Consultative Review is required for any hospital requesting Level IV Trauma Center designation.
 3. The S-SV EMS Regional Executive Director, in consultation with the S-SV EMS Medical Director, will make a recommendation to the S-SV EMS JPA Governing Board of Directors to grant or deny S-SV EMS Trauma Center designation based on the results of the consultative review.
 4. The hospital shall obtain ACS-COT or Level IV S-SV EMS Verification within three (3) years of completion of the consultative review to maintain S-SV EMS Trauma Center designation.

-
- D. Failure to maintain ACS-COT or Level IV S-SV EMS Verification or comply with any of the criteria/standards contained in this policy, applicable statutes/regulations and/or S-SV EMS Trauma Center contracts may result in probation, suspension, denial, or revocation of S-SV EMS Trauma Center designation.
 - E. The S-SV EMS JPA Governing Board of Directors shall have final authority in any Trauma Center designation matters.

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/01/2019	Next Review: 09/2022	510
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. California Code of Regulations, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

- A. **STEMI Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).
- B. **Stroke Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.
- C. **Trauma Patient Rapid Re-Triage** – The rapid evaluation, resuscitation and transfer of a seriously injured patient from a non-trauma facility, or a lower level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

- A. STEMI patients shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.
- B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

- C. Trauma patients meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.
2. The timeline goals for SRH identified STEMI patients are <90 minutes SRH arrival-to-SRC first intervention for walk in patients and <120 minutes 911 call-to-SRC first intervention time for EMS patients initially transported to a SRH.
3. If SRH arrival-to-SRC first intervention is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. The goal for door to thrombolytics is <30 minutes for these patients. Contact the SRC early to discuss coordination of care.
4. Immediately after a STEMI patient is identified, contact the SRC to arrange an ED to ED transfer. The SRC will assist in advising the appropriateness of transfer for primary PCI, and contact the SRC interventional cardiologist as needed.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.
2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.
3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center criteria (incorporated into this policy for reference).
2. Emergency Transfer ("Red Box") Trauma Patients:
 - The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting “Red Box” criteria.

3. Urgent Transfer Trauma Patients:

- The goal is to transfer patients meeting any ‘Urgent Transfer’ criteria within four (4) hours of arrival at the transferring facility.
- Contact the closest most appropriate trauma center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.
2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.
3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival to the sending facility. Availability of records should not delay transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.
4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center
North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic	Extremity Injuries
<ul style="list-style-type: none"> • For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation • Patients requiring blood products to maintain their blood pressure <p>Note:</p> <ol style="list-style-type: none"> 1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension 2. Systolic blood pressure <110 may represent shock in patients >65 years of age 	<ul style="list-style-type: none"> • Amputation of extremity proximal to wrist or ankle • Open long-bone fractures • Two or more long-bone fracture sites* • Crush injury/mangled extremity <p>*A radius/ulna fracture or tibia/fibula fracture are considered one site</p>
Neck & Thoracic Injuries	Neurological Injuries
<ul style="list-style-type: none"> • Tracheobronchial injury • Esophageal trauma • Great vessel injury • Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion • Pneumothorax or hemothorax with respiratory failure • Radiographic evidence of aortic injury • Known or suspected cardiac injury 	<ul style="list-style-type: none"> • GCS deteriorating by 2 points during observation • Open or depressed skull fracture • Acute spinal cord injury • Spinal fractures, unstable or potentially unstable • Neurologic deficit
Abdominal Injuries	Pelvic/Urogenital
<ul style="list-style-type: none"> • Evisceration • Free air, fluid or solid organ injury on diagnostic testing 	<ul style="list-style-type: none"> • Bladder rupture
Burn Injuries	Co-Morbid Factors
<ul style="list-style-type: none"> • Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age • Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints • Third-degree burns >5% of the body surface area in any age group • Electrical burns, including lightning injury • Burn injury with inhalation injury 	<ul style="list-style-type: none"> • Adults >55 years of age with significant trauma • Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis) • Patients taking anti-coagulant medication or platelet inhibitors • Children <14 years of age with significant trauma • Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002



S-SV EMS AGENCY

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,
Siskiyou, Sutter, Tehama, & Yuba Counties



2021 & 2022 EMS Quality Improvement Plan Annual Update



JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

JOHN POLAND, PARAMEDIC
REGIONAL EXECUTIVE DIRECTOR

535 MENLO DRIVE, SUITE A
ROCKLIN, CA 95765

TROY M. FALCK, MD, FACEP, FAAEM
MEDICAL DIRECTOR

WWW.SSVEMS.COM

PHONE: (916) 625-1702
FAX: (916) 625-1720

SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES

December 5, 2022

Tom McGinnis, Chief of EMS Systems Division
California EMS Authority (EMSA)
10901 Gold Center Drive, Suite 400
Rancho Cordova, 95670

RE: S-SV EMS Agency 2021 & 2022 Annual EMSQIP Update

Mr. McGinnis,

Pursuant to CCR, Title 22, Division 9, Chapter 12, Article 4, § 100404, Item (a)(4), this letter and all attachments are being submitted to EMSA as the required S-SV EMS LEMSA 2021 and 2022 Calendar Year Annual EMSQIP update. S-SV EMS has a strong commitment to EMS QI. We work with EMS system participants to ensure that every patient in need of EMS assistance receives consistent, competent, and compassionate evidence-based EMS care. S-SV EMS currently employs seven (7) clinical staff, including a physician medical director and six (6) licensed paramedics with extensive EMS experience. These clinical staff are primarily responsible for the S-SV EMS EMSQIP, with assistance provided by other non-clinical agency staff as needed.

2021 and 2022 has seen several changes for the S-SV EMS Agency. S-SV EMS has undergone an agency reorganization with the retirement of our Regional Executive Director and the promotion/hiring of additional staff, including the hiring of an EMS Specialist – Quality Management to allow the agency to continue the commitment to quality assurance/quality improvement.

S-SV EMS staff continue to coordinate and receive input/feedback from multiple regional EMS system QI committees, and conducts/facilitates a significant amount of EMS system data review, audit, and educational activities. One of our QI focuses during the 2021 and 2022 calendar years was to continue to improve the quality, consistency, and validity of our EMS system data.

S-SV EMS has a strong commitment to EMS system transparency and accountability. As a result, we continue to update and publish an EMS system performance data report monthly, which includes the following EMS system data:

- S-SV EMS Regional APOT Data
- S-SV EMS Regional Ground and EMS Aircraft Data
- S-SV EMS Regional Prehospital Naloxone Utilization Data

The above-mentioned report, and various others, will continue to be refined/improved as necessary. A copy of these reports for the 2021 and 2022 calendar years are included in this document. S-SV EMS also requires EMS system participants to regularly conduct focused audits, and to report their results back to our agency for additional review, compiling and publishing. The results of these audits are utilized for ongoing education/training purposes. Any identified clinical and/or documentation issues are then monitored and tracked as necessary until the matter is adequately resolved. S-SV EMS has also implemented necessary policy/protocol changes based on the results of previous audits, followed by additional monitoring/auditing activities to ensure that the identified issues have been corrected.

S-SV EMS continues to participate in various other EMS data registries/programs as follows:

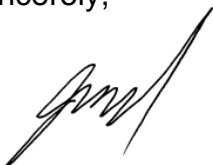
- ESO Trauma 1 Data Registry
- AHA Get With The Guidelines (GWTG) Stroke Registry
- AHA Get With The Guidelines – Coronary Artery Disease (GWTG-CAD) STEMI Registry
- EMSA Annual EMS Core Measures

S-SV EMS has a robust system to identify and address clinical issues/concerns, in close collaboration with EMS system participants. This is accomplished using a just culture type philosophy, to ensure an appropriate oversight/accountability balance. Prehospital personnel and EMS system participants have clearly embraced this concept, as evidenced by an increase in self-reported policy/protocol deviations, patient care issues, medication errors, etc. These matters are thoroughly investigated and addressed to ensure that they do not reoccur. S-SV EMS policy/protocol updates are also reviewed/implemented as determined necessary.

During the 2023 calendar year, we intend to make additional changes/modifications to our various regional EMS advisory committee meetings with the goal of obtaining increased participation by EMS system participants. We will also be establishing a new regional prehospital peer-review committee to further enhance the EMS QA/QI activities throughout the S-SV EMS region.

Thank you for the opportunity to provide this update covering the EMS QI work that S-SV EMS staff and EMS system participants provide on an ongoing basis. Please feel free to contact me with any specific questions you may have regarding this matter

Sincerely,



John Poland, Paramedic
Regional Executive Director
Sierra – Sacramento Valley EMS Agency

S-SV EMS Agency Organizational Chart & Staff Primary Responsibilities

Sierra – Sacramento Valley EMS Agency Program Policy

S-SV EMS Agency Organizational Chart



Effective: 11/01/2022

Next Review: As Needed

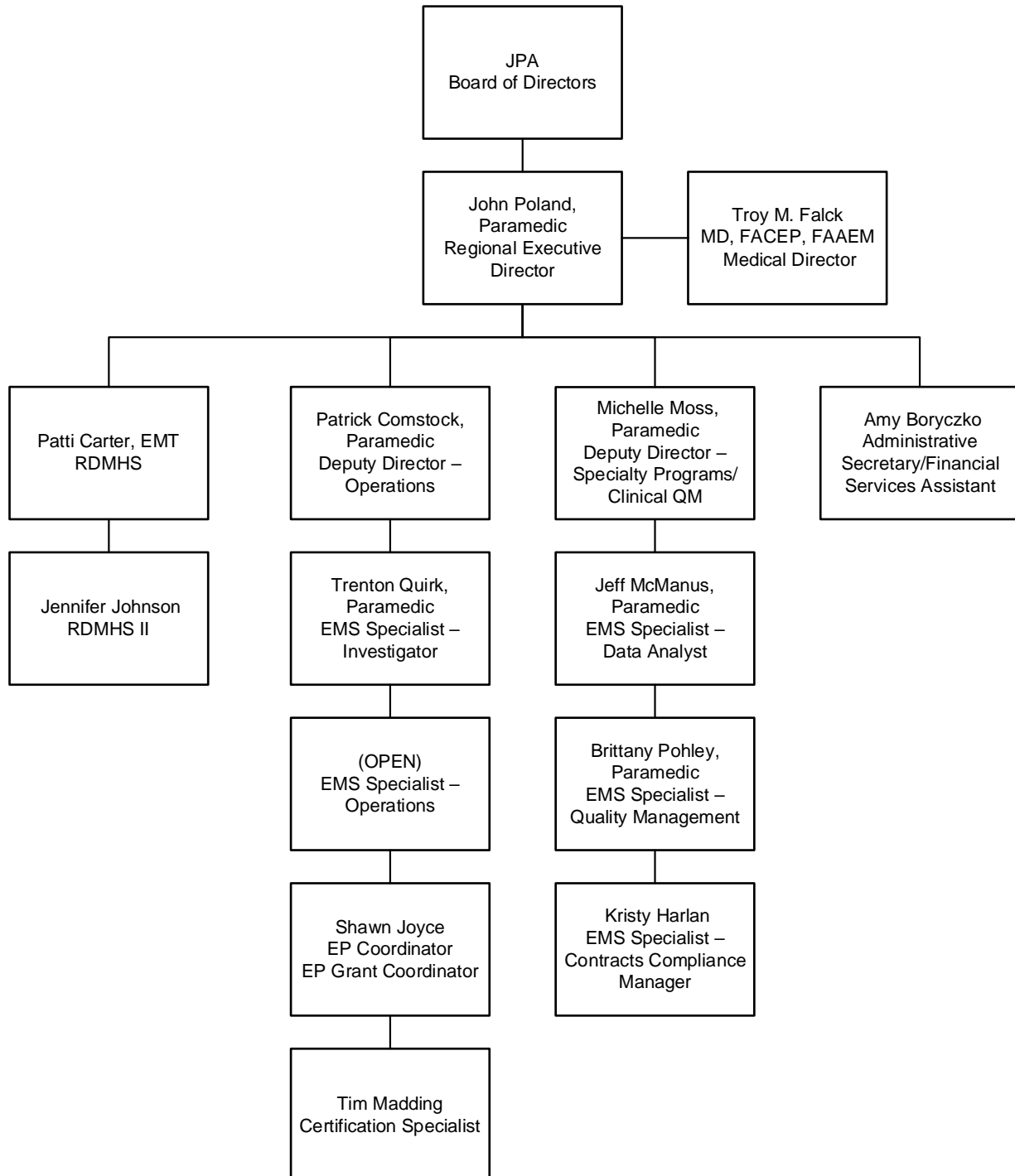
201

Approval: Troy M. Falck, MD – Medical Director

SIGNATURE ON FILE

Approval: John Poland – Executive Director

SIGNATURE ON FILE





S-SV EMS Agency Staff Primary Responsibilities

201-A

Name, Title, & Contact Information	Primary Responsibilities
John Poland, Paramedic Regional Executive Director John.Poland@ssevems.com (916) 625-1719	<ul style="list-style-type: none">• S-SV EMS Agency member county BOS, CAO & PHO contact• S-SV EMS Agency legal counsel contact• Hospital administration contact• S-SV EMS Agency & personnel oversight• S-SV EMS Agency contracts• S-SV EMS Agency fiscal management• S-SV EMS Agency EMS Plan• S-SV EMS Agency EMS system policies/protocols• Region III RDMHC/S program oversight
Troy M. Falck, MD Medical Director Troy.Falck@ssevems.com (916) 625-1715	<ul style="list-style-type: none">• Medical control, direction & oversight of the S-SV EMS system and all EMS personnel within the S-SV EMS region• Assist in the development/approval of all S-SV EMS policies and treatment protocols
Patrick Comstock, Paramedic Deputy Director – Operations Patrick.Comstock@ssevems.com (916) 625-1714	<ul style="list-style-type: none">• EMS training programs approval/oversight• S-SV EMS Agency EMS personnel credentialing & investigation/enforcement program oversight/management• S-SV EMS Agency RFPs, provider agreements, & permitting oversight/management• EMCC/EMAG/HPP/HP liaison• S-SV EMS Agency EMS data system oversight• S-SV EMS Agency LEMSA Duty Officer• S-SV EMS Agency personnel oversight
Michelle Moss, Paramedic Deputy Director – Specialty Programs/Clinical Quality Management Michelle.Moss@ssevems.com (916) 625-1711	<ul style="list-style-type: none">• Regional STEMI/stroke/trauma systems oversight/management• Regional HEMS program oversight/management• Regional specialty systems contracting oversight• Clinical quality management (QA/QI) oversight/management• EMS for Children/pediatric specialty center liaison• S-SV EMS Agency data system/patient registries oversight• S-SV EMS Agency personnel oversight
Amy Boryczko Administrative Secretary/ Financial Services Assistant Amy.Boryczko@ssevems.com (916) 625-1712	<ul style="list-style-type: none">• Secretary to the S-SV EMS Regional Executive Director• Secretarial support for S-SV EMS staff• Clerk of the Board to the S-SV EMS JPA Governing Board• Technical/clerical support for HPP & other grant activities• Assist with S-SV EMS Agency fiscal management• Placer County Auditor-Controller's Office liaison
Patti Carter, EMT Region III RDMHS Patti.Carter@ssevems.com (530) 722-6613	<ul style="list-style-type: none">• Region III RDMHS• EMCC/EMAG/HPP/EP liaison• Region III RDMHS Program Duty Officer• S-SV EMS LEMSA Duty Officer



S-SV EMS Agency Staff Primary Responsibilities


201-A

Name, Title, & Contact Information	Primary Responsibilities
Jennifer Johnson Region III RDMHS II Jennifer.Johnson@ssvems.com (530) 722-6615	<ul style="list-style-type: none">• Assists with Region III RDMHS Program duties/responsibilities• EMCC/EMAG/HPP/EP liaison• Region III RDMHS Program Duty Officer
Trenton Quirk, Paramedic EMS Specialist – Investigator Trenton.Quirk@ssvems.com (916) 625-1716	<ul style="list-style-type: none">• Processing/managing California DOJ and/or FBI CORI background and subsequent arrest/disposition records• Overseeing/assisting with S-SV EMS Agency investigation and personnel enforcement related matters• Assists with S-SV EMS Agency operational duties
Shawn Joyce EP/EP Grant Coordinator Shawn.Joyce@ssvems.com (916) 625-1718	<ul style="list-style-type: none">• Emergency preparedness (EP) & EP grant coordination
Tim Madding Certification Specialist info@ssvems.com (916) 625-1702	<ul style="list-style-type: none">• EMS personnel certification, accreditation, & authorizations• Assists with S-SV EMS Agency operational duties
Jeff McManus, Paramedic EMS Specialist – Data Analyst Jeff.McManus@ssvems.com (916) 625-1721	<ul style="list-style-type: none">• Supports the S-SV EMS Agency & EMS system participants with the EMS data system and patient data registries• Analysis/reporting of statistical EMS & specialty program data• HIE data oversight• Assist with S-SV EMS Agency QA/QI initiatives• S-SV EMS Agency LEMSA Duty Officer
Brittany Pohley, Paramedic EMS Specialist – QM Brittany.Pohley@ssvems.com (916) 625-1724	<ul style="list-style-type: none">• EMS system participant QA/QI primary liaison• Development, coordination, and oversight of EMS QA/QI activities/initiatives• QI indicator reporting to the S-SV EMS Agency and EMS system participants• Development, oversight, planning, and coordination of S-SV EMS Agency initiated training/education programs
Kristy Harlan EMS Specialist – Contracts Compliance Manager Kristy.Harlan@ssvems.com (916) 625-1722	<ul style="list-style-type: none">• EMS system participant liaison• Prehospital provider organization contract compliance• Internal/external compliance reporting• Assist with S-SV EMS Agency QA/QI initiatives• S-SV EMS Agency LEMSA Duty Officer

S-SV EMS Policy Action & EMSQIP Policy

Sierra – Sacramento Valley EMS Agency Program Policy

S-SV EMS Policy Actions

	Effective: 06/01/2022	Next Review: 05/2025	220
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To provide a mechanism for development, review, revision, or removal of S-SV EMS policies and treatment protocols ('policy action').

AUTHORITY:

- A. HSC, Division 2.5, § 1797.107, 1797.171, 1797.172, 1797.176, 1797.202, 1797.220 and 1798.
- B. CCR, Title 22.

POLICY:

- A. Prehospital providers shall not institute patient care policies/protocols that conflict with those established by S-SV EMS. This does not apply to treatment protocols developed by air ambulance or ground critical care transport providers for RN personnel.
- B. New policies/protocols are developed as necessary based on EMS system needs.
- C. Consideration of proposed policy actions will be given to suggestions/requests from EMS system participants.
- D. Existing S-SV EMS policies/protocols are routinely reviewed every three (3) years, but may be reviewed on a more frequent basis if necessary.

PROCEDURE:

- A. Policy action input may be solicited from individuals, agencies and/or advisory committees. S-SV EMS may also establish an ad hoc committee to recommend policy actions as necessary.
- B. Draft policies/protocols will be reviewed and revised by S-SV EMS staff as often as necessary throughout the policy action process.


C. Approval of policy actions will occur as follows:

1. Proposed policy actions will be placed on the S-SV EMS Regional Medical Control Advisory Committee (MCC) meeting agenda for consideration.
2. Proposed policy actions will be reviewed/discussed during an initial MCC meeting.
 - No final action involving new/revised policies/protocols will be taken the first time the policy/protocol is on the MCC meeting agenda for review/discussion.
 - Policy actions involving policies/protocols recommended for removal may be finalized at the first meeting, upon a majority vote of the MCC.
3. S-SV EMS staff will incorporate MCC recommendations into the draft, and place the revised policy/protocol on a subsequent MCC meeting agenda for final review/approval. If necessary, proposed policy actions may be carried over to subsequent MCC meetings until a consensus is reached by the committee.
4. All policy actions passed by the MCC shall be approved by the S-SV EMS Medical Director and Regional Executive Director prior to implementation.

D. Implementation of policy actions will occur as follows:

1. New policies/protocols will be assigned an S-SV EMS policy/protocol number.
2. An effective date and next review date will be assigned to all policies/protocols.
3. The S-SV EMS Medical Director and Regional Executive Director will approve and sign the policy/protocol.
4. EMS system participants will be notified of the policy action and implementation date. Policy/protocol updates are routinely released on a bi-annual basis for either a June 1st or December 1st implementation, but may be released more frequently as necessary.

E. Some policy actions may require immediate action to maintain compliance with statutes/regulations, or to preserve medical control/integrity of the EMS system. Policy actions of this type may be implemented by S-SV EMS as urgency measures, and scheduled for discussion at the next regularly scheduled MCC meeting if necessary.

Sierra – Sacramento Valley EMS Agency Program Policy		
EMS System Quality Improvement Program (EMSQIP)		
	Effective: 12/01/2020	Next Review: 07/2023
	Approval: Troy M. Falck, MD – Medical Director	SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director	SIGNATURE ON FILE

PURPOSE:

To establish Emergency Medical Services System Quality Improvement Program (EMSQIP) requirements for EMS system participants in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.204, 1797.220 and 1798.
- B. CCR, Title 22, Chapter 12.

POLICY:

- A. ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit a written EMSQIP to S-SV EMS for review and approval every five (5) years. The written EMSQIP shall include the following minimum information:
 1. Provider name and management structure, including QI coordinator, medical director, and internal QI structure. Include an organizational chart if available.
 2. Description of how, how often and who collects/analyzes QI indicator data.
 3. Description of how and how often QI indicator data is shared with QI committees, technical advisory committees, peer review groups, management, etc.
 4. Description of how the provider communicates QI activities to external stakeholders (other EMS system participants, elected officials, the public, etc.).
 5. Description of the provider’s approach to performance improvement and the process used to implement changes.
 6. Description of how provider policies and procedures are developed/revised, and how staff are educated/trained on new/revised policies and procedures.
 7. Description of how staff are educated/trained on new/revised S-SV EMS policies and protocols.

8. Description of the process for ensuring staff complete other required EMS education/training.
- B. All EMS system participants shall submit an annual EMSQIP report, utilizing an S-SV EMS developed standardized form, for the previous calendar year to S-SV EMS no later than March 31st.
 - C. All EMS system participants shall participate in the S-SV EMS EMSQIP, which may include providing records for program monitoring and evaluation.
 - D. EMS system participants shall develop a performance improvement plan when their EMSQIP identifies a need for improvement. Collaboration with S-SV EMS and/or other EMS system participants is required if system issues are identified.

S-SV EMS 2022 Calendar Year
Annual EMSQIP Reporting Forms



**BLS Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

PROVIDER AGENCY INFORMATION

Provider Agency:		Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination	
Position/Title	Name	Telephone Number	Email Address
Chief/Director/Manager			
QI Coordinator			
# Of PSFAs:		# Of EMRs:	
# Of EMTs		# Of AEMTs/Paramedics:	

DISPATCH/PATIENT CARE DOCUMENTATION INFORMATION

Dispatch Center Name:	# Of 911 EMS Calls:
Type Of Patient Care Records Used? <input type="checkbox"/> Written <input type="checkbox"/> Electronic <input type="checkbox"/> Both <input type="checkbox"/> None	
Current Electronic PCR Program & Version (if applicable):	

AED INFORMATION

Do You Provide AED Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are All AED Uses Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are AEDs Maintained Per Manufacturer Guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are All Personnel Using AEDs Properly Trained/Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did You Have Any AED Equipment Failures (including dead batteries, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AED Issues/Comments

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**BLS Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

BLS OPTIONAL SKILLS INFORMATION

Which BLS Optional/Expanded Skills Do Your Personnel Utilize?

- Auto-Injector Epinephrine Naloxone
 Epinephrine IM Injection (EMT) King Airway (EMT) i-gel LMA (EMT)

Is BLS Optional Skills Review/Verification Completed At Least Annually? Yes No

Are All BLS Optional Skills Uses Reviewed For QI Purposes? Yes No

BLS Optional/Expanded Skills Issues/Comments

EDUCATION/TRAINING

EMS Education/Training Provided To The Public

EMS Education/Training Provided To Your Personnel



**BLS Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

ADDITIONAL QI ACTIVITIES/COMMENTS



**ALS/LALS Ground Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

PROVIDER AGENCY INFORMATION

Provider Agency:

Position/Title	Name	Telephone Number	Email Address
Chief/Director/Manager			
Medical Director			
QI Coordinator			
EMS Data Manager			
# Of EMTs:		# Of AEMTs:	
# Of Paramedics:		# Of RNs:	
# Of EMS Calls:			

POLICIES/PROCEDURES

New/Revised Provider Agency Specific EMS Related Policies/Procedures

Blank area for reporting New/Revised Provider Agency Specific EMS Related Policies/Procedures.



**ALS/LALS Ground Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

EDUCATION/TRAINING

EMS Education/Training Provided To The Public

EMS Education/Training Provided To Your Personnel



**ALS/LALS Ground Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

ADDITIONAL EMS QI ACTIVITIES/GOALS

Additional EMS QI Activities

2022 EMS QI Goals



**EMS Aircraft Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

PROVIDER AGENCY INFORMATION

Provider Agency:

Position/Title	Name	Telephone Number	Email Address
Chief/Director/Manager			
Medical Director			
QI Coordinator			
EMS Data Manager			
# Of Paramedic Personnel:		# Of RN Personnel:	
# Of Completed 911 Calls:		# Of Completed IFT Calls:	

EQUIPMENT/MEDICATIONS/PROCEDURES

Pertinent Equipment/Supply/Medication Changes

POLICIES/PROCEDURES

New/Revised Provider Agency Specific EMS Related Policies/Procedures



**EMS Aircraft Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

EDUCATION/TRAINING

EMS Education/Training Providing To The Public

--

EMS Education/Training Provided To Your Personnel Or Other EMS System Participants

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**EMS Aircraft Provider 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

EMS QI ACTIVITIES/GOALS

Additional EMS QI Activities

2022 EMS QI Goals



**Base/Modified Base Hospital 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

HOSPITAL INFORMATION

Hospital Name: _____ Type: Base Modified Base

Position/Title	Name	Telephone	Email
CEO			
ED Manager			
Base/Modified Base Hosp. Medical Director			
Base/Modified Base Hosp. Coordinator			

Number of MICNs (if applicable): _____

EMS ACTIVITIES

EMS Training/Classes/Drills/Exercises

--



**Base/Modified Base Hospital 2022 Calendar Year EMS QI
Report (Submission Due Date: 3/31/2022)**

EMS QI ACTIVITIES

**2021 & 2022 S-SV EMS
Regional Meeting Calendars**



Sierra - Sacramento Valley EMS Agency 2021 Calendar



January						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
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	1	2	3	4	5	6
7	8	9	10	11	12	13
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28						

March						
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28	29	30	31			

April						
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May						
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June						
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July						
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25	26	27	28	29	30	31

August						
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29	30	31				

September						
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October						
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31						

November						
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28	29	30				

December						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

S-SV EMS Regional Committee Meetings

Medical Control 9:00 am - 10:30 am
• March 16, 2021
• May 18, 2021
• July 20, 2021
• September 21, 2021
• November 16, 2021

Regional CQI (RCQI) 10:30 am - 12:00 pm
• May 18, 2021
• September 21, 2021

EMS Aircraft Advisory 10:30 am - 12:00 pm
• March 16, 2021
• July 20, 2021
• November 16, 2021

JPA Board 1:00 pm - 3:00 pm
• January 8, 2021
• March 12, 2021
• May 14, 2021
• July 9, 2021
• September 10, 2021
• November 12, 2021

Regional STEMI QI 9:30 am - 12:00 pm
• March 11, 2021
• September 9, 2021

Region III RDMHS 9:00 am - 12:00 pm
• March 18, 2021
• June 17, 2021
• September 16, 2021
• December 16, 2021

Regional Stroke QI 10:00 am - 12:00 pm
• April 20, 2021
• October 19, 2021

Regional Trauma QI 11:00 am - 3:00 pm
• May 6, 2021
• December 2, 2021

Paramedic Accreditation Classes

9:00 am - 1:00 pm Must pre-register
Rocklin & Redding
• January 12, 2021
• February 9, 2021
• March 9, 2021
• April 13, 2021
• May 11, 2021
• June 8, 2021
• July 13, 2021
• August 10, 2021
• September 14, 2021
• October 12, 2021
• November 9, 2021
• December 14, 2021

S-SV EMS Office Locations
Rocklin Office: 535 Menlo Drive, Suite A
Redding Office: 1255 East Street, Second Floor

S-SV EMS Holidays - Office Closed



Sierra - Sacramento Valley EMS Agency 2022 Calendar



January						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February						
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

S-SV EMS Holidays - Office Closed

S-SV EMS Agency Regional Meetings & Classes

Medical Control Committee 9:00 am - 10:30 am	
• January 18	• July - Cancelled
• March 15	• September 20
• May 17	• November 15

Regional CQI (RCQI) Committee 10:30 am - 12:00 pm	
• January 18	
• May 17	
• September 20	

EMS Aircraft Advisory Committee 10:30 am - 12:00 pm	
• March 15	
• July - Cancelled	
• November 15	

Regional STEMI QI Committee 9:30 am - 12:00 pm	
• March 17	
• September 15	

Regional Stroke QI Committee 10:00 am - 12:00 pm	
• April 19	
• October 18	

Regional Trauma QI Committee 11:00 am - 3:00 pm	
• May 5	
• December 1	

JPA Governing Board of Directors 1:00 pm - 3:00 pm	
• January 14	• July 8
• March 11	• September 9
• May 13	• November TBD

Paramedic, Flight Nurse & MICN Accreditation/Orientation Class 9:00 am - 1:00 pm (pre-registration required)	
• January 11	• July 12
• February 8	• August 9
• March 8	• September 13
• April 12	• October 11
• May 10	• November 8
• June 7	• December 13

S-SV EMS Agency Office/Meeting Locations	
Rocklin Office	
535 Menlo Drive, Suite A Rocklin, CA 95765	
Redding Office	
1255 East Street, Second Floor Redding, CA 96001	
Telephone Number	
(916) 625-1702	

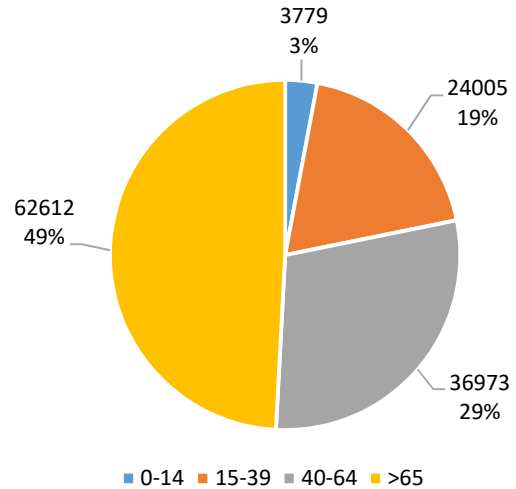
Region III RDMHS/MHOACs 9:00 am - 12:00 pm	
• March 23	• September 28
• June 22	• December 28

S-SV EMS 2022 Audit Reports

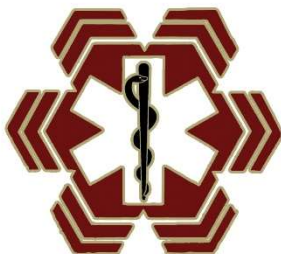
2022 S-SV EMS Data: Ground

- **911 responses: 153,285**
- **IFT/medical trans: 21,059**
- **Pt gender:**
 - **Female: 51%**
 - **Male: 49%**
- **72% of 911 responses resulted in a pt transport**
 - **Medical pts: 77%**
 - **Trauma pts: 23%**
 - **Avg scene time: 15 mins**
- **Specialty pts:**
 - **Trauma Triage: 4449**
 - **Stroke: 2947**
 - **STEMI: 676**
- **49,080 meds administered:**
 - **Most administered: Ondansetron (Zofran) 9,921 (21%)**
 - **BLS Naloxone:**
 - **LE: 110**
 - **BLS FD: 278**
 - **BLS Epi: 2**

Patients Transported by Age (Years)



- **Advanced airway pt count (success rate)**
 - **BLS King Airway: 13 (92%)**
 - **ALS King Airway: 20 (90%)**
 - **BLS i-gel: 293 (98%)**
 - **ALS i-gel (Adult): 850 (92%)**
 - **Oral intubation: 460 (59%)**
 - **Cricothyrotomy: 3 (67%)**
 - **Thoracostomy: 37 (97%)**



**S-SV EMS
AGENCY**

Sierra – Sacramento Valley EMS Agency 2022 Q2 Advanced Airway Procedures Focused Audit

- Focused Audit Date Range: 6/2021-4/2022
- Total PCRs Evaluated/Audited: 352
- Male Patients: 240
- Female Patients: 112
- Average Patient Age: 63



Airway Procedure	Patients	Attempts	Successful	2022 Q2 Audit Success Rate	2019 Q1 Audit Success Rate
Oral ETT	117	146	71	61%	65%
LMA	213	223	207	97%	68%
King Airway	22	23	22	100%	85%

Notes

- LMA device will be replacing the King Airway in S-SV EMS, the King Airway will be ‘sunset’ at the end of 2022 and will not be utilized by any S-SV EMS providers.
- An ETT introducer (bougie) device was utilized on 22 patients in 2019 audit but was only utilized 12 times in the 2022 audit.

Documentation Audit Results	Yes	No	N/A or Unk.	2022 Q2 Audit % Yes	2019 Q1 Audit % Yes
Were complications adequately documented?	233	15	104	66%	40%
Was patient pre-oxygenated prior to procedure?	255	2	95	72%	56%
Were SpO2 readings adequately documented?	160	163	29	45%	52%
Was placement confirmed with physical assessment?	274	36	42	78%	71%
Was placement confirmed with ETCO2 assessment?	285	43	24	81%	67%
Was airway adequately managed?	308	14	30	88%	79%

Key Educational Reminders (S-SV EMS Airway & Ventilation Management Policy 1102)

- No more than two intubation attempts, lasting no longer than 30 seconds, are allowed per patient. Ventilate with 100% oxygen for a minimum of one minute prior to each attempt. An intubation attempt is defined as the introduction of the endotracheal (ET) tube past the teeth.
- Consider utilizing an ET tube introducer for all intubation attempts.
- All methods and devices used to confirm advanced airway device placement must be documented on the PCR, including percentage of CO2 or mmHg.
- Airway confirmation is required whenever the patient is moved or any transfer of patient care and must be documented.





Serving the Counties of Butte, Colusa, Glenn, Nevada,
Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba



2019 – 2021 CARES Summary Data Comparison Report

Demographic and Survival Characteristics of Out-of-Hospital Cardiac
Arrest



The Cardiac Arrest Registry to Enhance Survival (CARES) Program Background & Purpose

In 2004, the Centers for Disease Control and Prevention (CDC) collaborated with Emory University School of Medicine's Department of Emergency Medicine to develop CARES (Cardiac Arrest Registry to Enhance Survival), an OHCA surveillance registry to help communities increase survival rates. In 2005, Atlanta, Georgia was the first community to begin data collection with nearly 600 cases captured that year. At present, the registry now captures the same number of cases every 3 days. The program has since expanded to include 26 state-based registries and the District of Columbia, with community sites in 16 additional states. CARES represents a catchment area of more than 135 million people or approximately 40% of the US population. To date, the registry has captured over 425,000 records, with more than 1,800 EMS agencies and over 2,200 hospitals participating nationwide.

In 2011, CARES began expanding to statewide participation which allows enrollment of additional communities of different sizes and population densities to be included in the registry. In addition, state-level participation allows better communication and collaboration between state and local EMS providers.

In 2009, CARES began partnering internationally with the Pan Asian Resuscitation Outcomes Study (PAROS) which represents 13 Countries (Japan, South Korea, Malaysia, Singapore, Taiwan, Thailand, United Arab Emirates, China, Philippines, Indonesia, Vietnam, India and Pakistan). We have collaborated by sharing our software platform for data collection and reporting and technical expertise in an effort to implement a standard web-based platform for data collection and reporting for OHCA globally.

CARES data are used to help communities benchmark and improve their performance for OHCA care. CARES allows participating communities to view their own statistics online confidentially and compare their performance to anonymous aggregated data at the local, regional, or national level. CARES automatically calculates local 911 response intervals, delivery rates for critical interventions (e.g., bystander CPR and public access defibrillation [PAD]), and community rates of survival and functional status at discharge, on the basis of each patient's CPC Scale. An annual report is provided to all participating communities that summarizes local results in comparison to regional and national benchmarks. Tracking performance longitudinally allows communities to better understand which elements of their care are working well and which elements need improvement. Reporting at the state and local levels can enable state and local public health and EMS agencies to coordinate their efforts to target improving emergency response for OHCA events which can lead to improvement in OHCA survival rates.

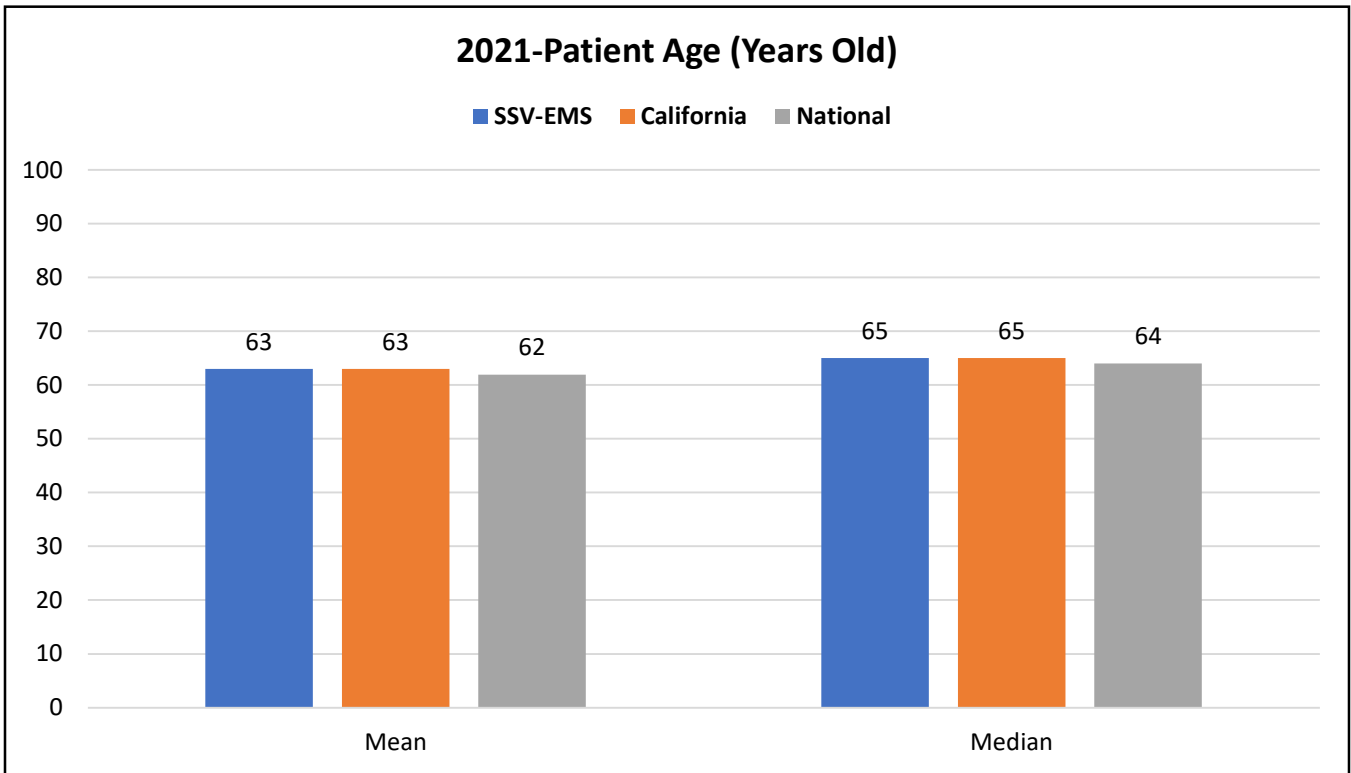
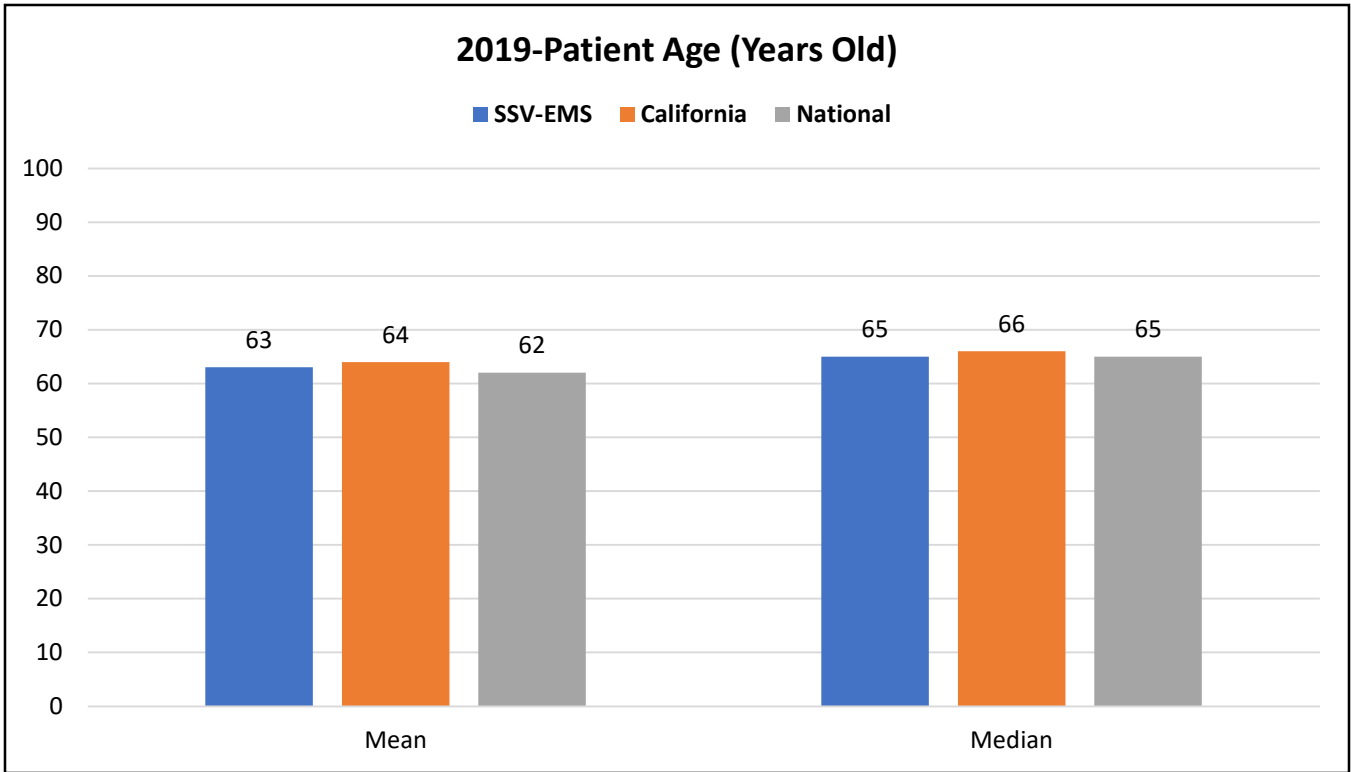
Sierra – Sacramento Valley EMS Agency (S-SV EMS) CARES Program Participation

S-SV EMS began participating in the CARES program in June, 2018. S-SV EMS staff identify, review, validate, and input all EMS prehospital CARES data for the entire 10 County S-SV EMS region. Patient outcome data is then entered by receiving hospital representatives.

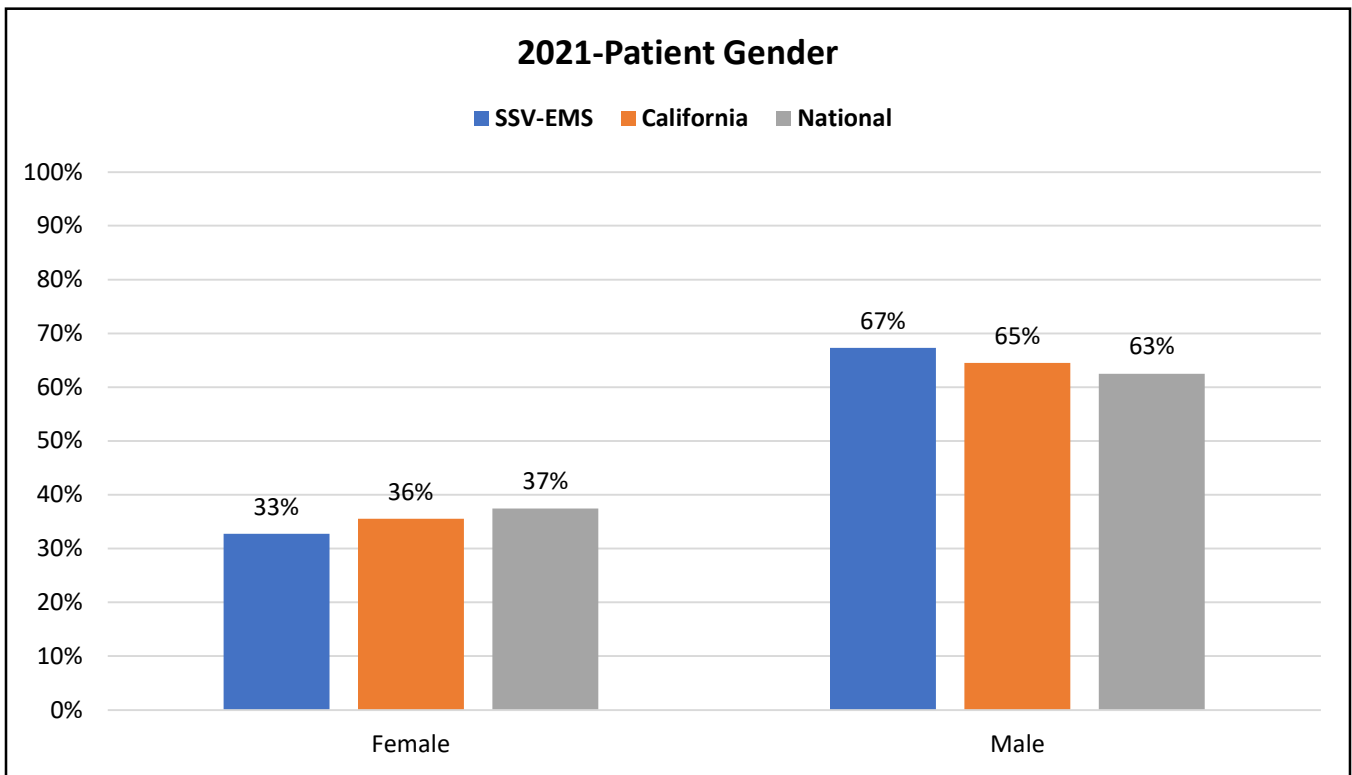
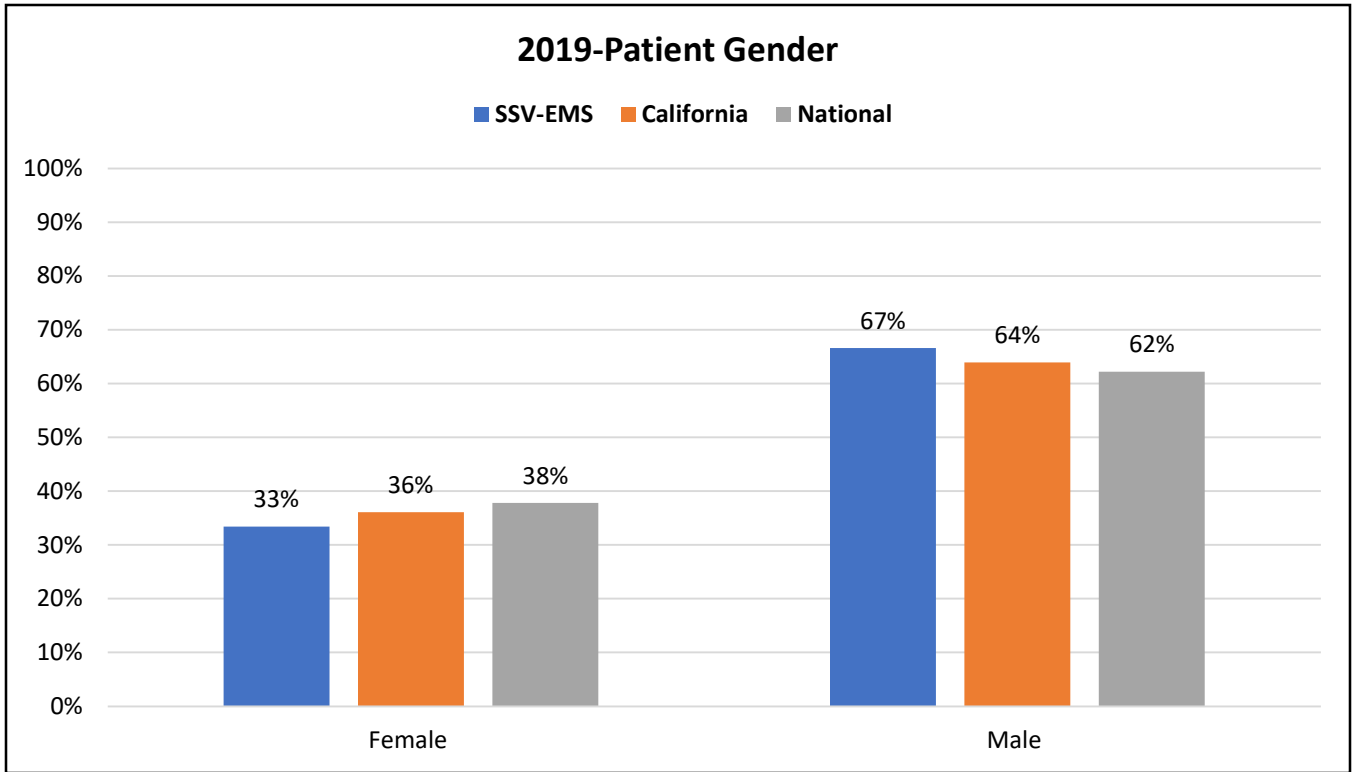
S-SV EMS Regional CARES Summary Report Inclusion Criteria

Any age patient with a non-traumatic out-of-hospital cardiac arrest in the S-SV EMS, where resuscitation was attempted by a 911 responder (CPR &/or defibrillation). This also includes patients that received an AED shock by a bystander prior to the arrival of 911 responders.

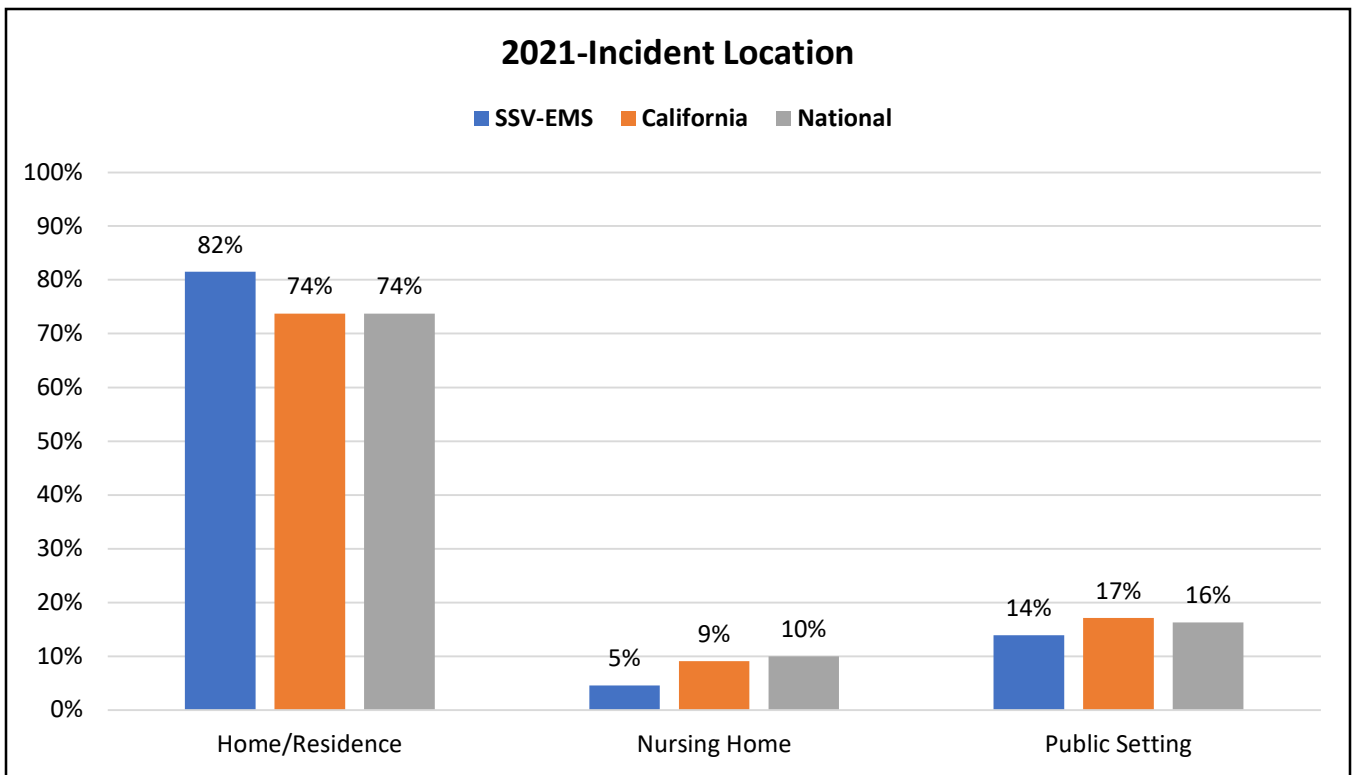
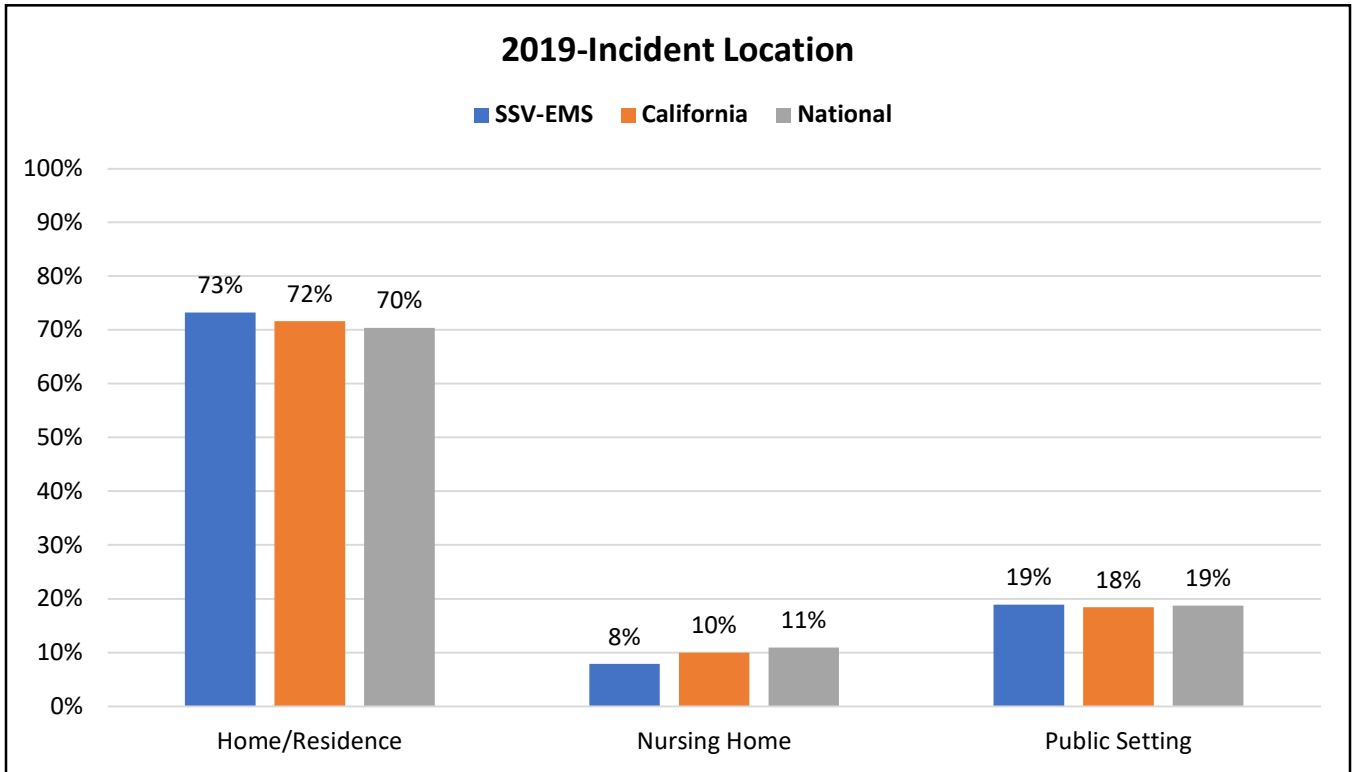
2019 – 2021 CARES Summary Data Comparison Report



2019 – 2021 CARES Summary Data Comparison Report

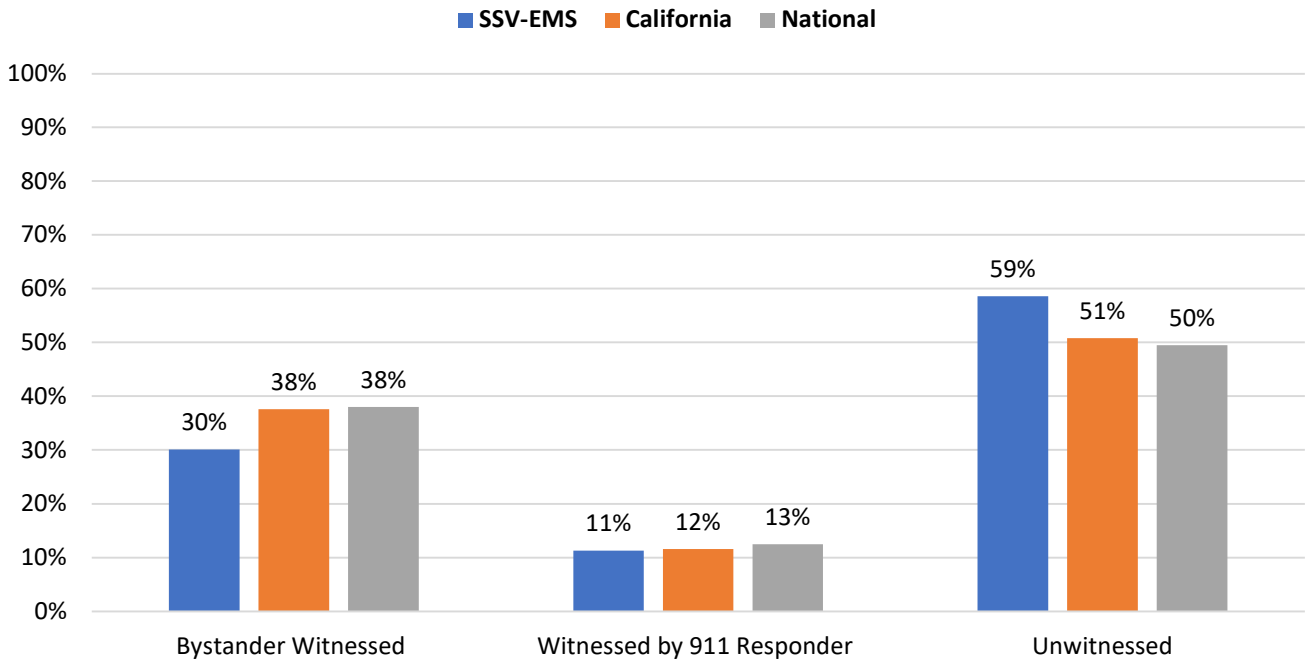


2019 – 2021 CARES Summary Data Comparison Report

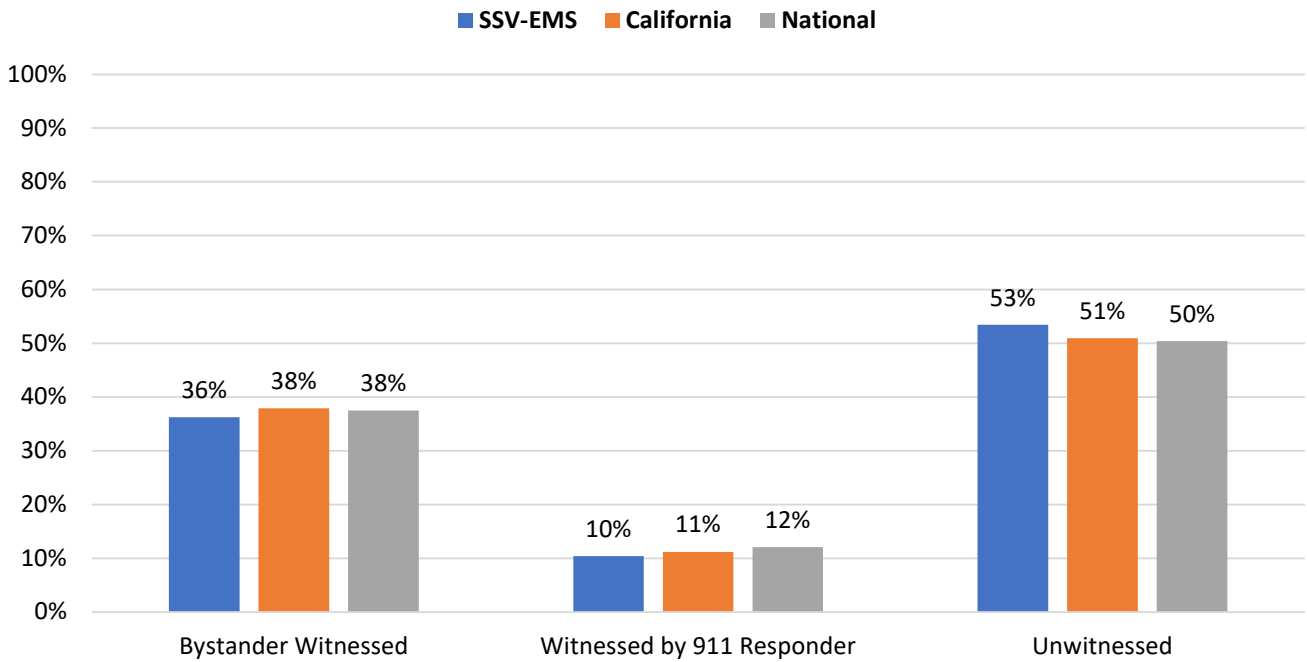


2019 – 2021 CARES Summary Data Comparison Report

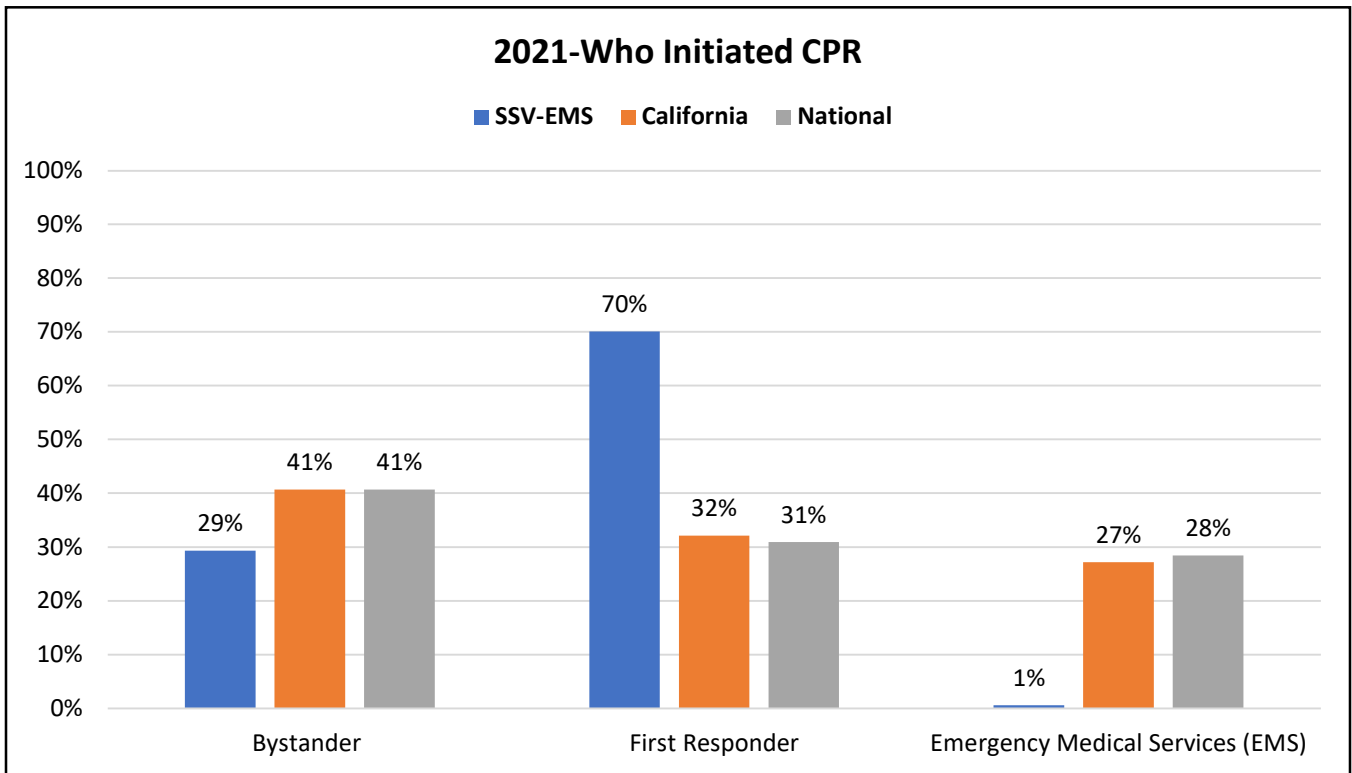
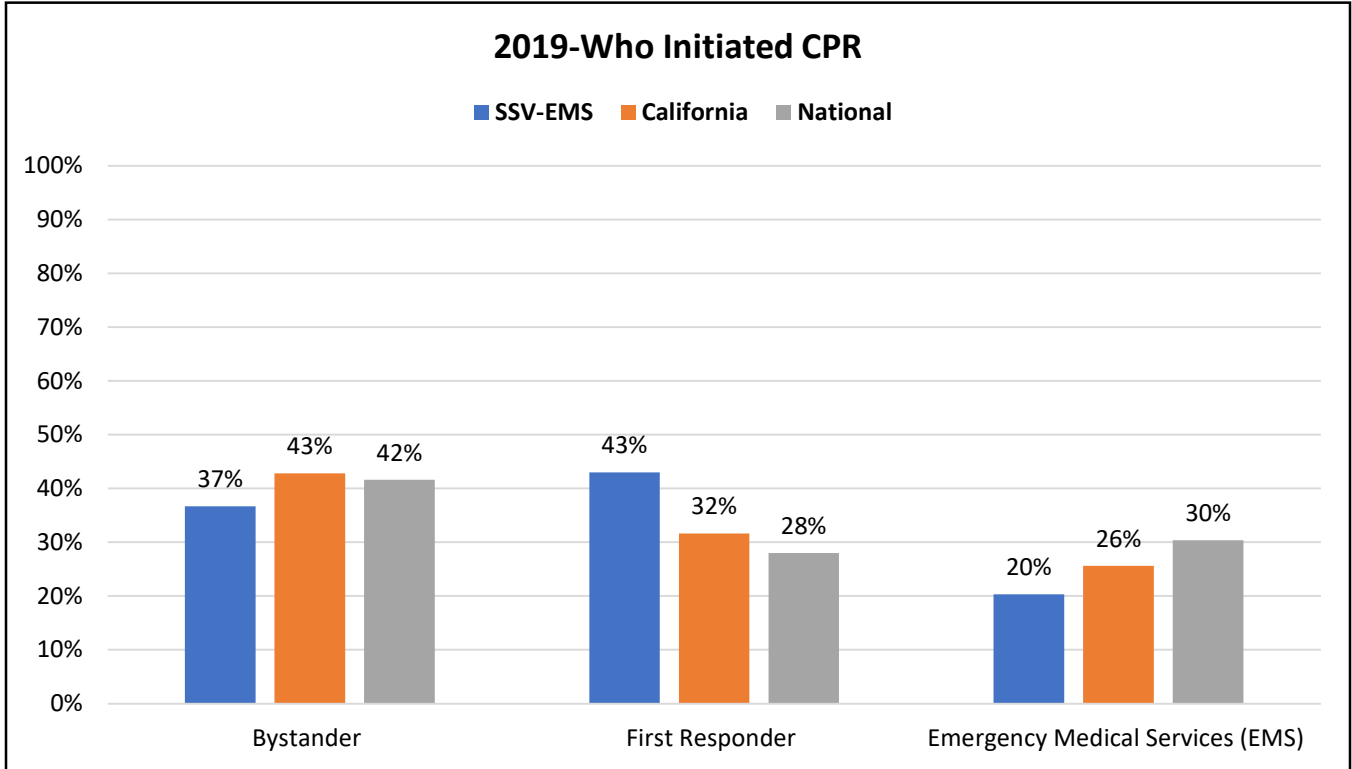
2019-Unwitnessed/Witnessed Cardiac Arrest



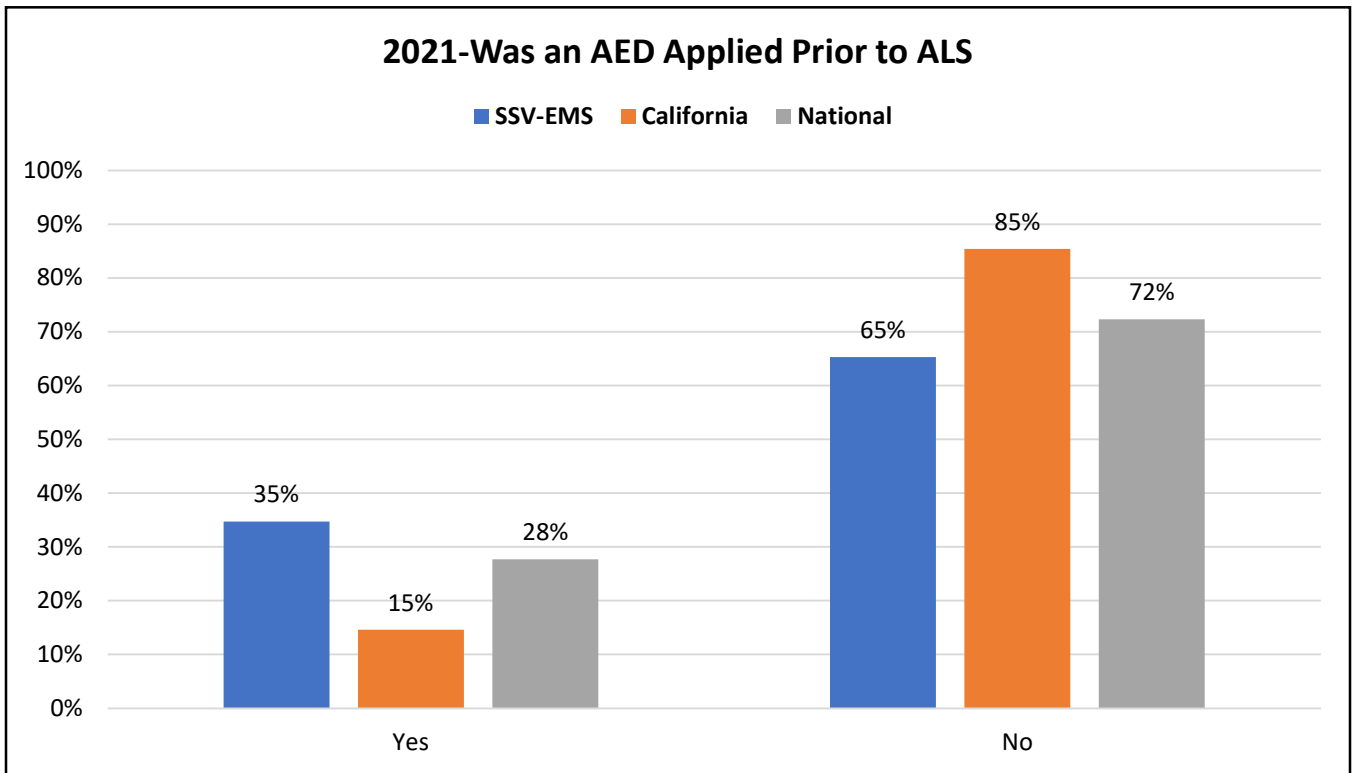
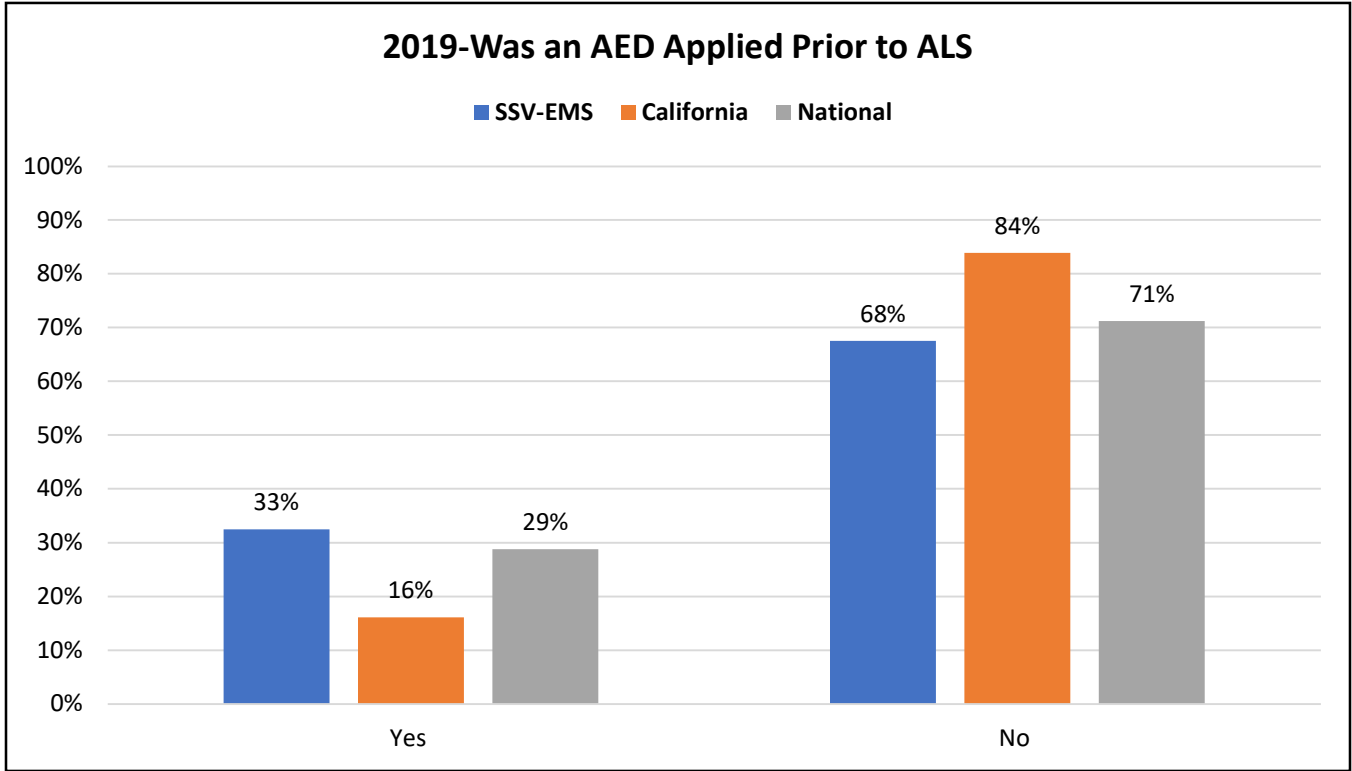
2021-Unwitnessed/Witnessed Cardiac Arrest



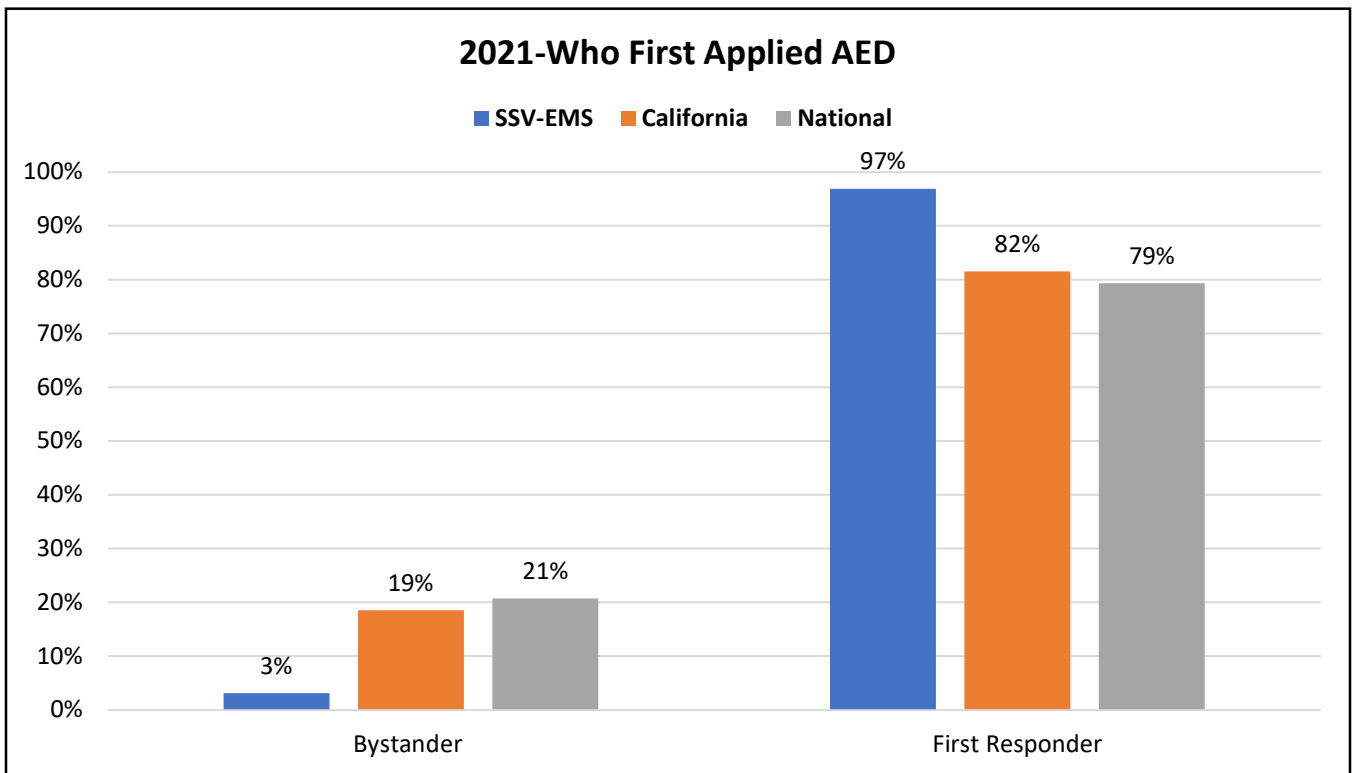
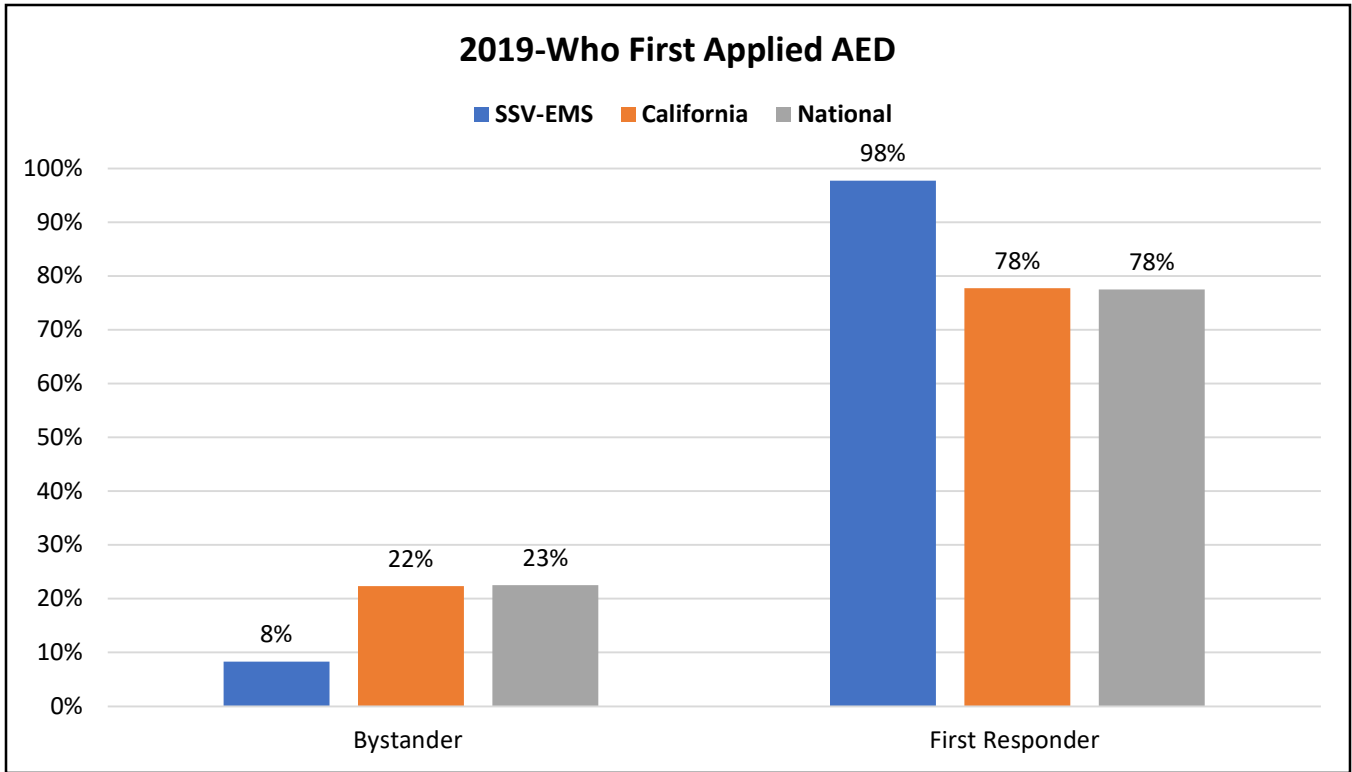
2019 – 2021 CARES Summary Data Comparison Report



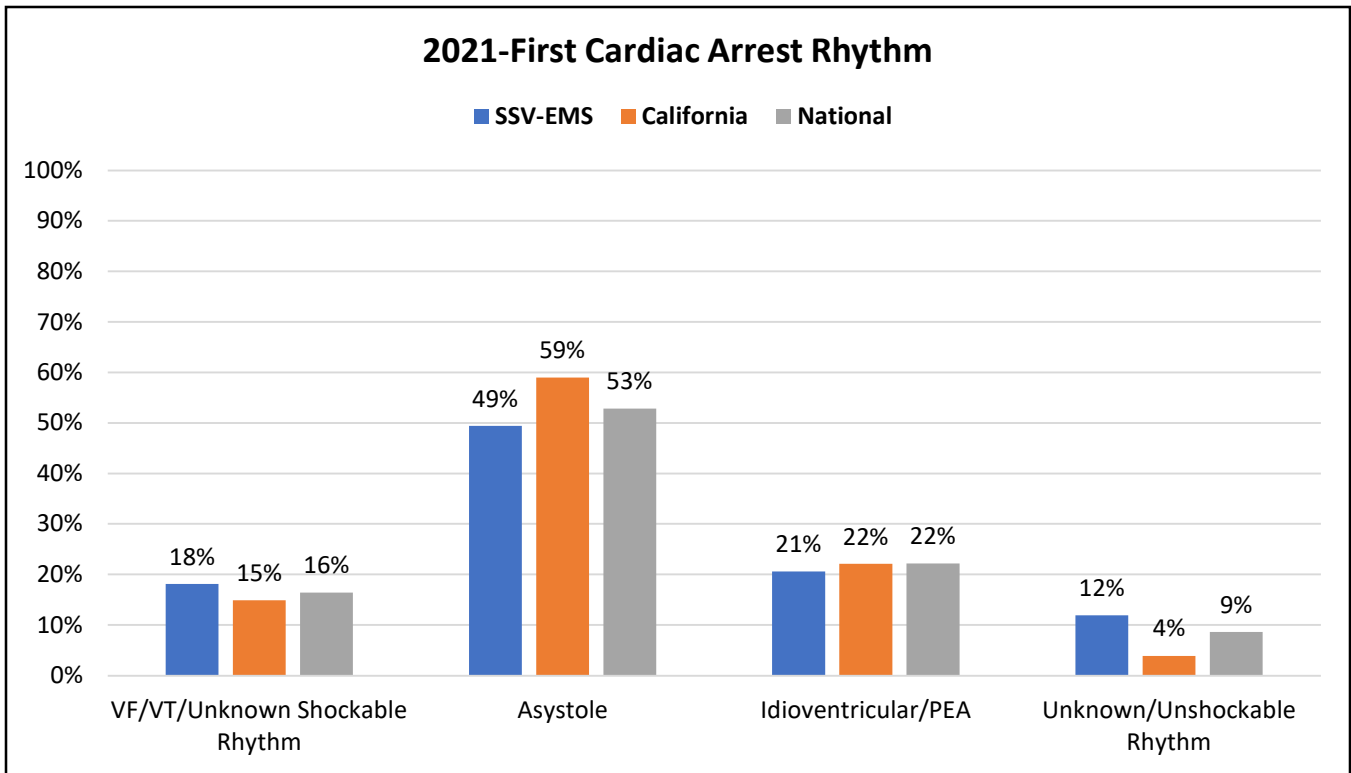
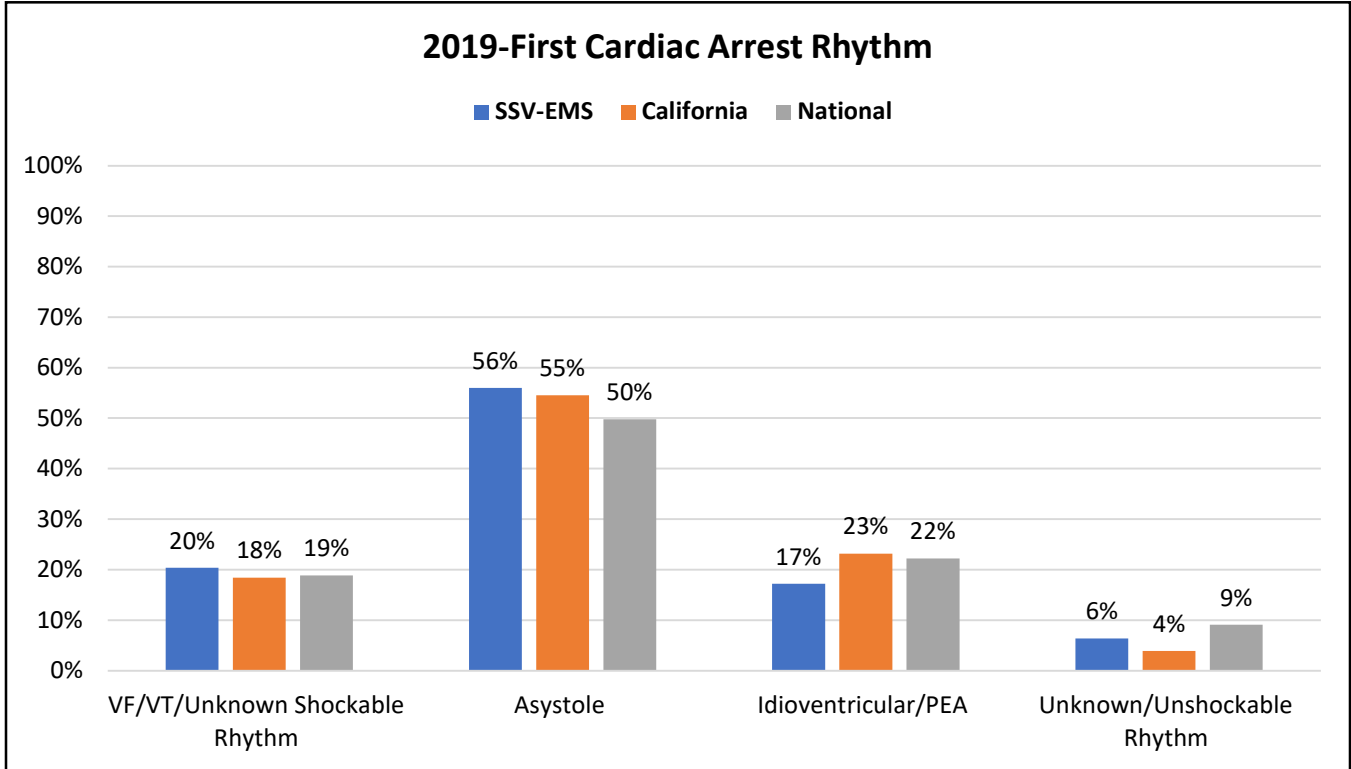
2019 – 2021 CARES Summary Data Comparison Report



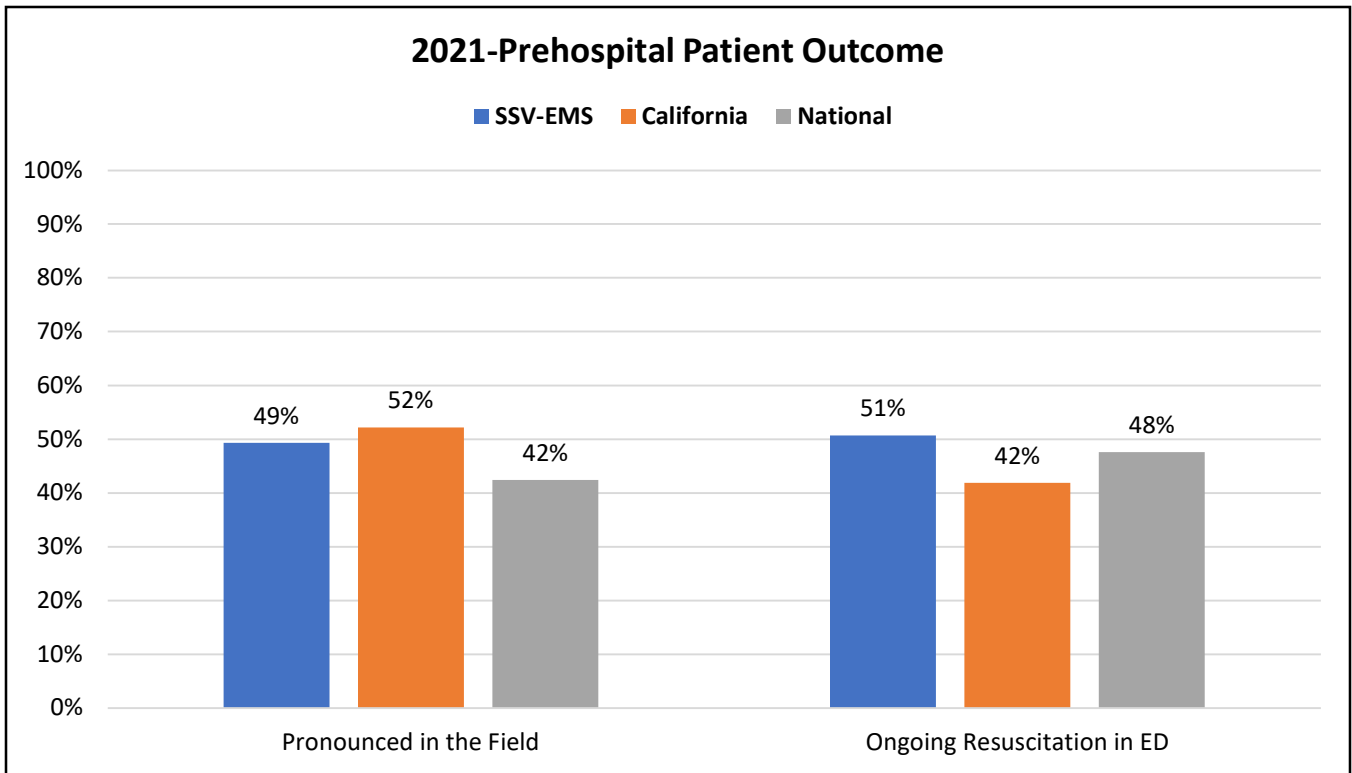
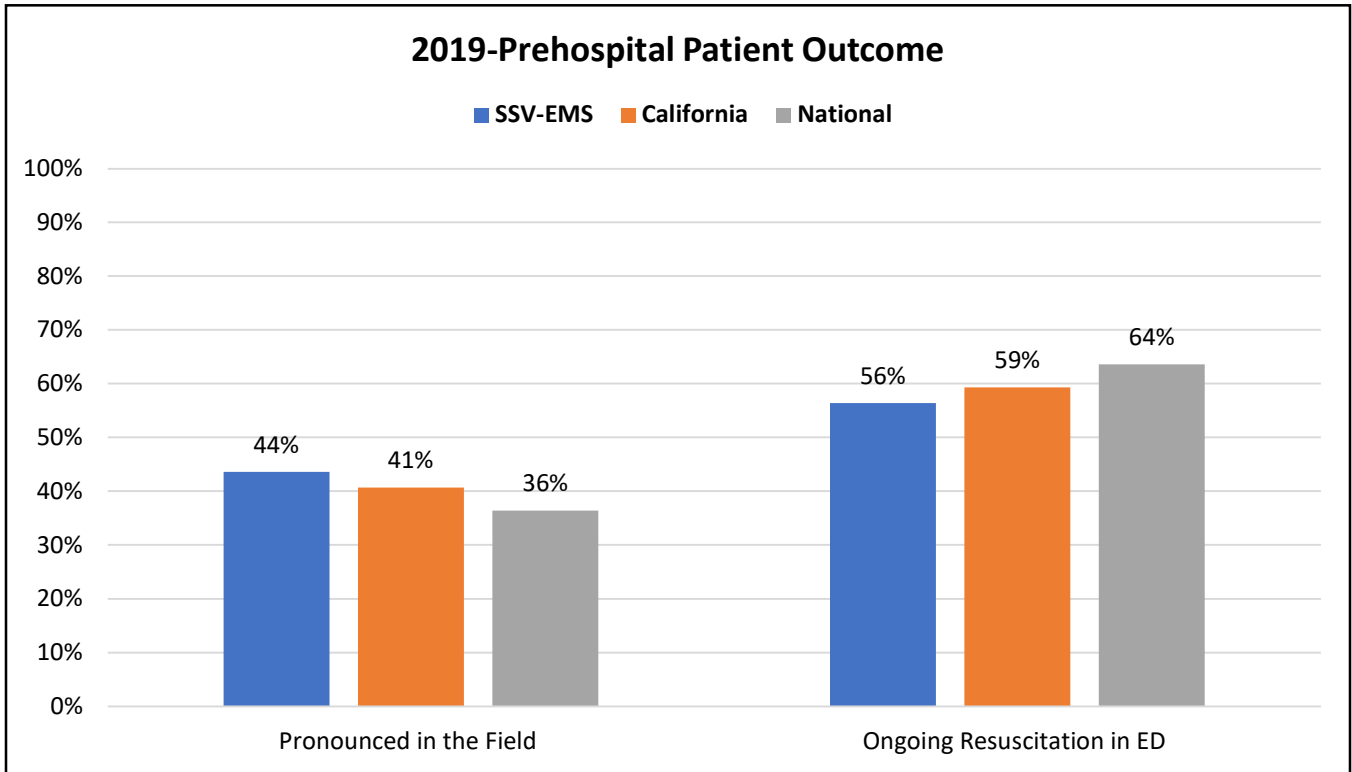
2019 – 2021 CARES Summary Data Comparison Report



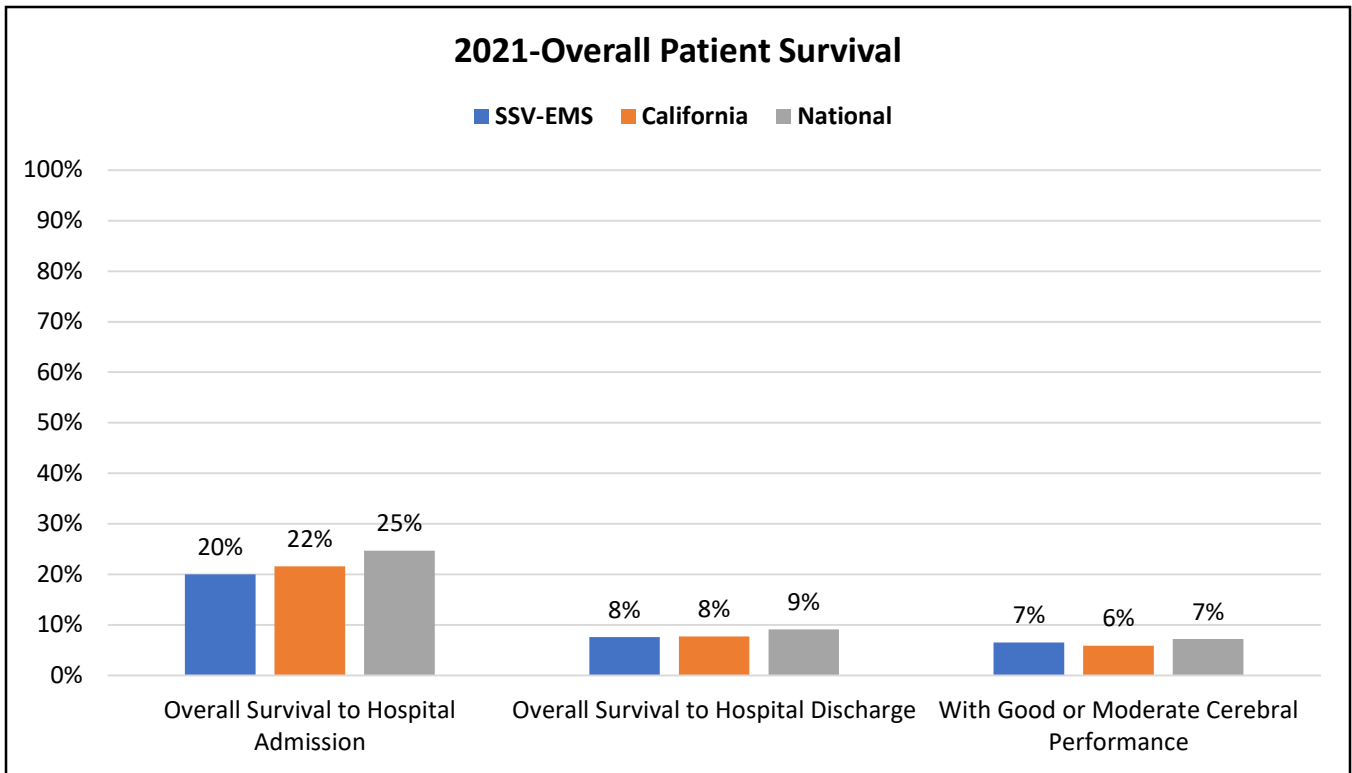
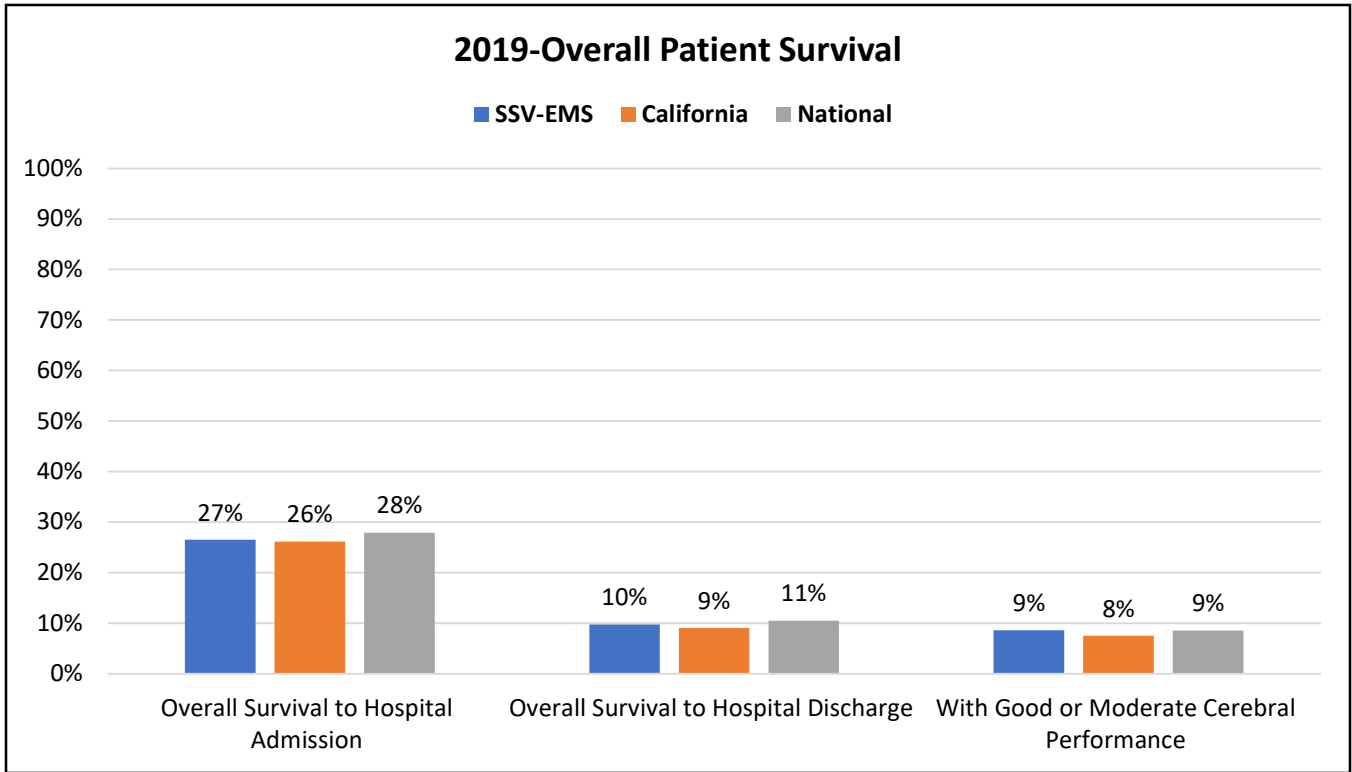
2019 – 2021 CARES Summary Data Comparison Report



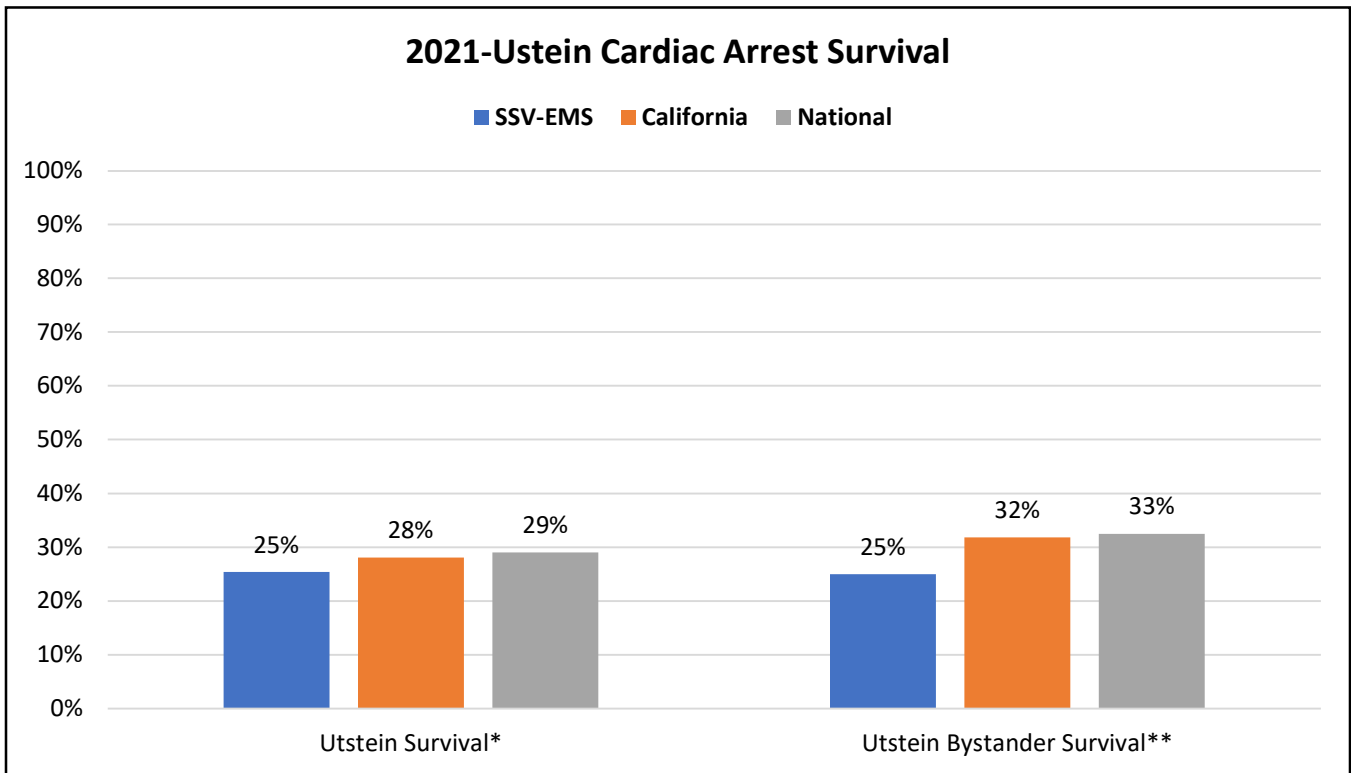
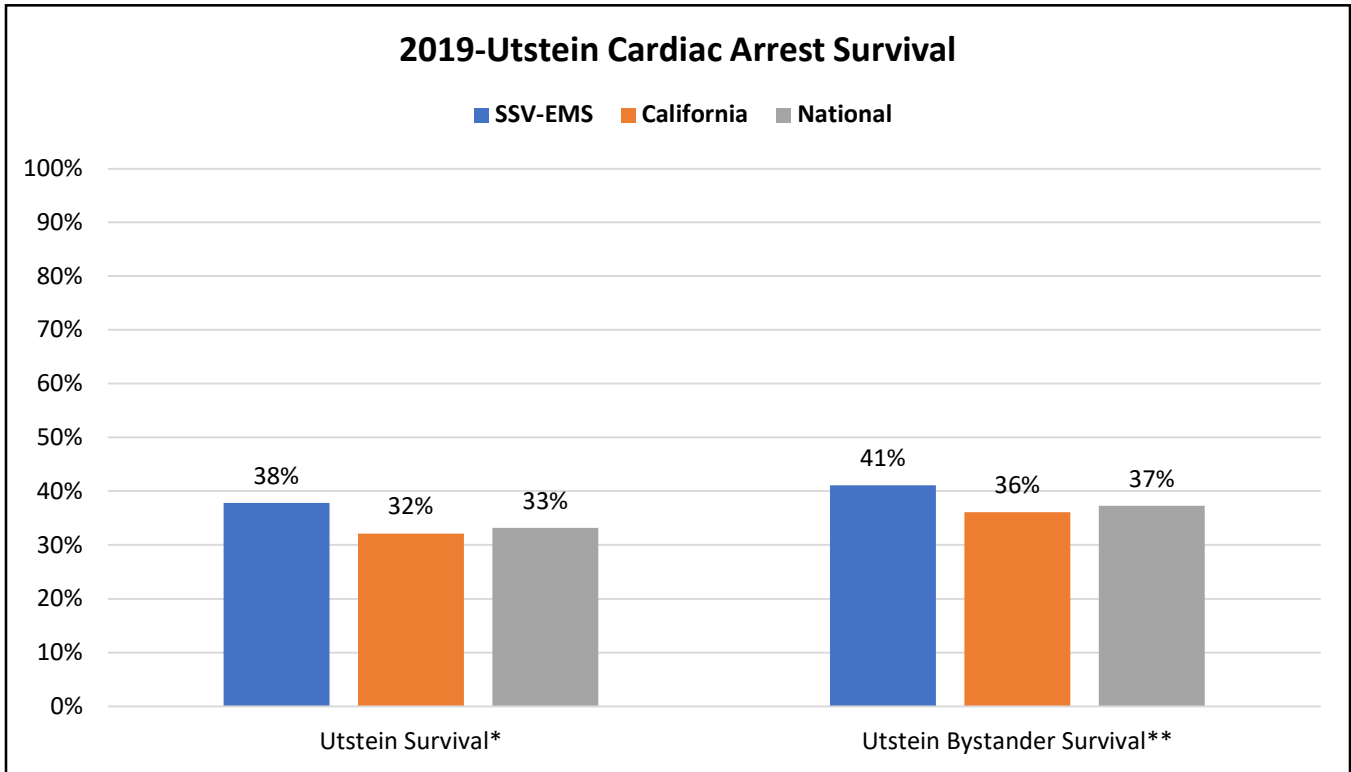
2019 – 2021 CARES Summary Data Comparison Report



2019 – 2021 CARES Summary Data Comparison Report



2019 – 2021 CARES Summary Data Comparison Report



*Utstein Survival - Witnessed by bystander and found in a shockable rhythm

**Utstein Bystander Survival – Witnessed by bystander, found in a shockable rhythm, and received some bystander intervention (CPR &/or AED)



SIERRA - SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba Counties



Sierra – Sacramento Valley EMS Region 2021 Q1 & 2022 Q1 (January, February & March) Analgesic Utilization Data Review Comparison

Ground EMS 911 Patient Data		
Reporting Period	Total Pt Transports	% Of Pts Receiving Analgesics
2021 Q1	26,249	6.0%
2022 Q1	28,949	4.7%

Ground EMS Interfacility Transport (IFT) Patient Data		
Reporting Period	Total Pt Transports	% Of Pts Receiving Analgesics
2021 Q1	4,276	1.9%
2022 Q1	4,475	1.5%

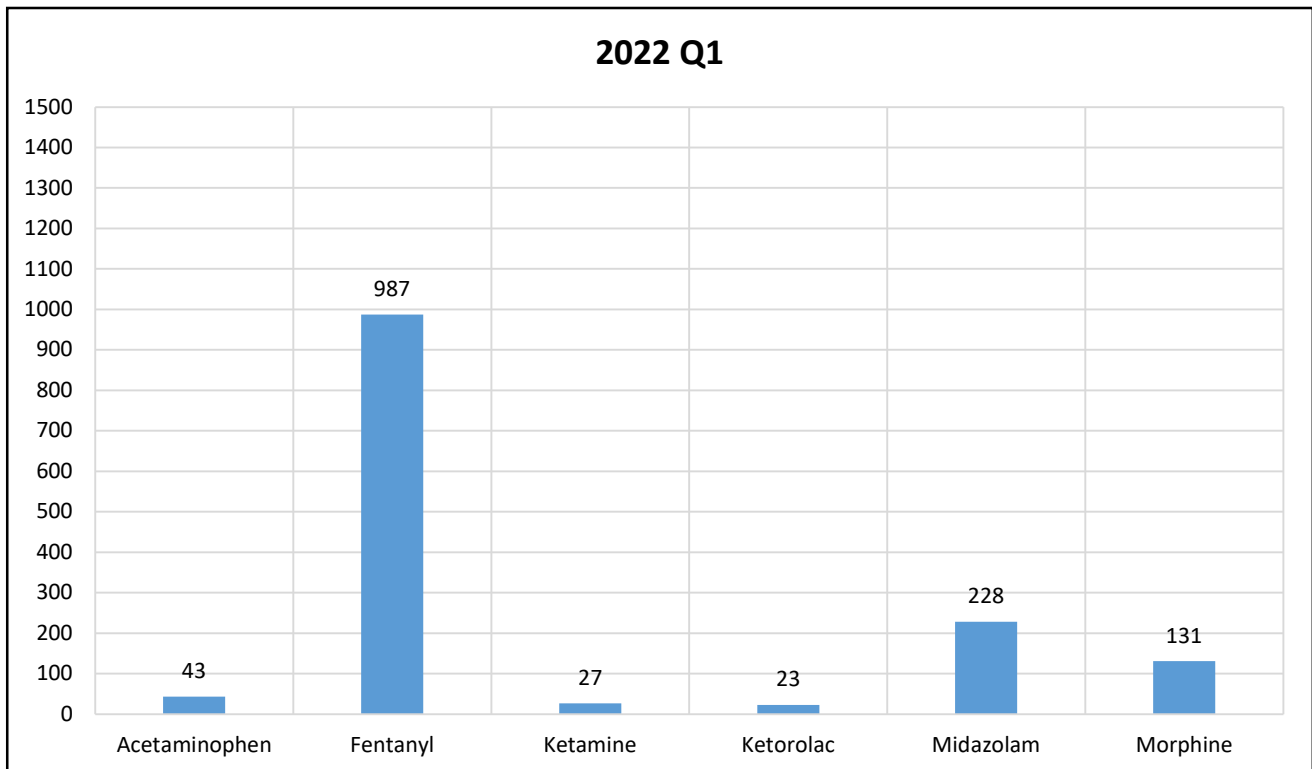
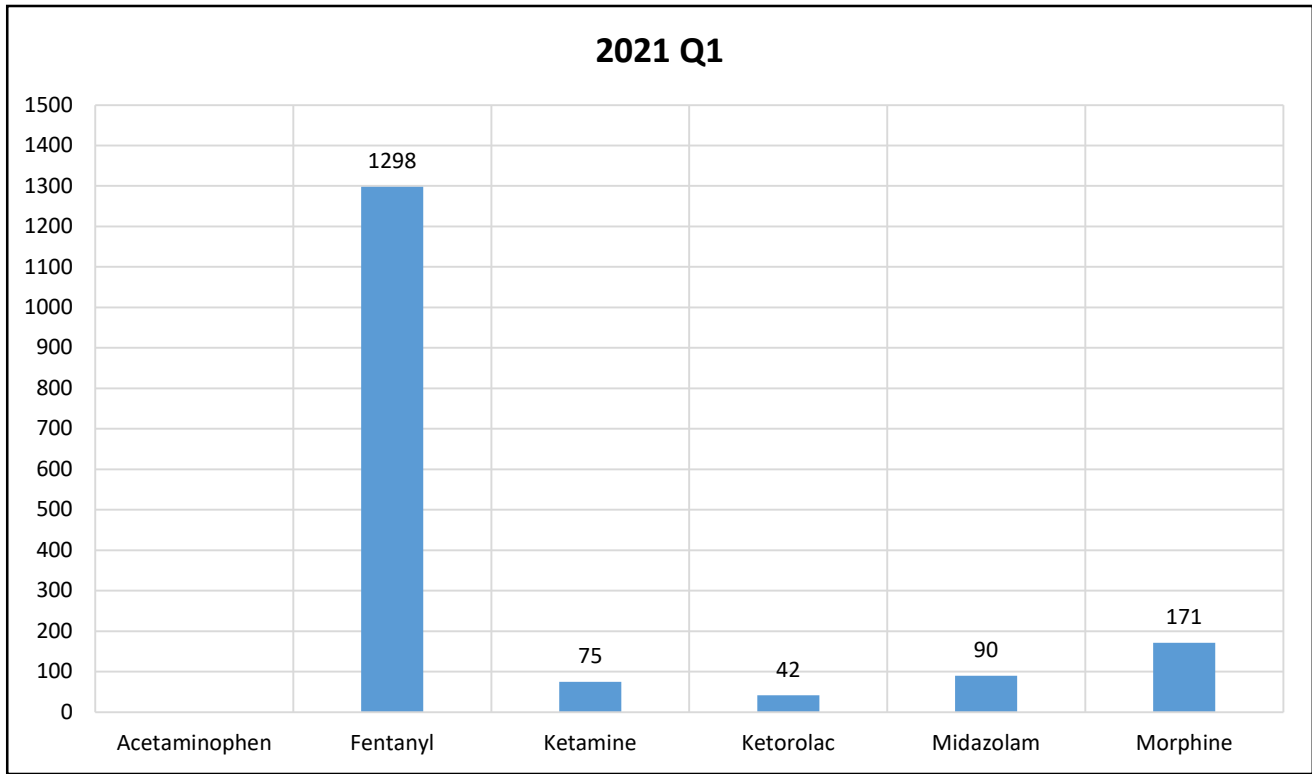
Ground EMS IFT Patient Analgesic Utilization Detail					
Reporting Period	Total Pts	Round Total Doses	Fentanyl Doses	Morphine Doses	Ketamine Doses
2021 Q1	81	147	101	44	2
2022 Q1	67	111	60	39	12

There were no ground EMS IFT pt administrations of other analgesics during the reporting periods

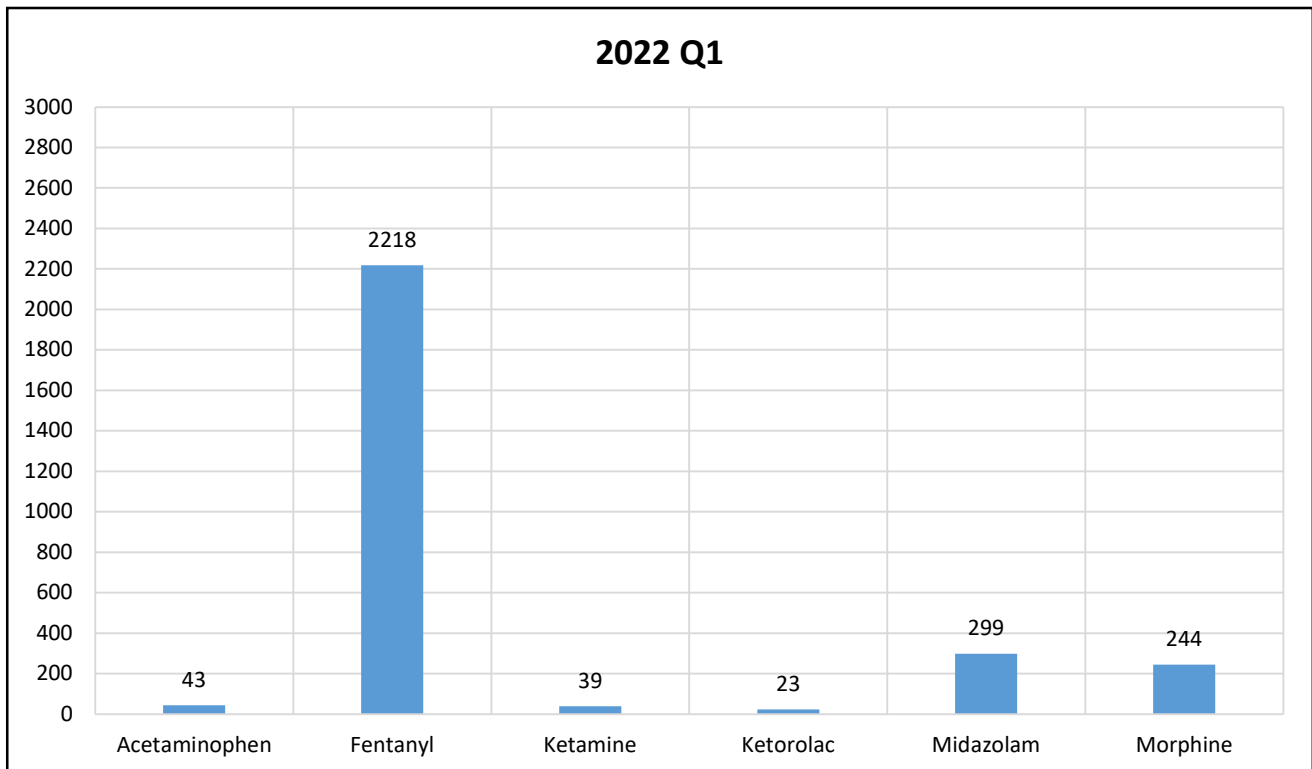
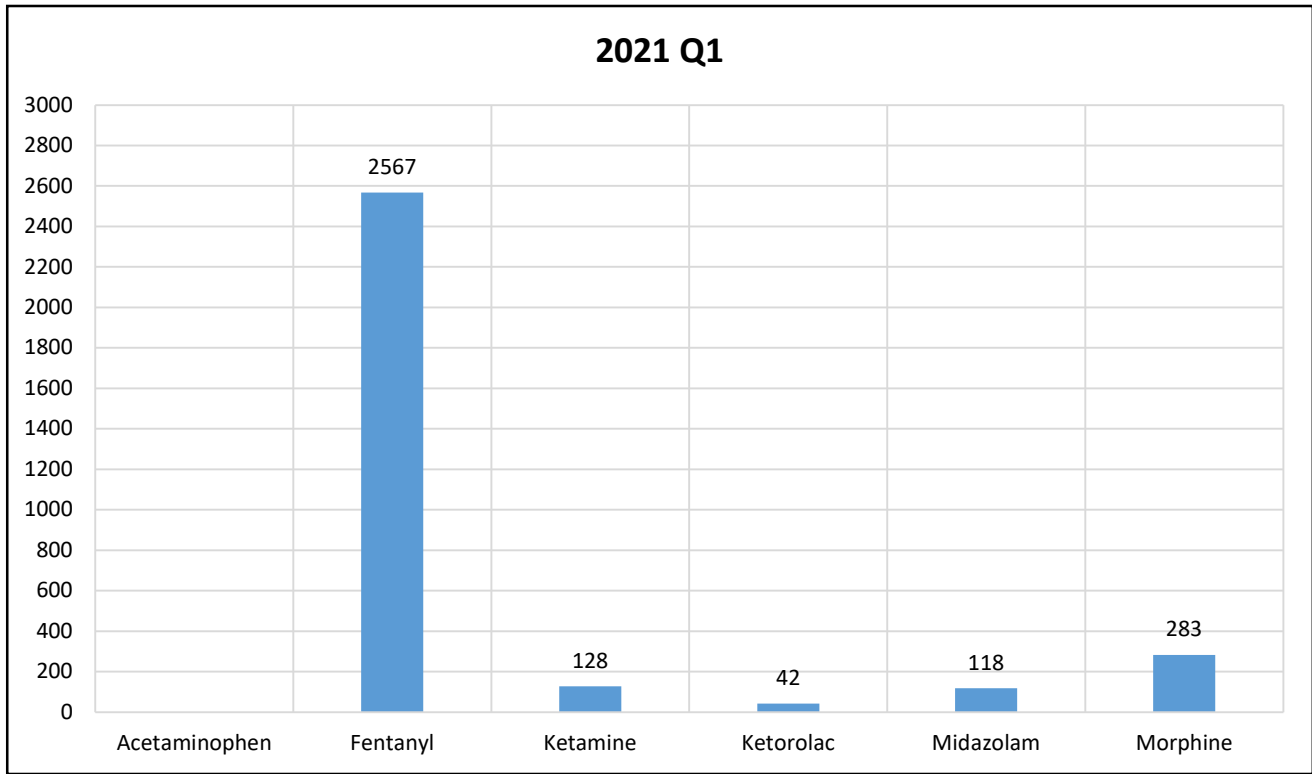
Pertinent EMS analgesic utilization changes between the 2021 Q1 & 2022 Q1 reporting periods:

- There were no ground EMS 911 administrations of IV acetaminophen in 2021 Q1. EMS providers have recently been able to obtain IV acetaminophen at a more reasonable cost, and are now stocking/utilizing it more often (as reflected in the 2022 Q1 data).
- The S-SV EMS 2021 Regional Training Module contained education on analgesic utilization.
- The following S-SV EMS Pain Management Protocol changes were implemented between reporting periods:
 - Ketamine IN administration route was removed (exception of Palisades Tahoe Ski Patrol).
 - Ketamine administration was changed from IVP to IV infusion over 10 minutes.
 - Ketamine and opioid doses were revised, and both medications are now approved to be administered to the same patient without a base hospital physician order (BHPO).

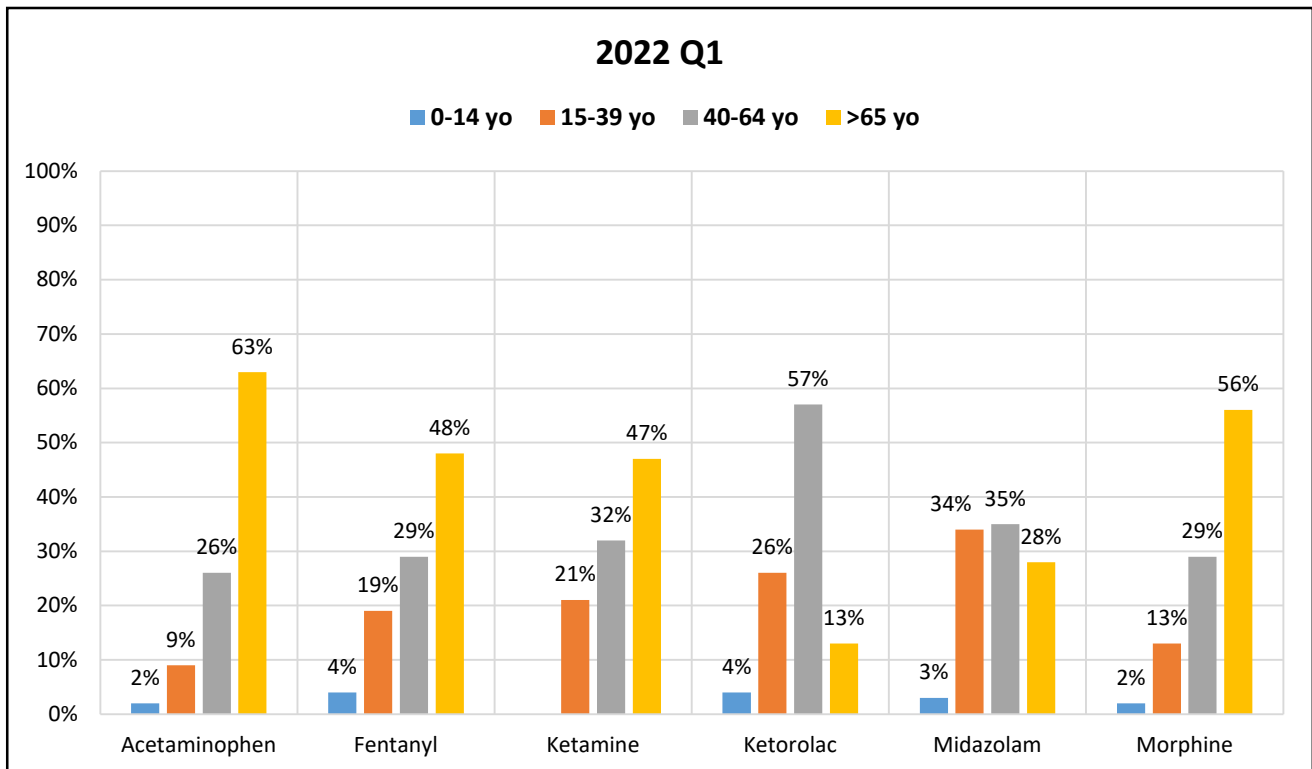
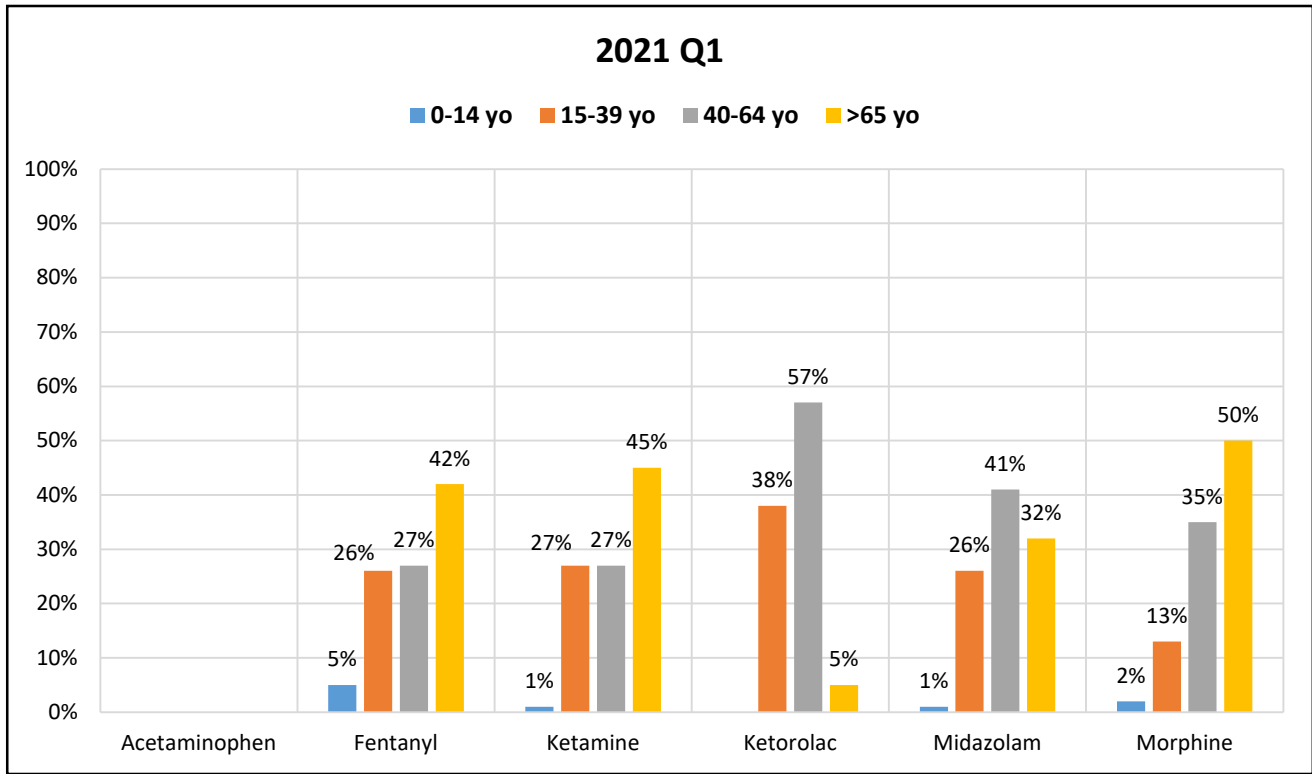
Total 911 Patients Who Received Analgesics



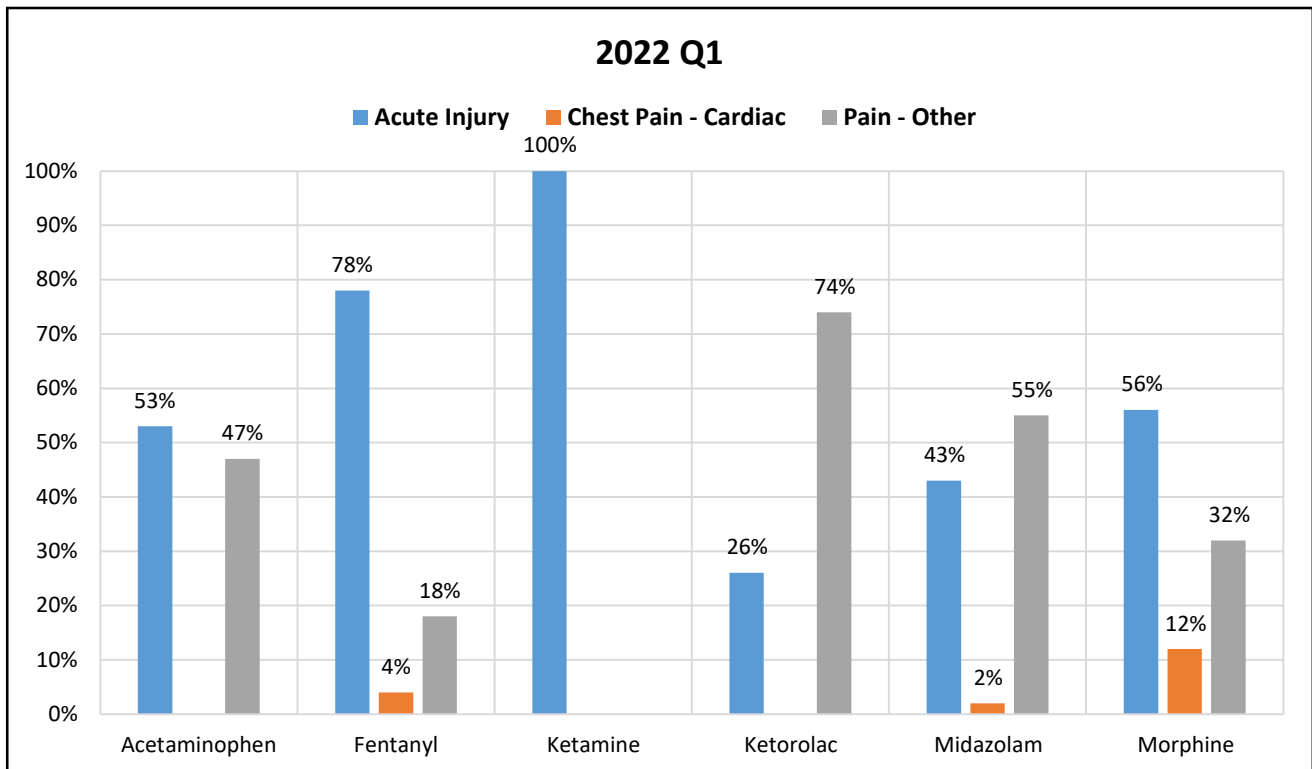
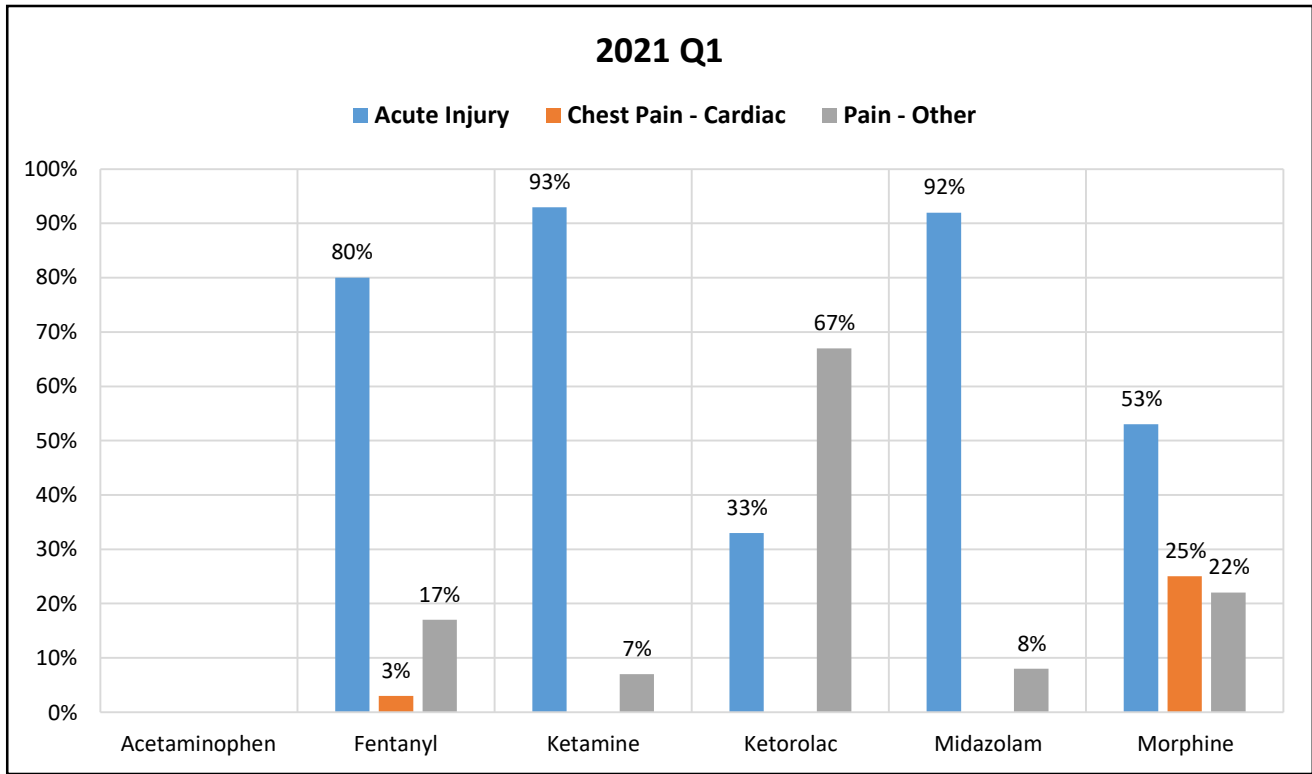
Total 911 Patient Analgesic Administration Doses



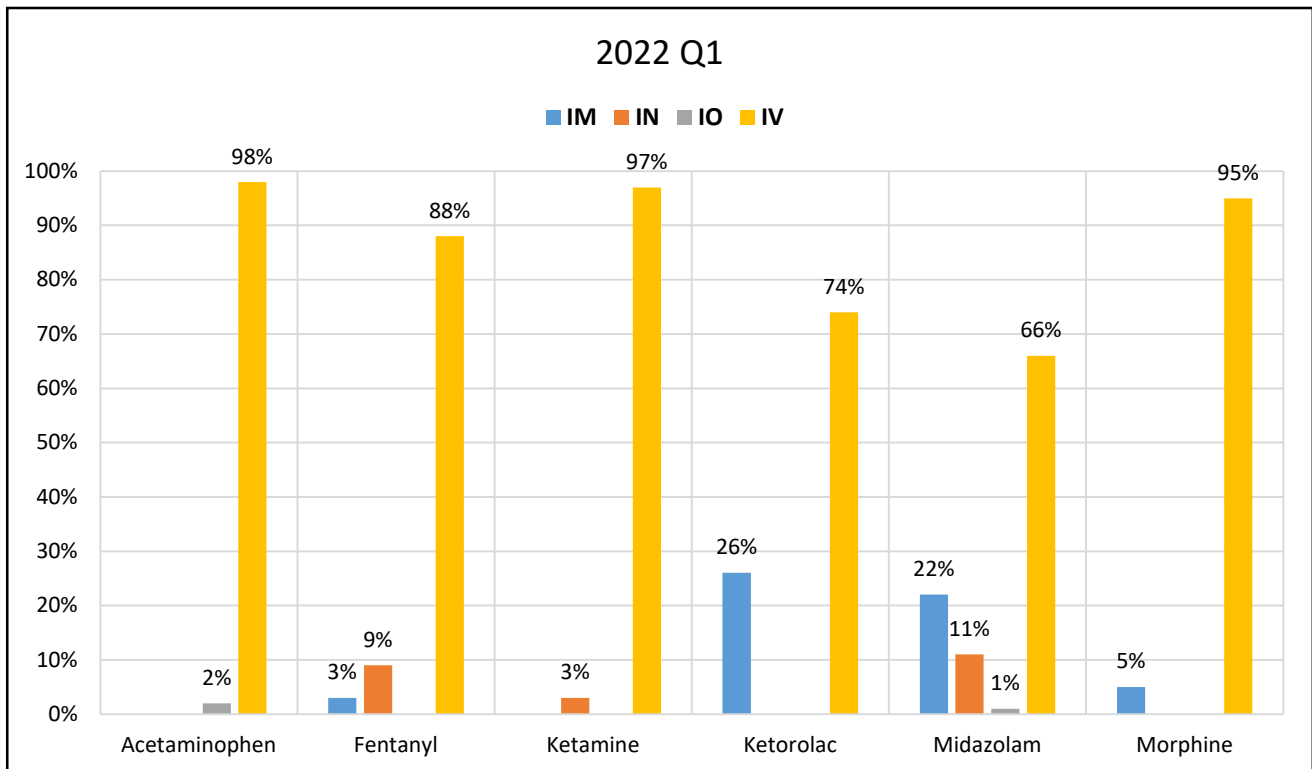
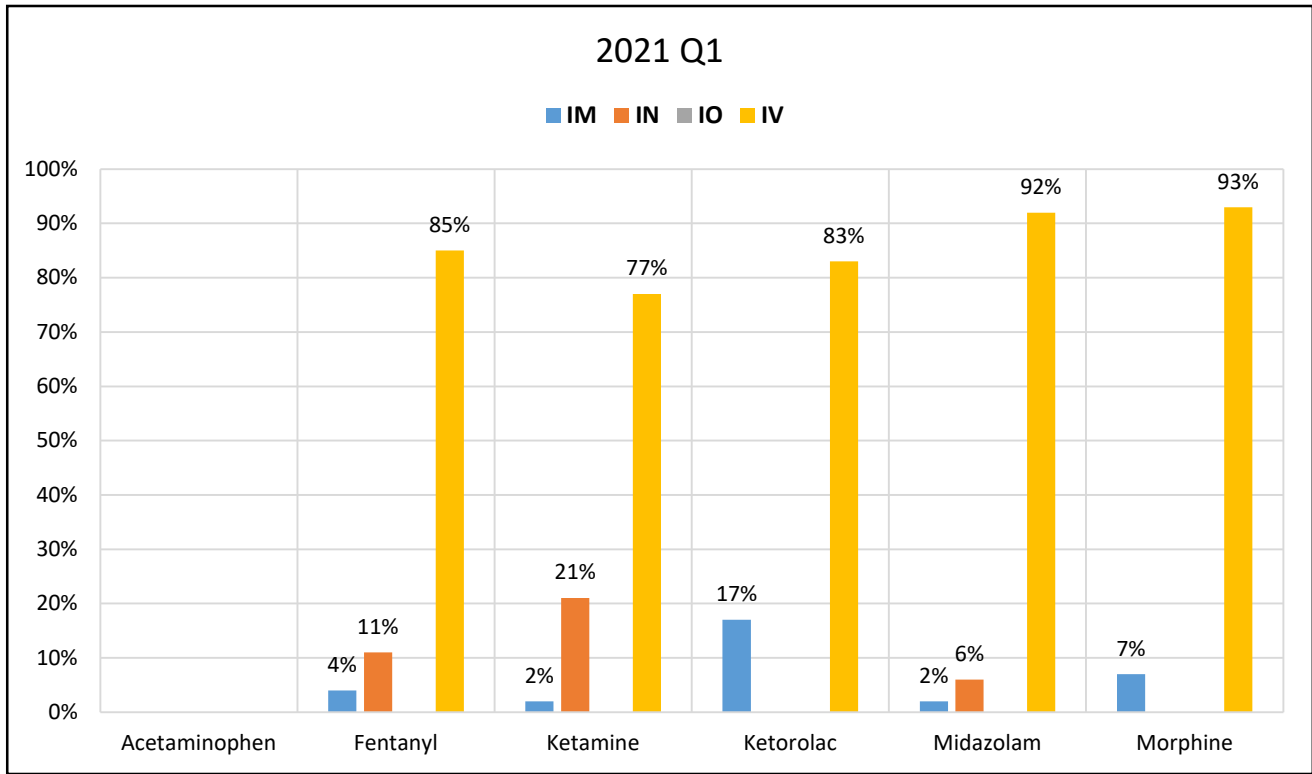
911 Patient Analgesic Utilization By Age Ranges



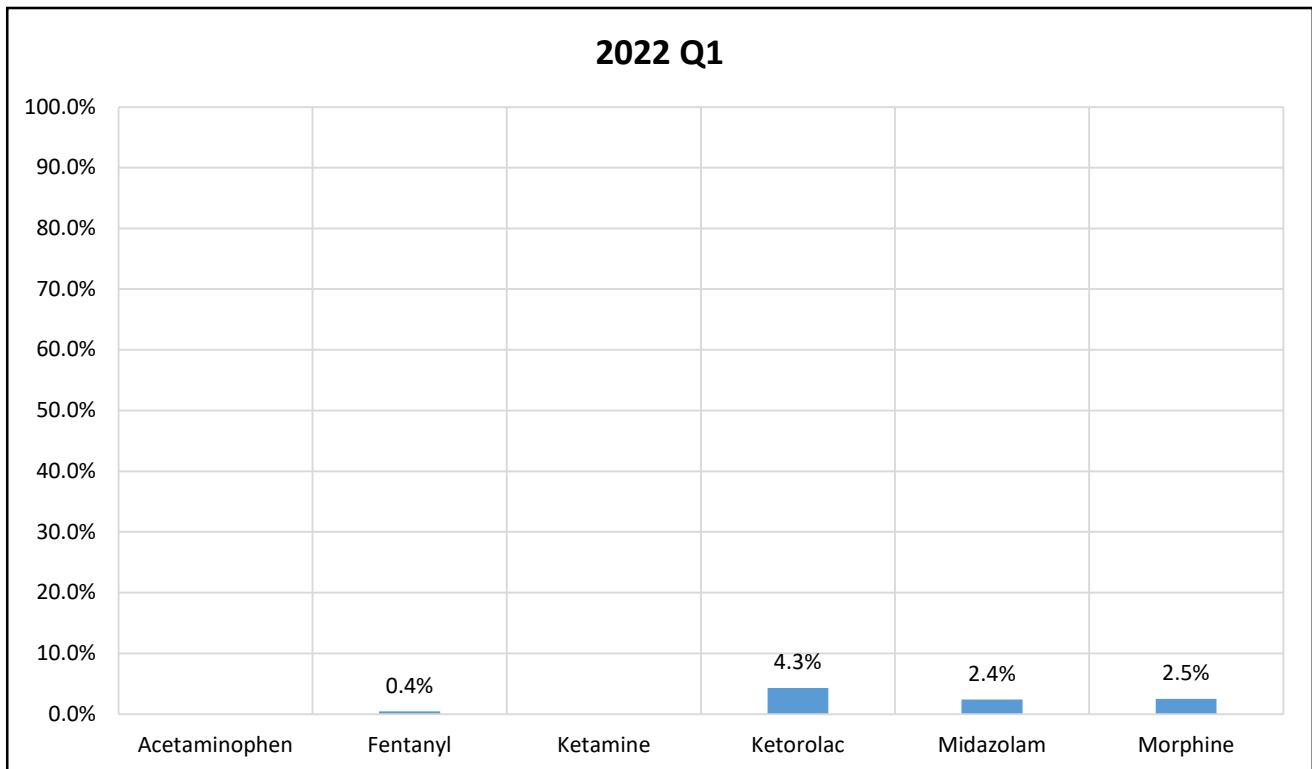
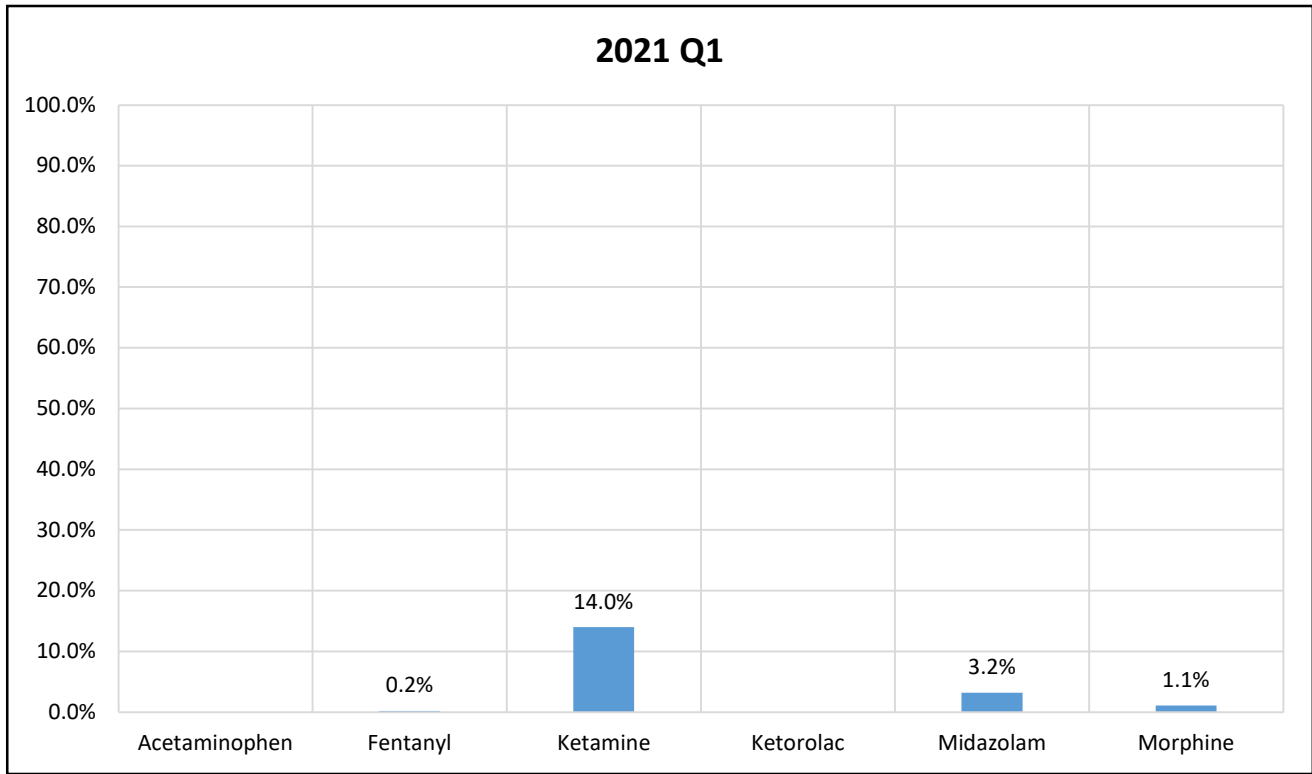
911 Patient Analgesic Utilization Indications/Reasons



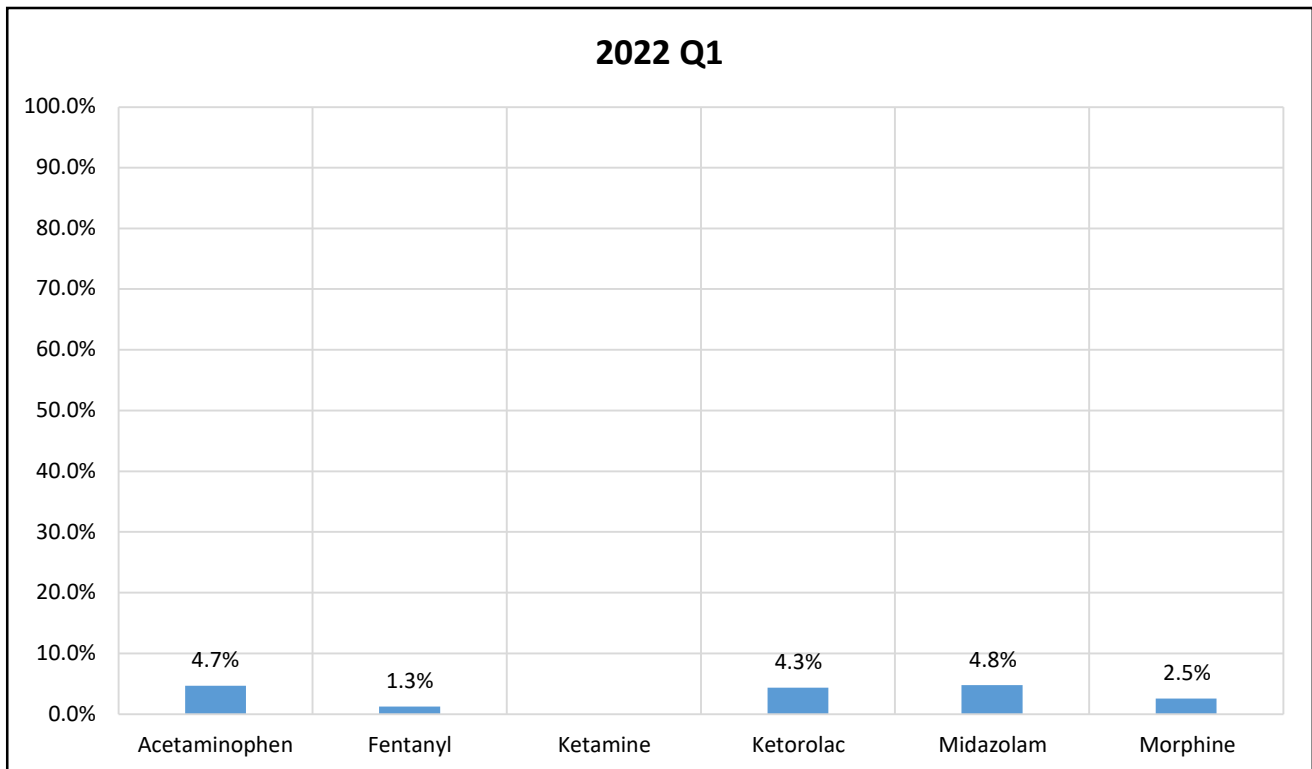
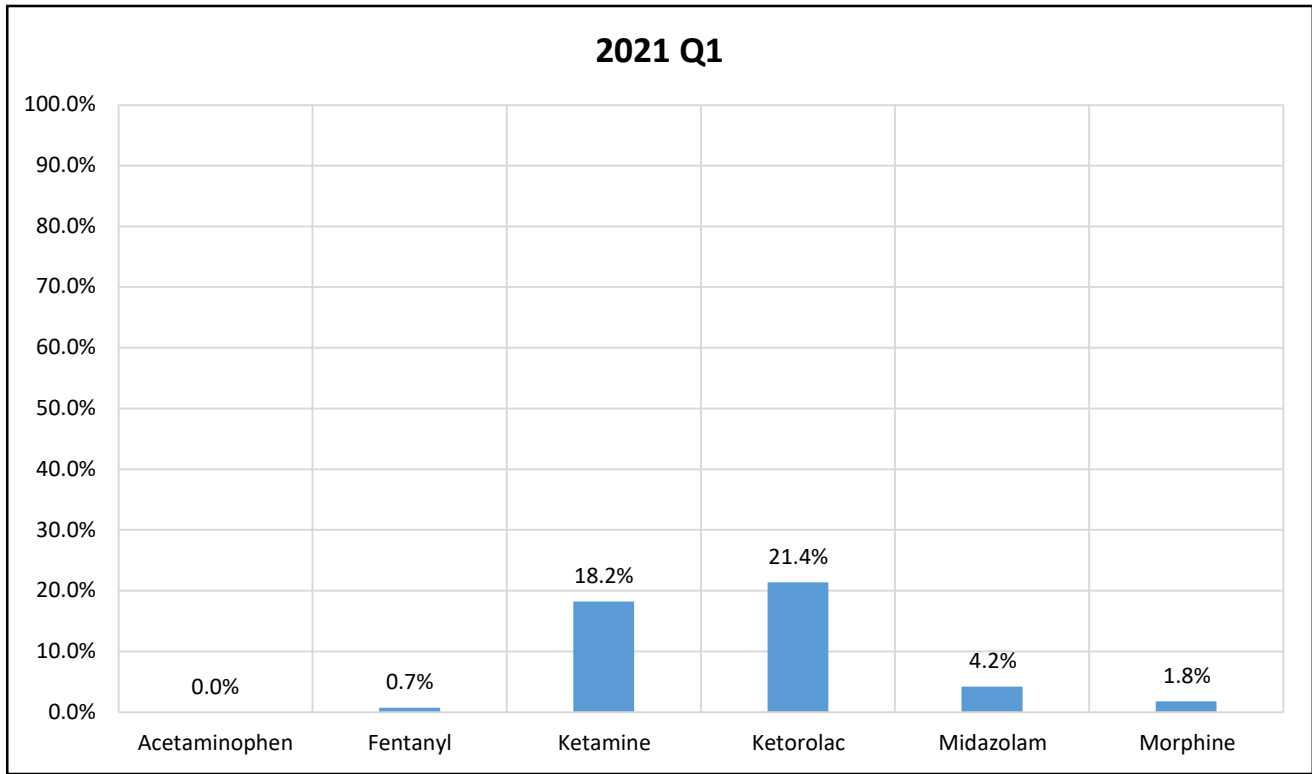
911 Patient Analgesic Administration Routes



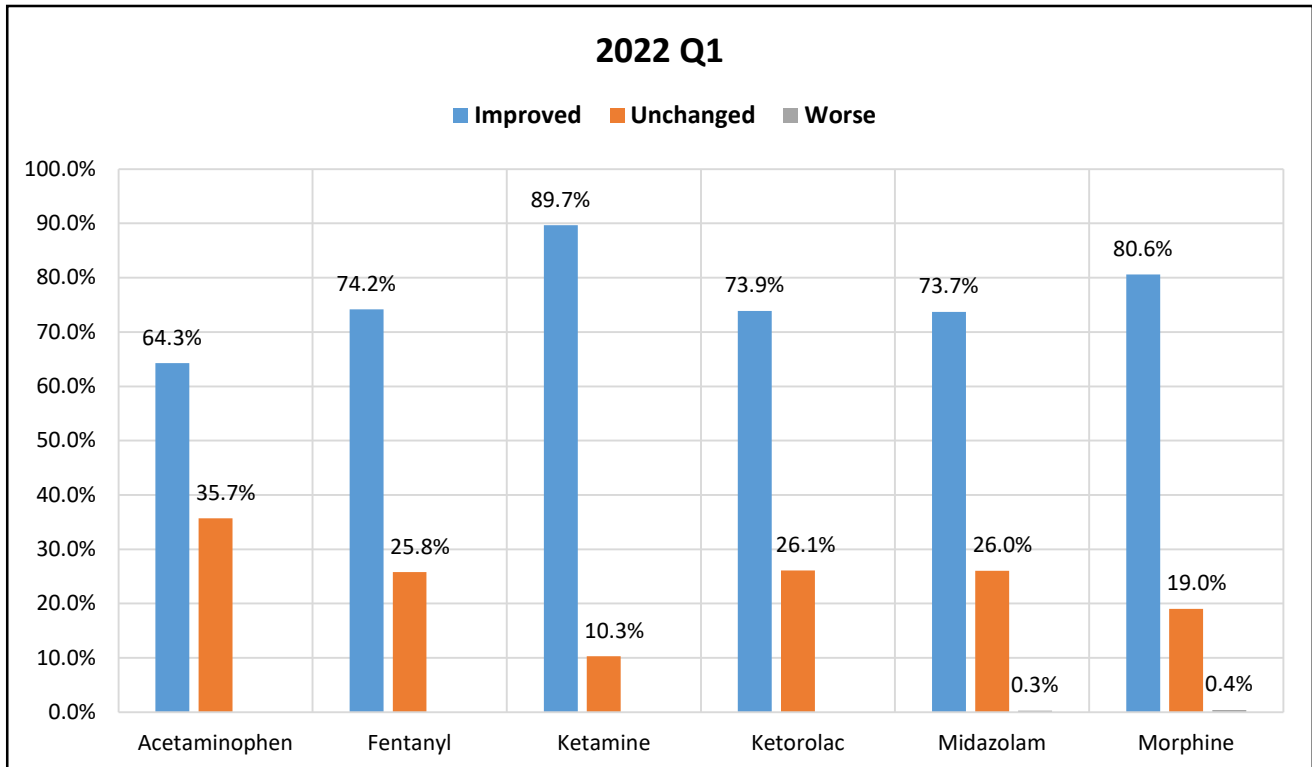
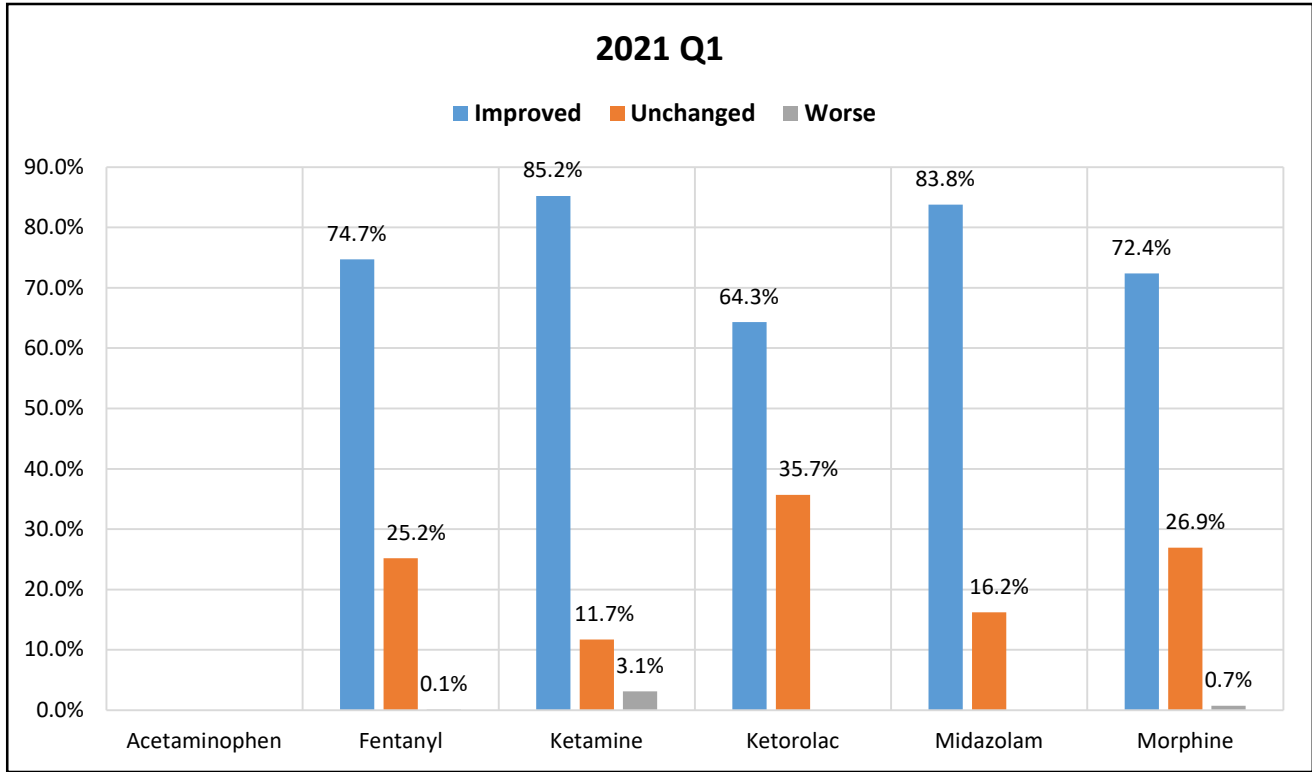
911 Patient Incorrect Analgesic Doses



911 Patient Analgesic Utilization Protocol Deviations



Documented 911 Patient Response By Analgesic Doses



2022 Q1 Reporting Period Detailed Findings:

- **Acetaminophen:**
 - 1 occurrence where hepatic insufficiency was discovered after approximately 250mg administered. No documented adverse reaction.
 - No adverse reactions documented.
- **Fentanyl:**
 - 6 occurrences where administration route was documented as “inhalation” in error.
 - 4 occurrences with no administration route documented.
 - 5 occurrences with no patient response documented.
 - 2 occurrences with no medication dose documented.
 - 81 occurrences with no patient weight documented.
 - 8 reported adverse reactions, including “other”, “Injury”, and “nausea”.
- **Ketamine:**
 - All administration were correct based on the S-SV EMS Pain Management protocol.
 - No adverse reactions documented.
- **Ketorolac:**
 - 1 dosing error – 60mg administered, with no documented BHPO.
 - No adverse reactions documented.
- **Midazolam:**
 - 1 occurrence where administration route was documented as “sublingual” in error.
 - 2 occurrences with no medication dose documented.
 - 21 occurrences with no documented patient weight.
 - 6 occurrences where patient was underdosed, with no documented BHPO.
 - 1 occurrence where medication administered for “tremor”, with no documented BHPO.
 - 6 documented adverse reactions – 2 ALOC, 2 “injury” with no PCR elaboration, 1 “other” and 1 “bradycardia”.
- **Morphine:**
 - 3 dosing errors, with no documented BHPO.
 - 1 documentation error – incorrect dose noted.
 - 10 occurrences with no documented patient weight.



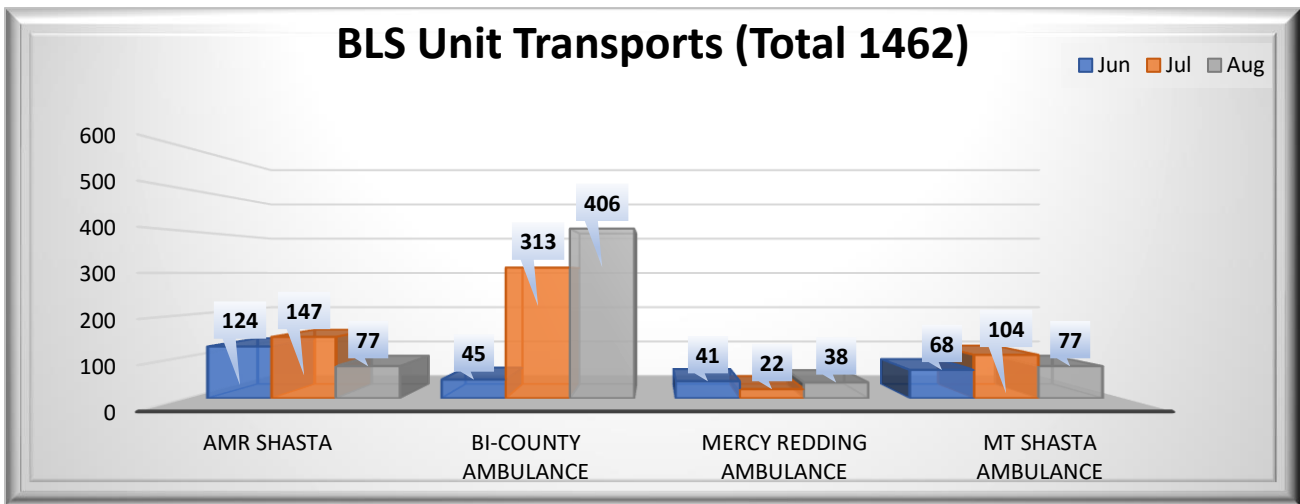
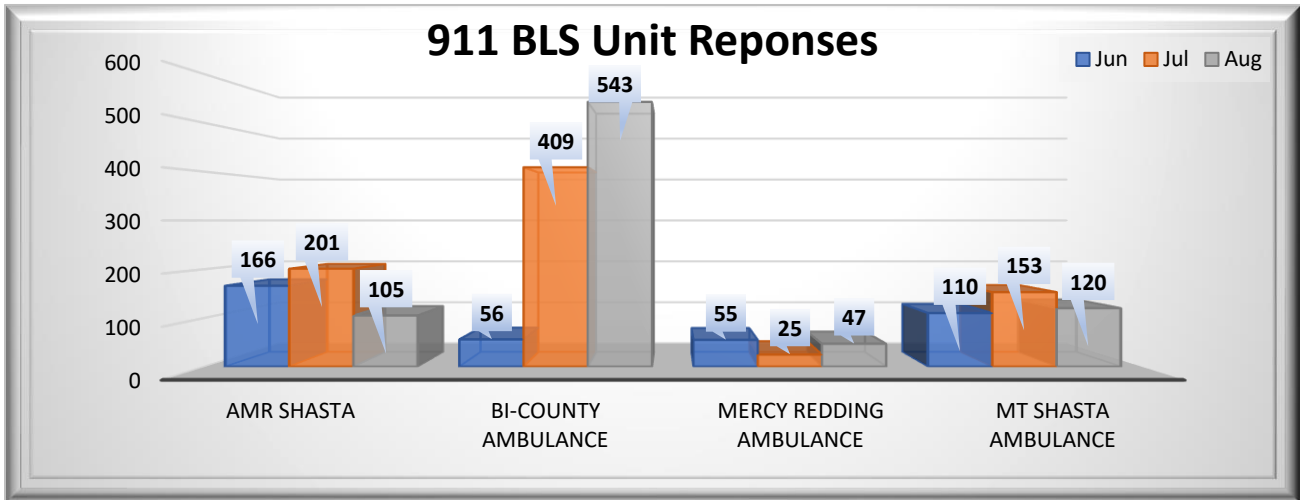
S-SV EMS AGENCY

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,
Siskiyou, Sutter, Tehama, & Yuba Counties

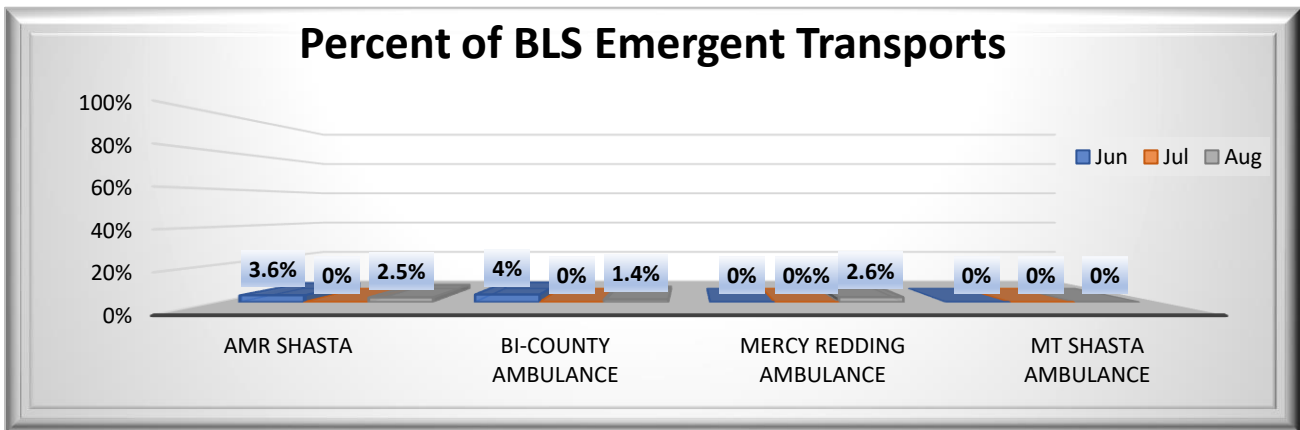


Basic Life Support 911 Utilization 2022: June, July & August



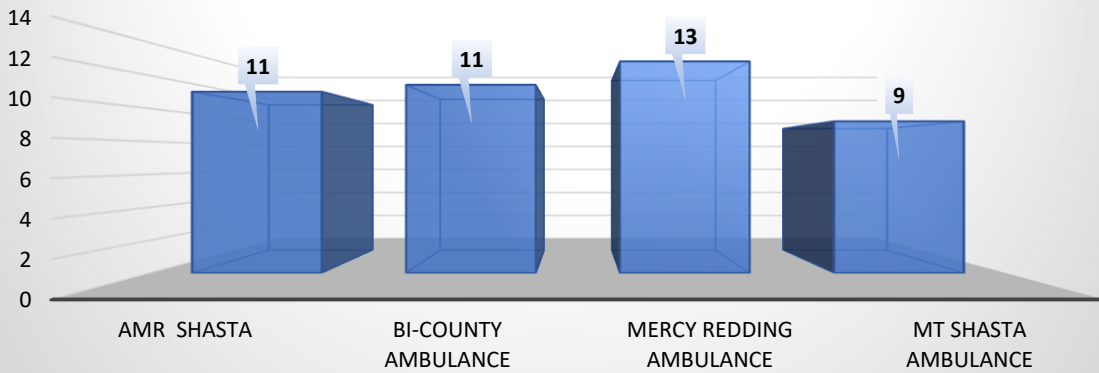


Note: ALS Transport for the same period 29,338

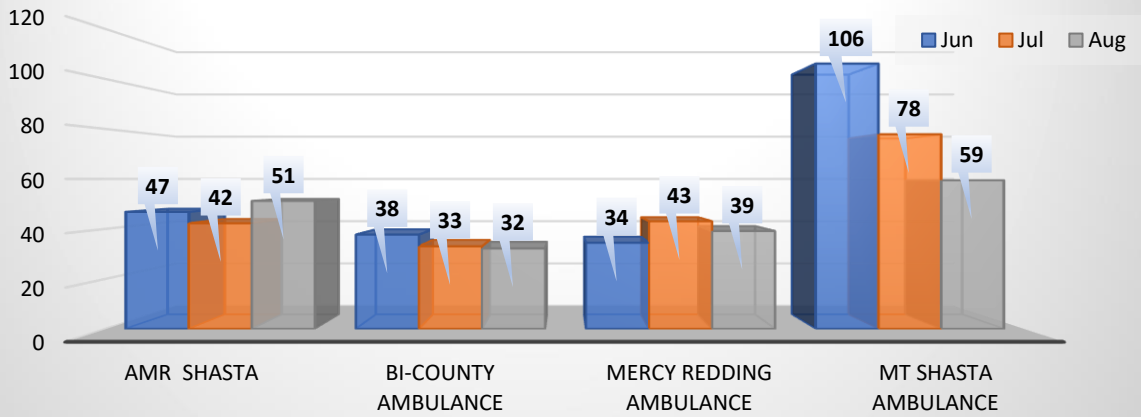


**Note: Mt Shasta resolving data submission issue eDisp.17
ALS Emergent Transports-7%**

90th Percentile Scene Time (Min.)



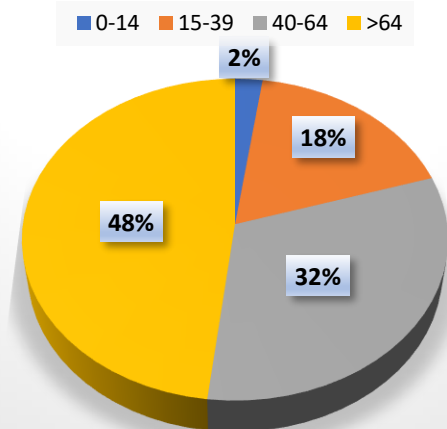
90th Percentile Dispatch to Destination (Min.)



Average of BLS Provider Primary Impression

General Weakness	19.40%
Non-Traumatic Body Pain	12.33%
Traumatic Injury	11.51%
Behavioral/Psychiatric Crisis	8.46%
Pain/Swelling - non-traumatic	7.93%
Not Recorded	7.41%
Abdominal Pain/Problems (GI/GU)	5.64%
No Medical Complaint	2.87%
Nausea/Vomiting	2.48%
ALOC - (Not Hypoglycemia or Seizure)	2.25%
Respiratory Distress/Other	2.10%
Genitourinary disorder, unspecified	1.72%
Alcohol Intoxication	1.67%
Fever	1.43%
Dizziness/Vertigo	1.15%
Cold/Flu Symptom	1.05%
Syncope/Near Syncope	1.00%
All Others	13.13%

911 BLS Pt Age Ranges



**S-SV EMS 2021 & 2022
EMS System Data Reports**



S-SV EMS AGENCY

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,
Siskiyou, Sutter, Tehama, & Yuba Counties



2021 EMS System Data Report (Updated Through December 31st, 2021)





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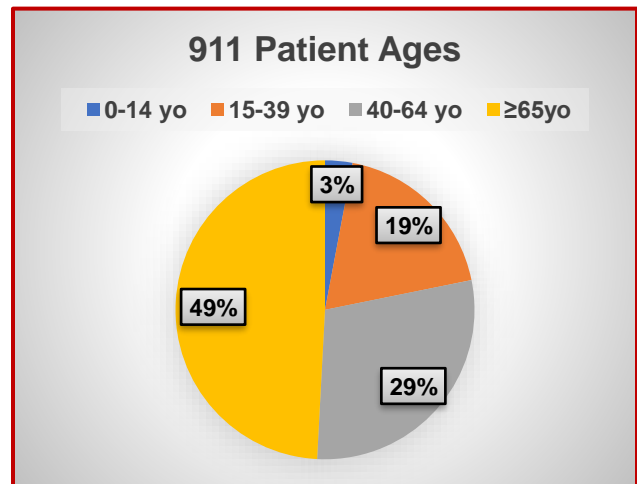
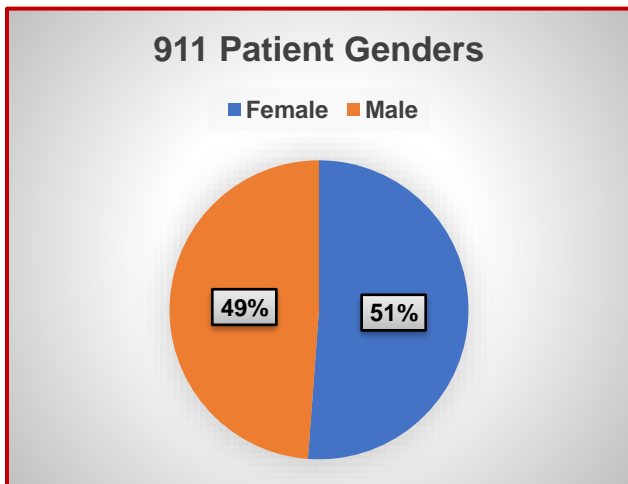
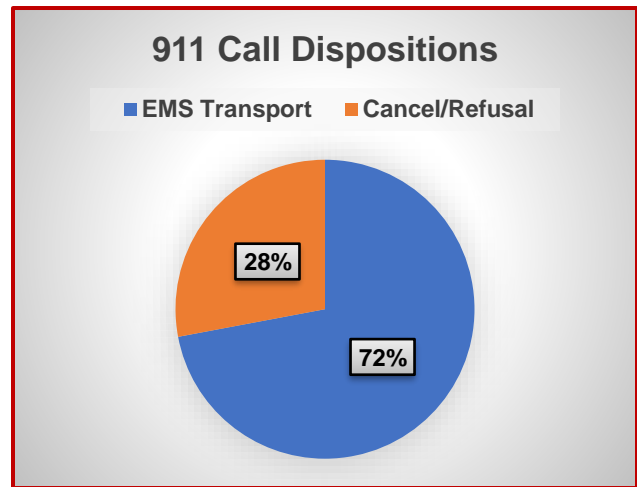
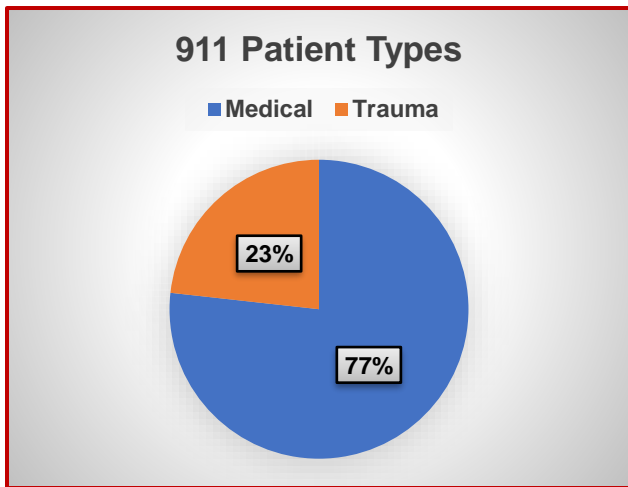
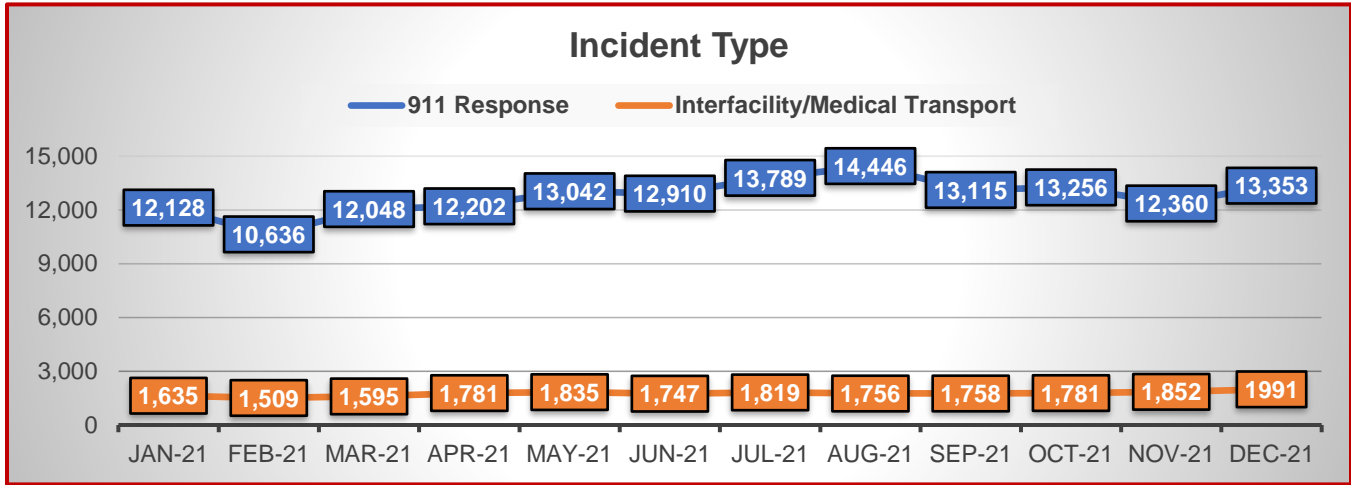


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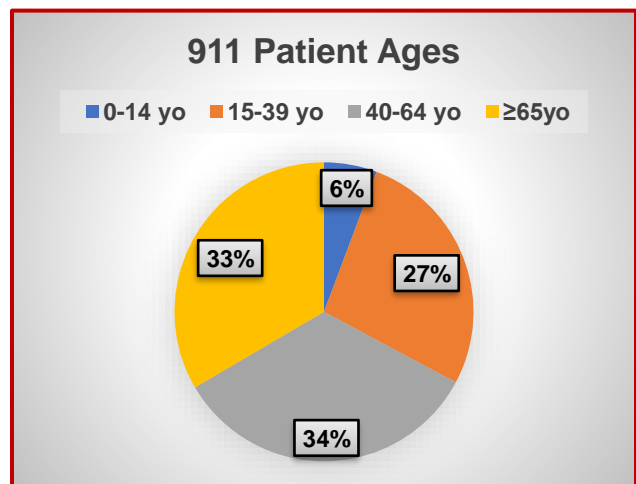
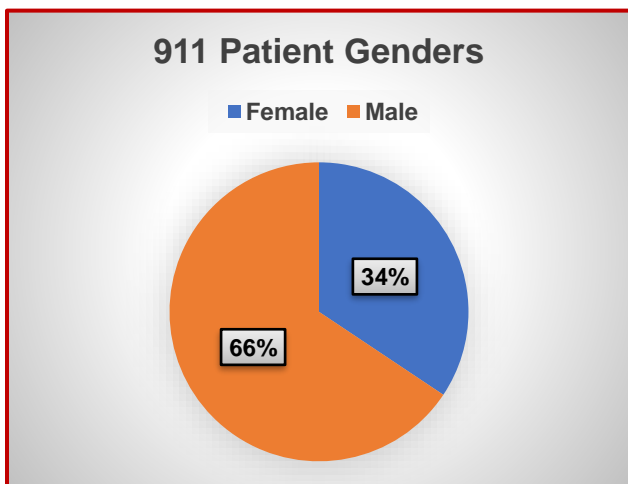
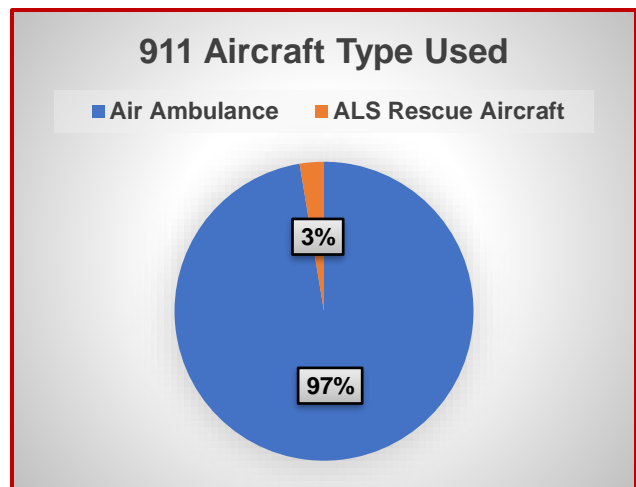
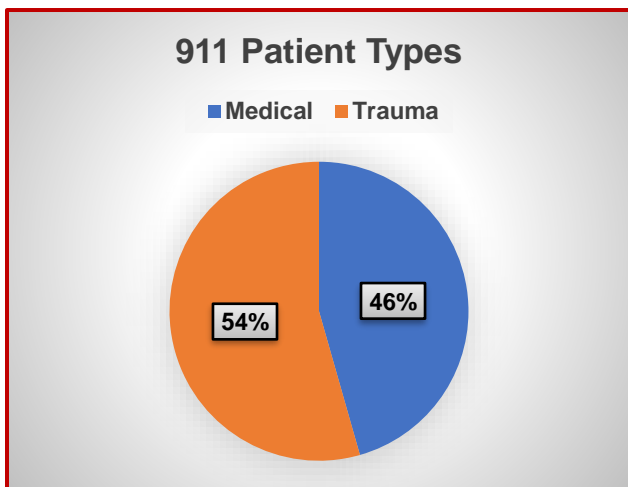
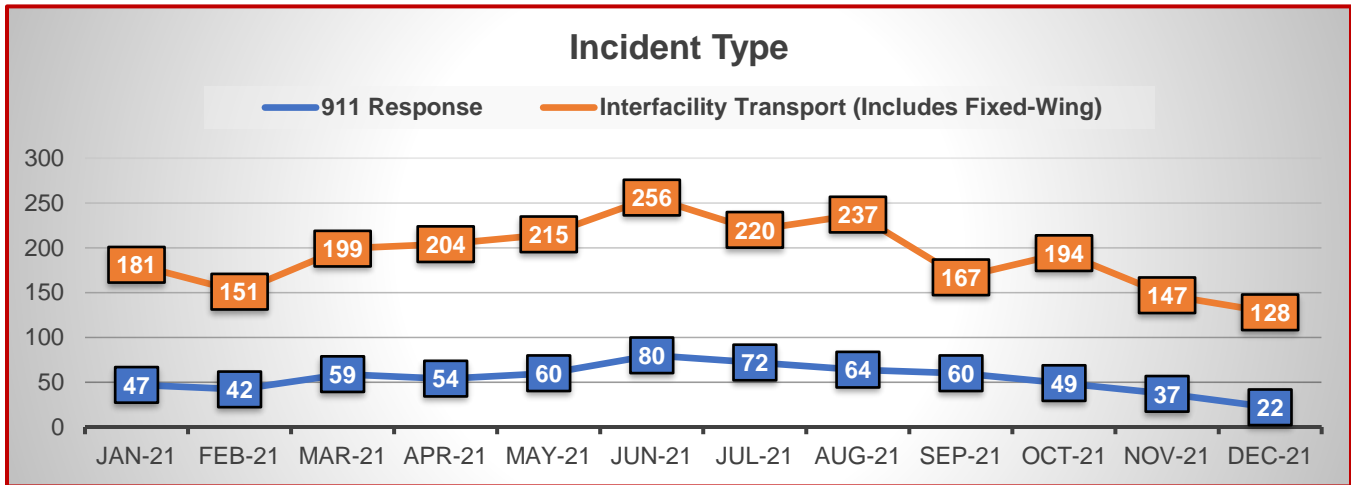


Ground EMS Incident System Data



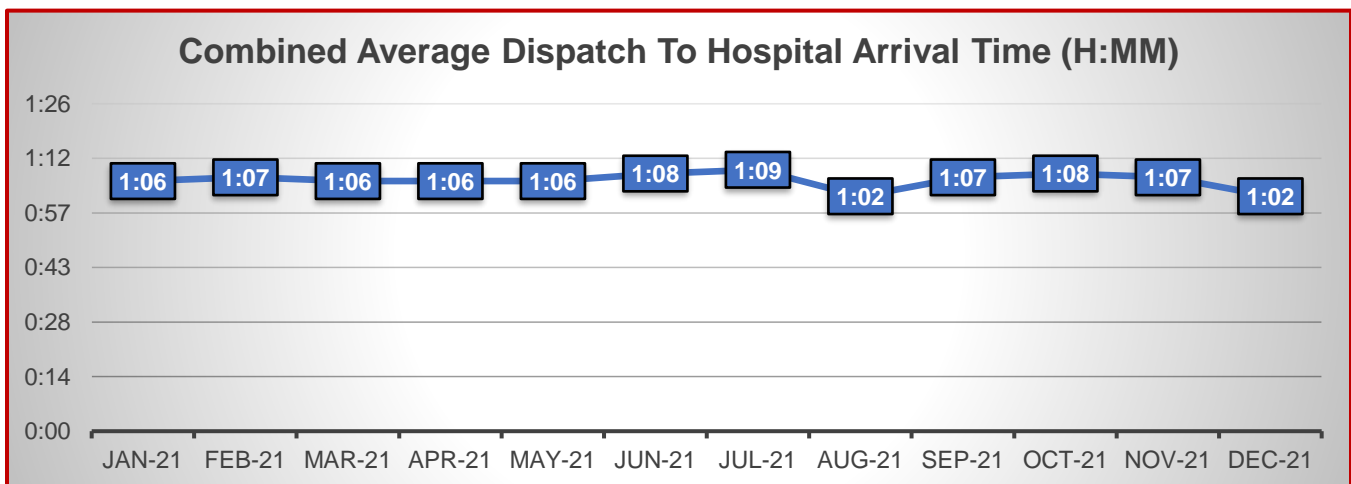
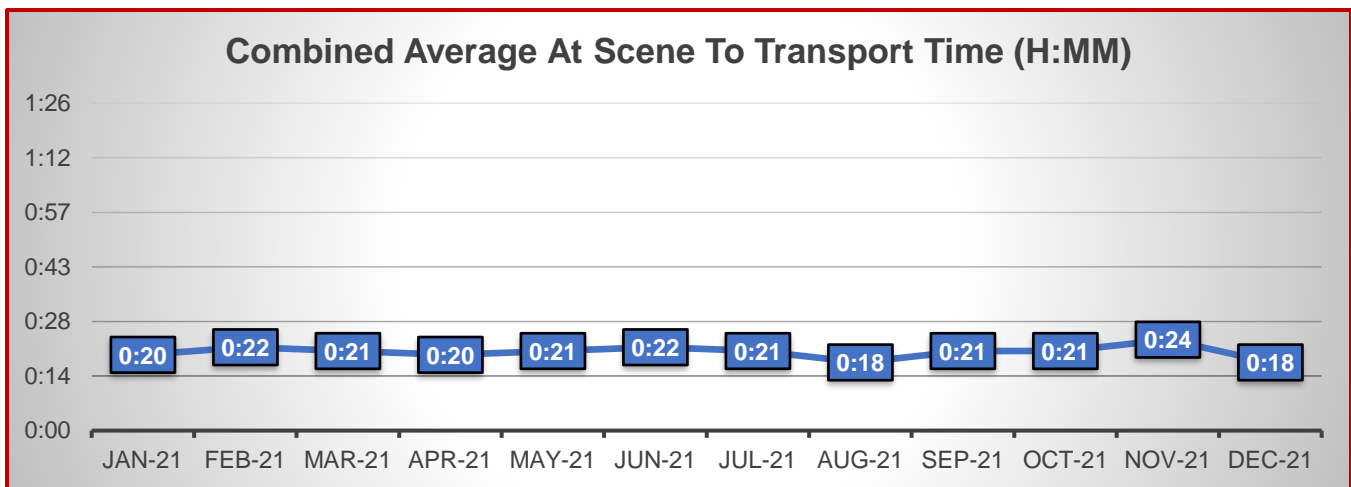
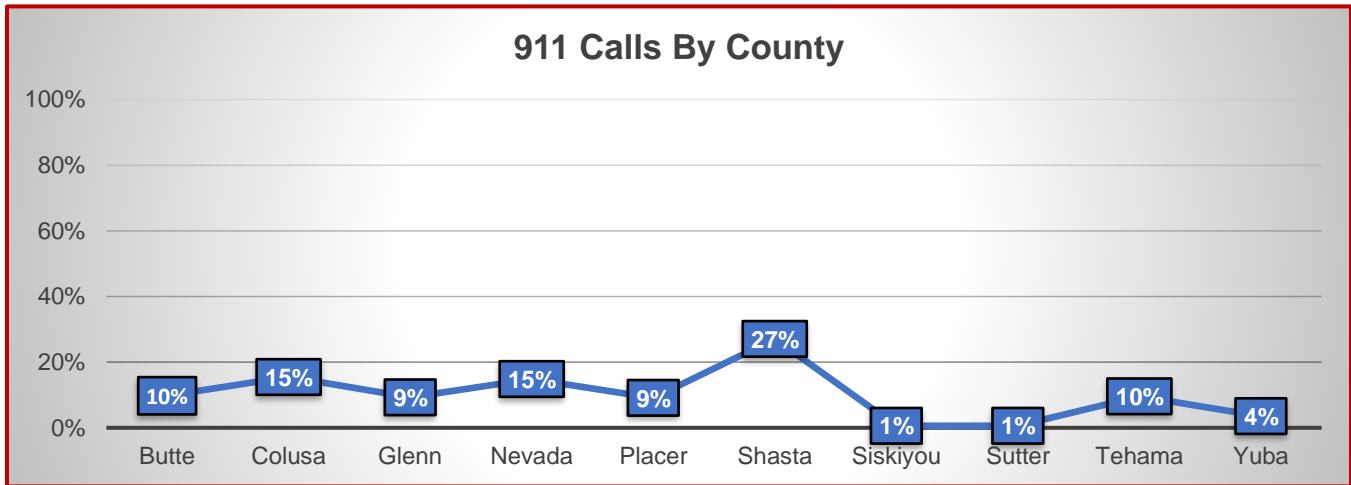


EMS Aircraft Incident System Data





EMS Aircraft Incident County & Times Data

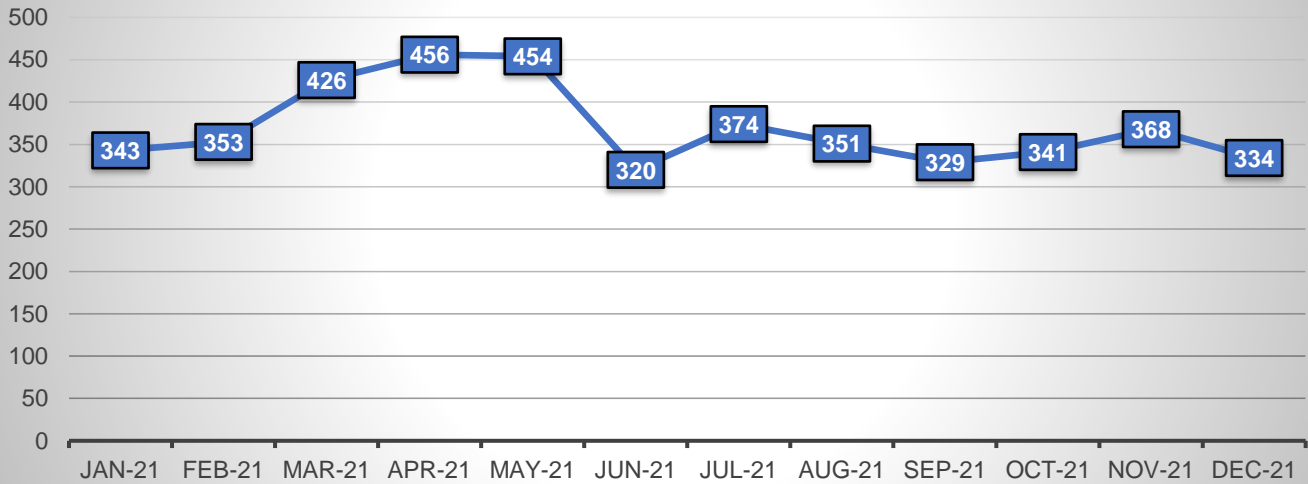




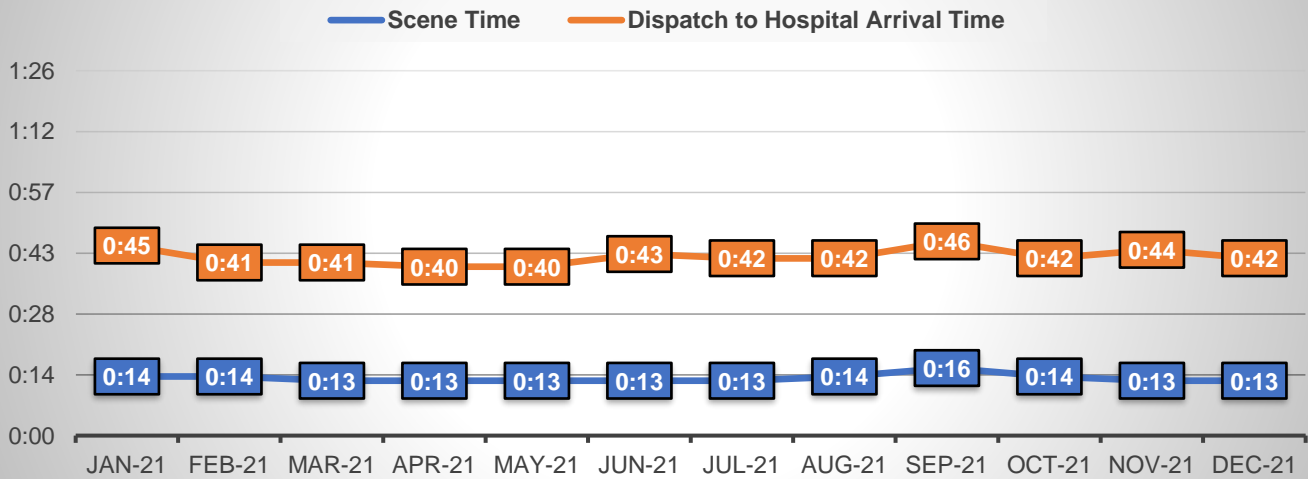
EMS Trauma Patient Data



911 Trauma Triage Criteria Patient Count



911 Trauma Triage Criteria Patient Average EMS Times (H:MM)

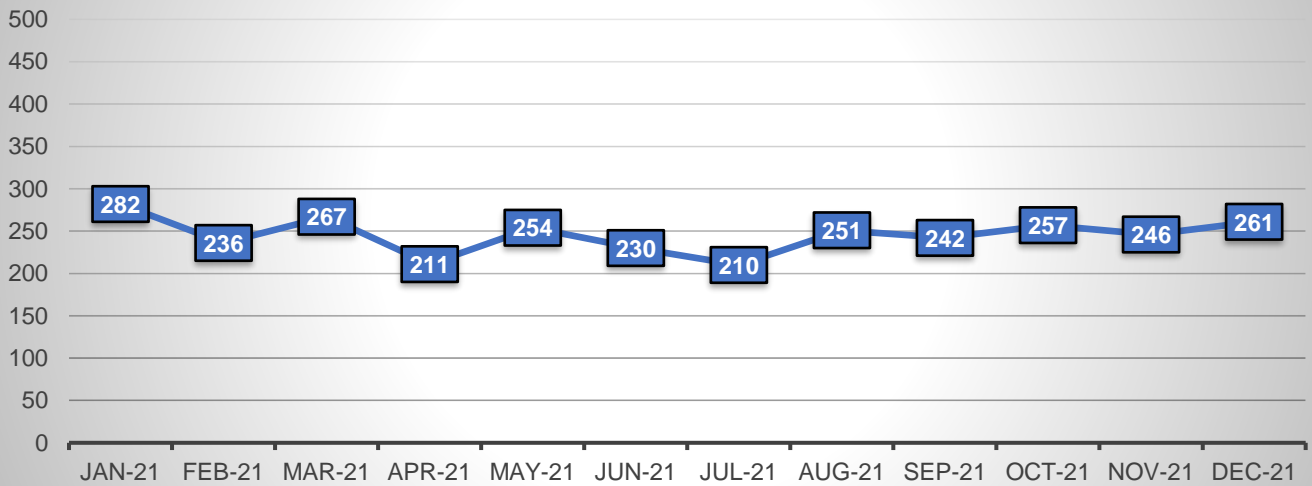




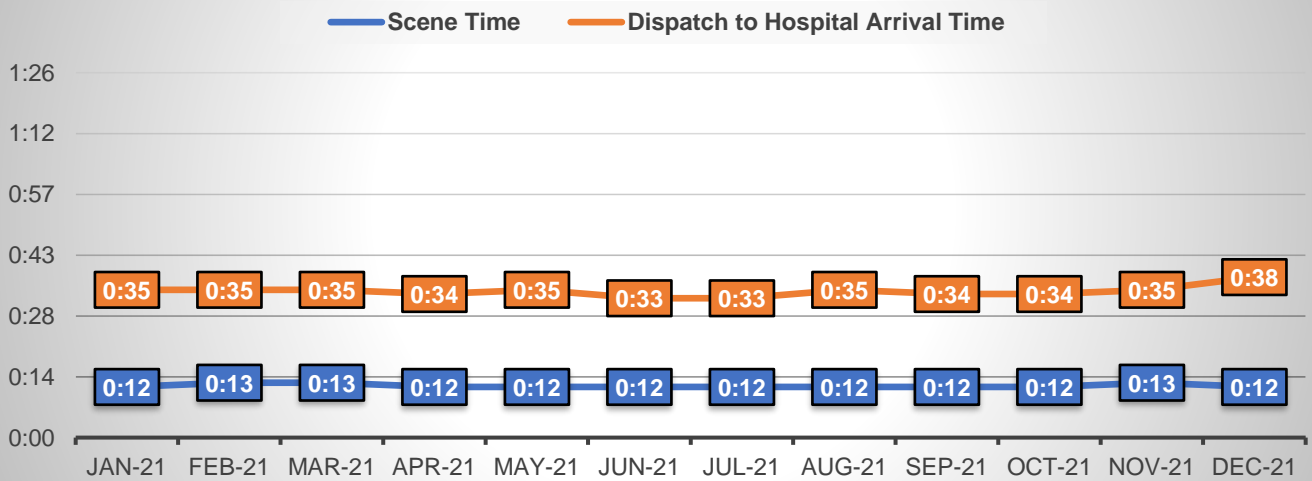
EMS Stroke Patient Data



911 Stroke Patient Count

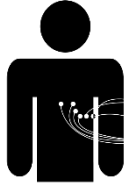


911 Stroke Patient Average EMS Times (H:MM)

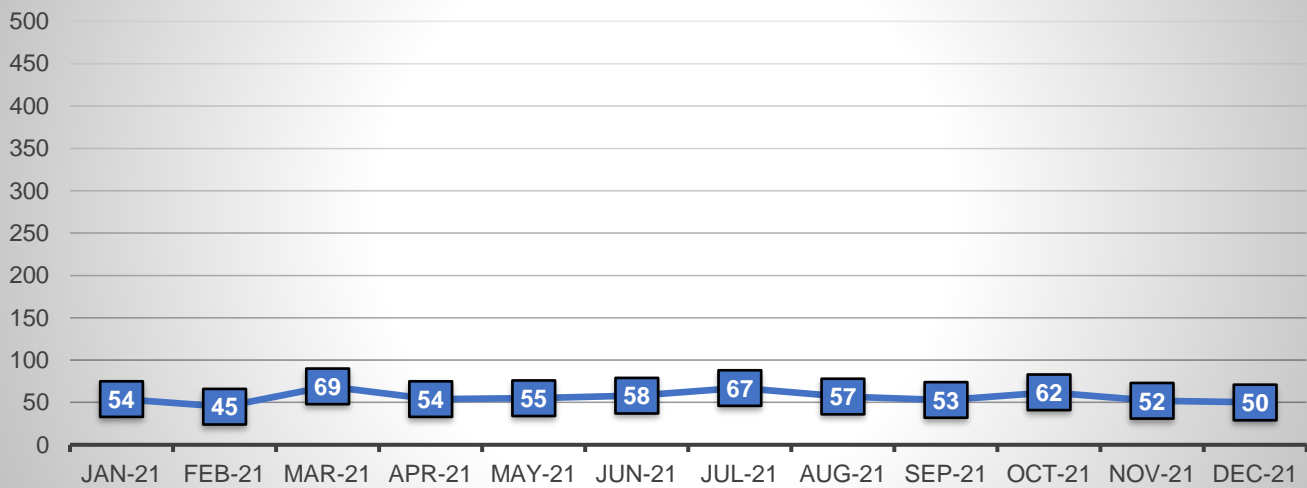




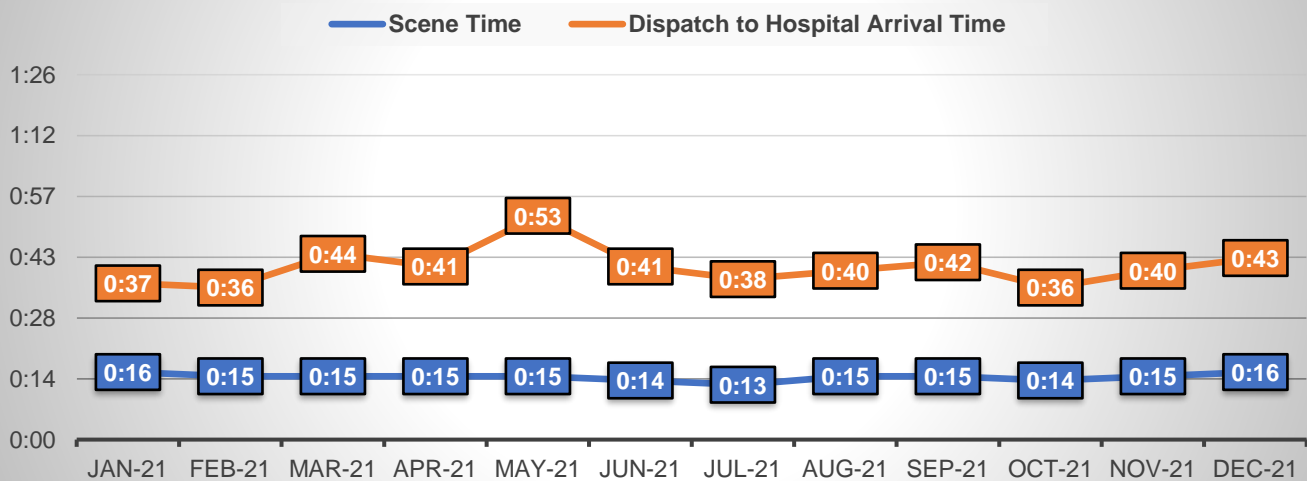
EMS STEMI Patient Data



911 STEMI Patient Count

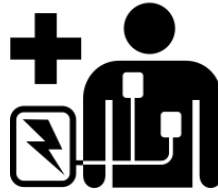


911 STEMI Patient Average EMS Times (H:MM)

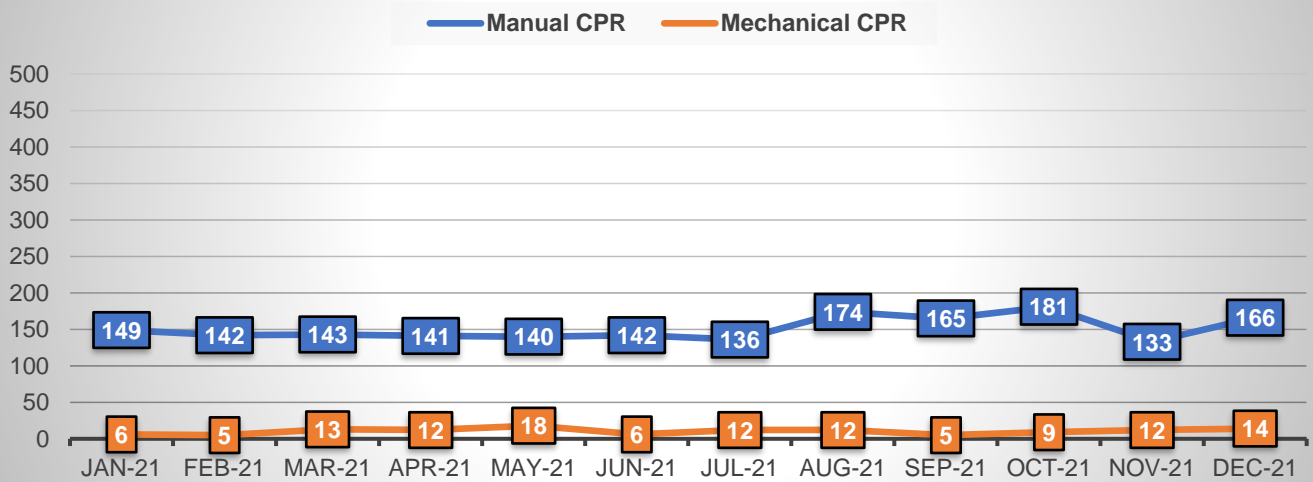




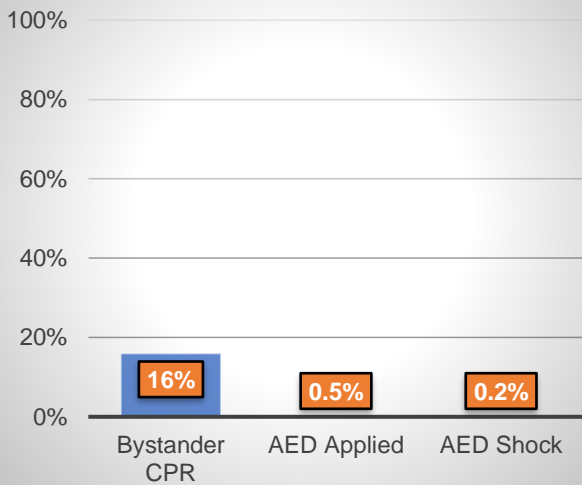
EMS Cardiac Arrest Patient Data



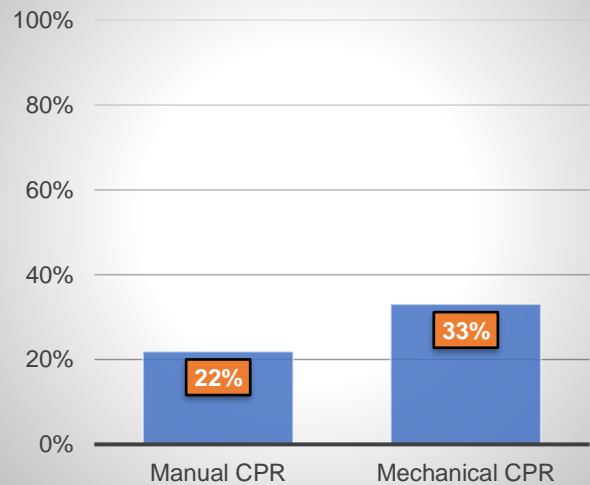
911 Cardiac Arrest Pt. Count



Bystander CPR/AED Use



Prehospital ROSC



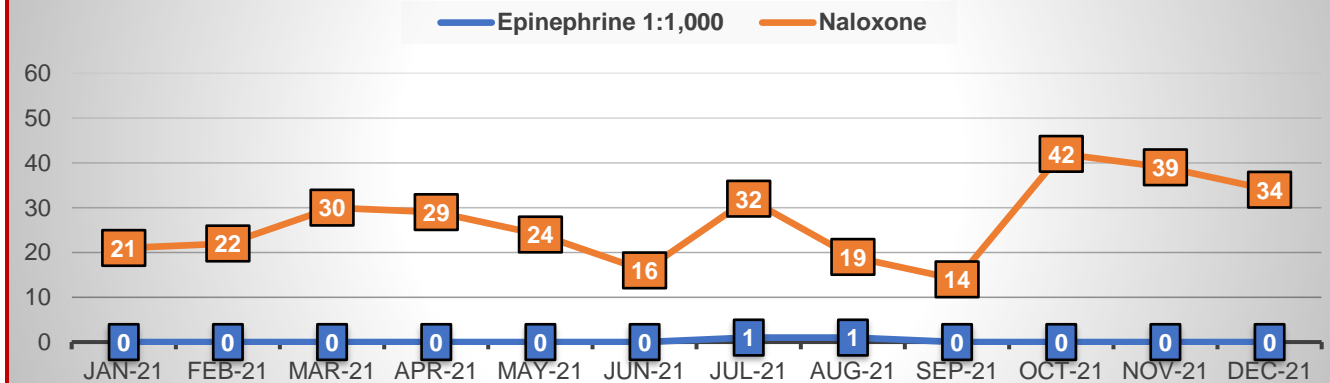


EMS Medication Utilization Data



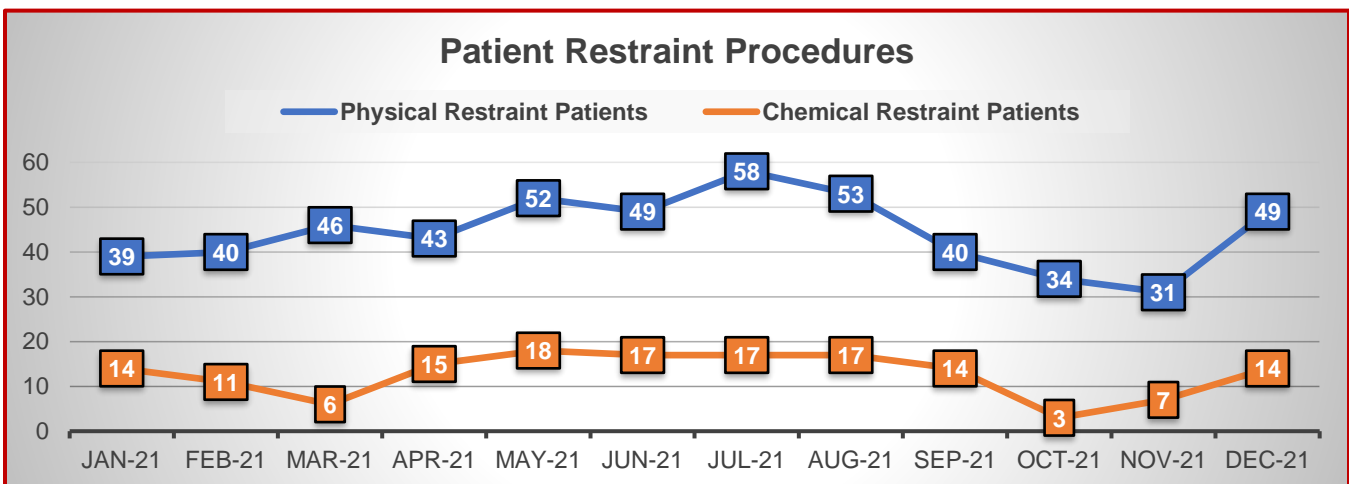
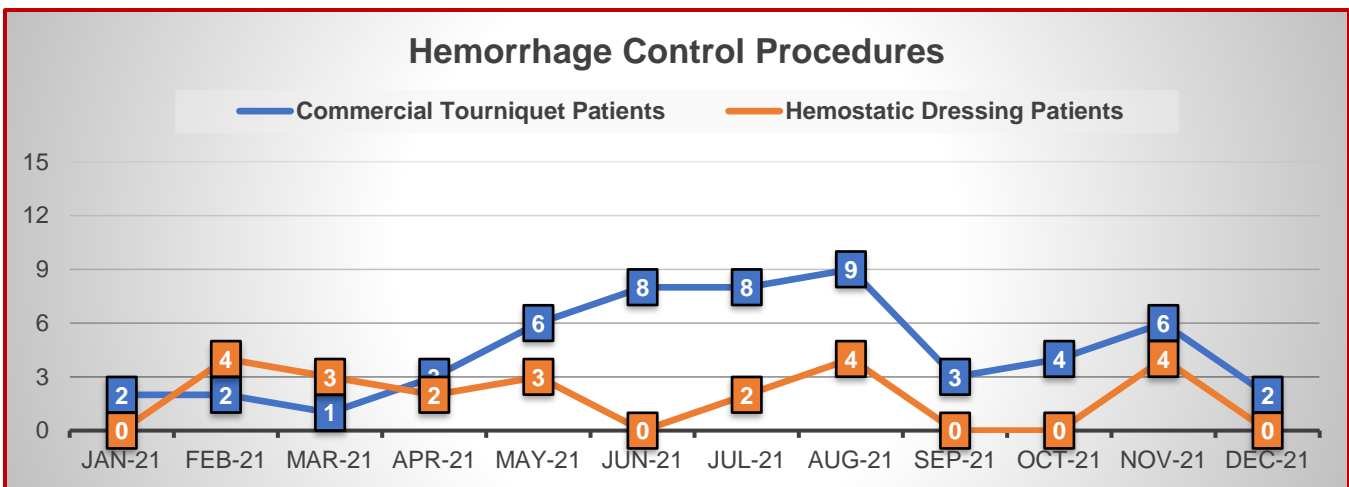
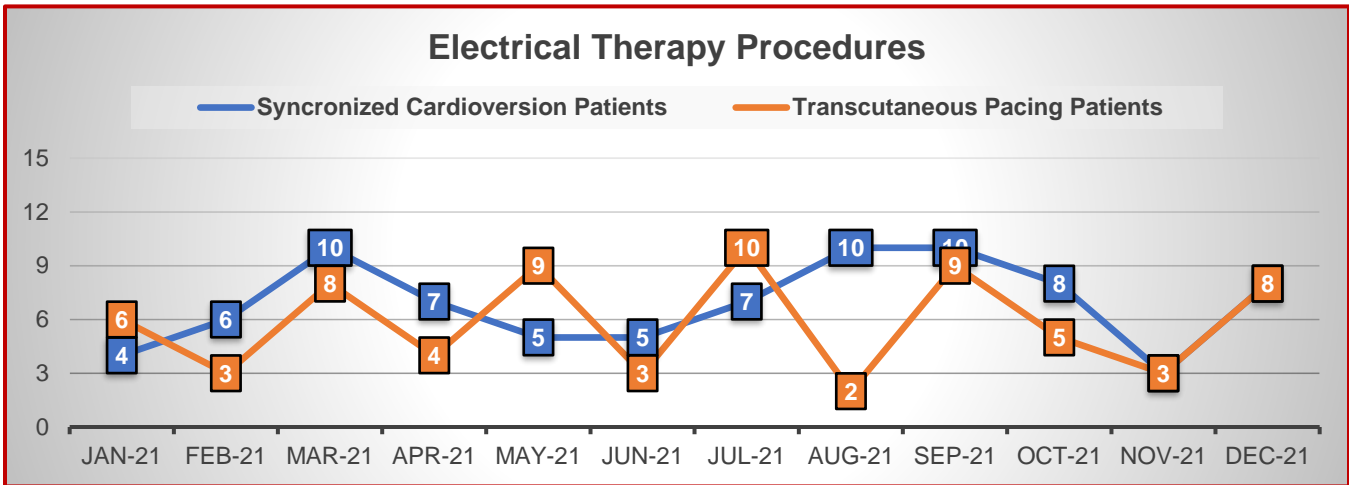
Medication	Ground Doses	Aircraft Doses	Medication	Ground Doses	Aircraft Doses
Acetaminophen (IV)	46	0	Ipratropium	3261	5
Activated Charcoal	55	0	Ketamine	322	91
Adenosine	296	0	Ketorolac	103	0
Albuterol	3625	8	Lidocaine	91	5
Amiodarone	265	2	Lorazepam	0	7
Aspirin	5533	9	Midazolam	966	37
Atropine	185	0	Morphine	1005	5
Dextrose 10%	30	2	Naloxone	1872	3
Dextrose 50%	1092	2	Nitroglycerin	7702	24
Diphenhydramine	450	1	Norepinephrine	0	4
Dopamine	0	1	Ondansetron	9921	162
Epinephrine 1:1,000	287	0	Rocuronium	0	44
Epinephrine 1:10,000	4431	76	Sodium Bicarbonate	94	1
Etomidate	0	13	Terbutaline	0	0
Fentanyl	7257	372	TXA	16	16
Glucagon	175	0	Vecuronium	0	1

BLS Optional Medication Administrations



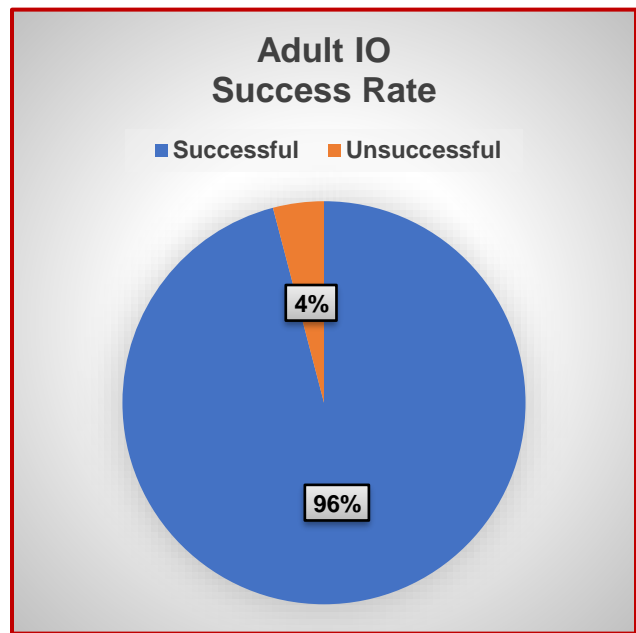
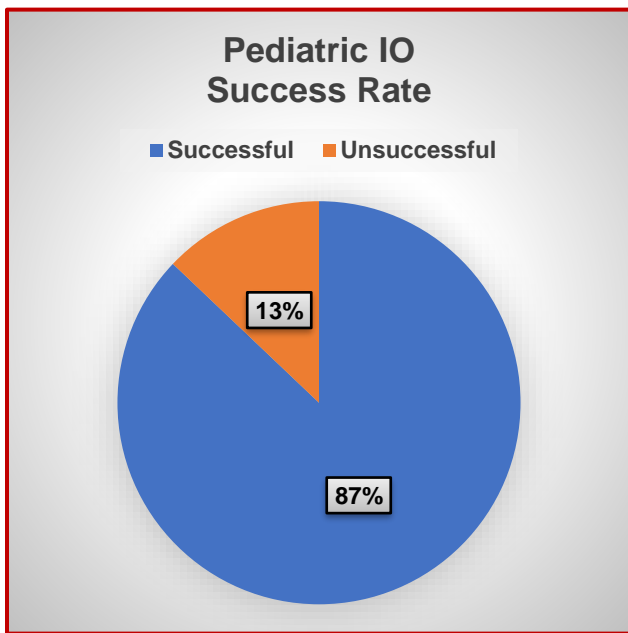
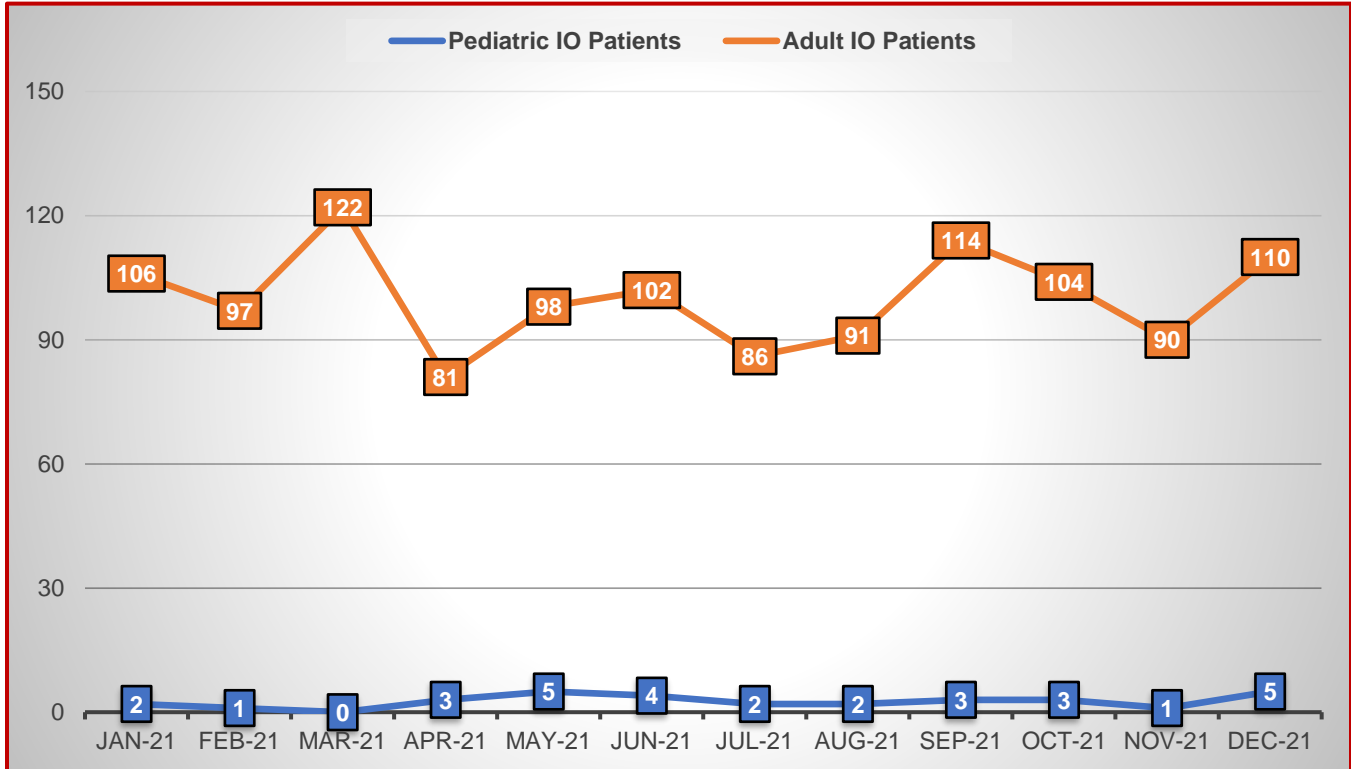


EMS Electrical Therapy, Restraint & Hemorrhage Control Procedures



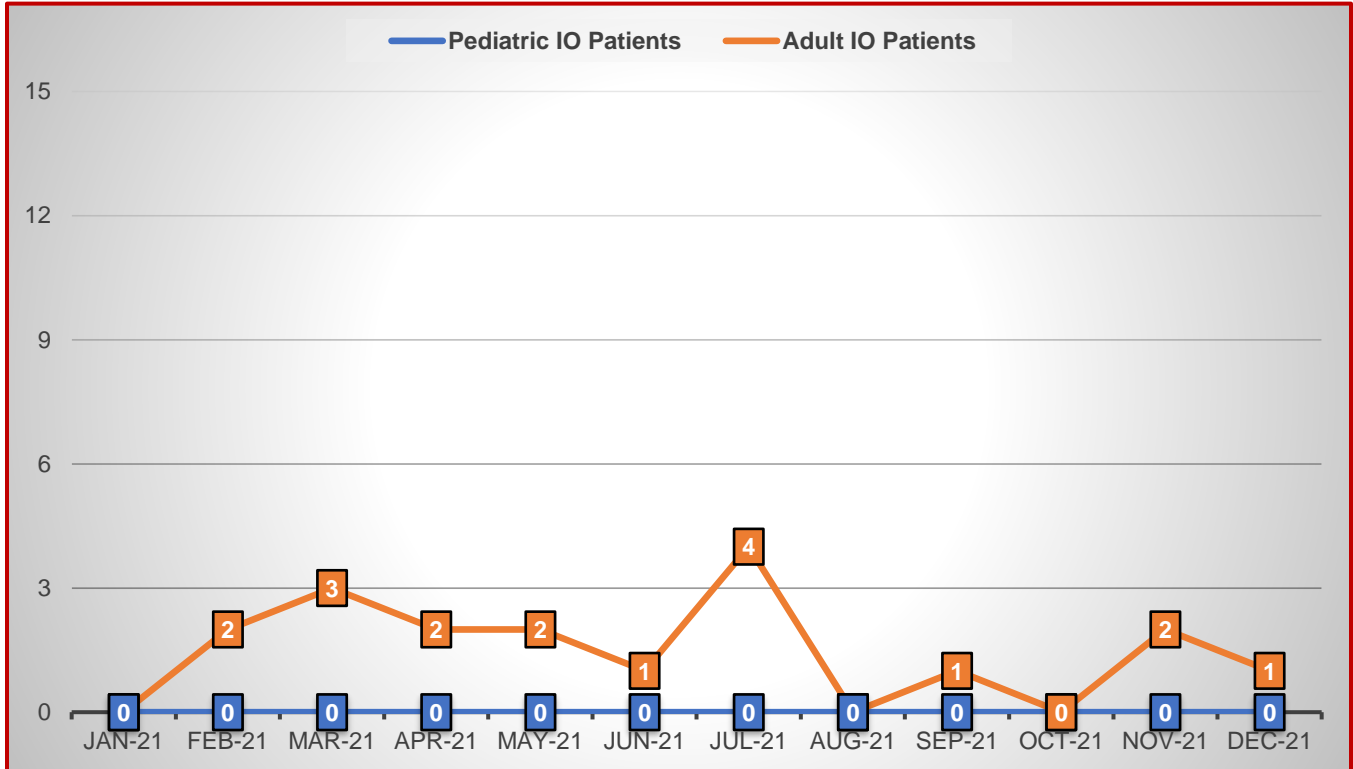


Ground EMS Intraosseous (IO) Procedures





EMS Aircraft Intraosseous (IO) Procedures



Pediatric IO Success Rate

■ Successful ■ Unsuccessful

0%

Adult IO Success Rate

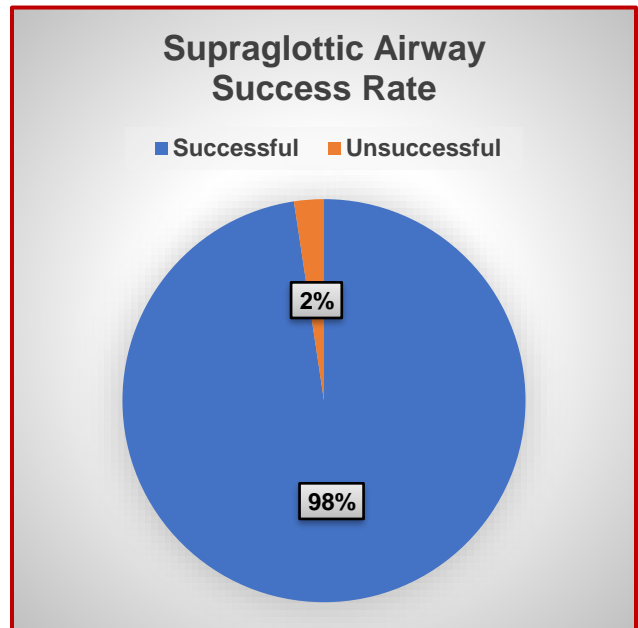
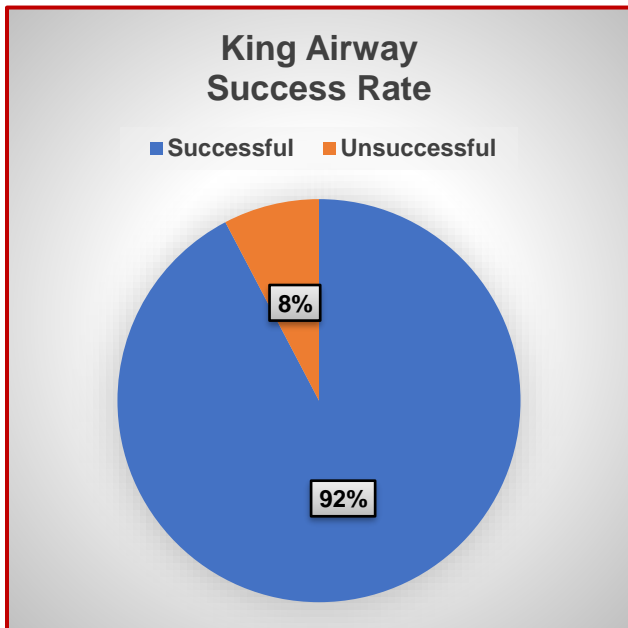
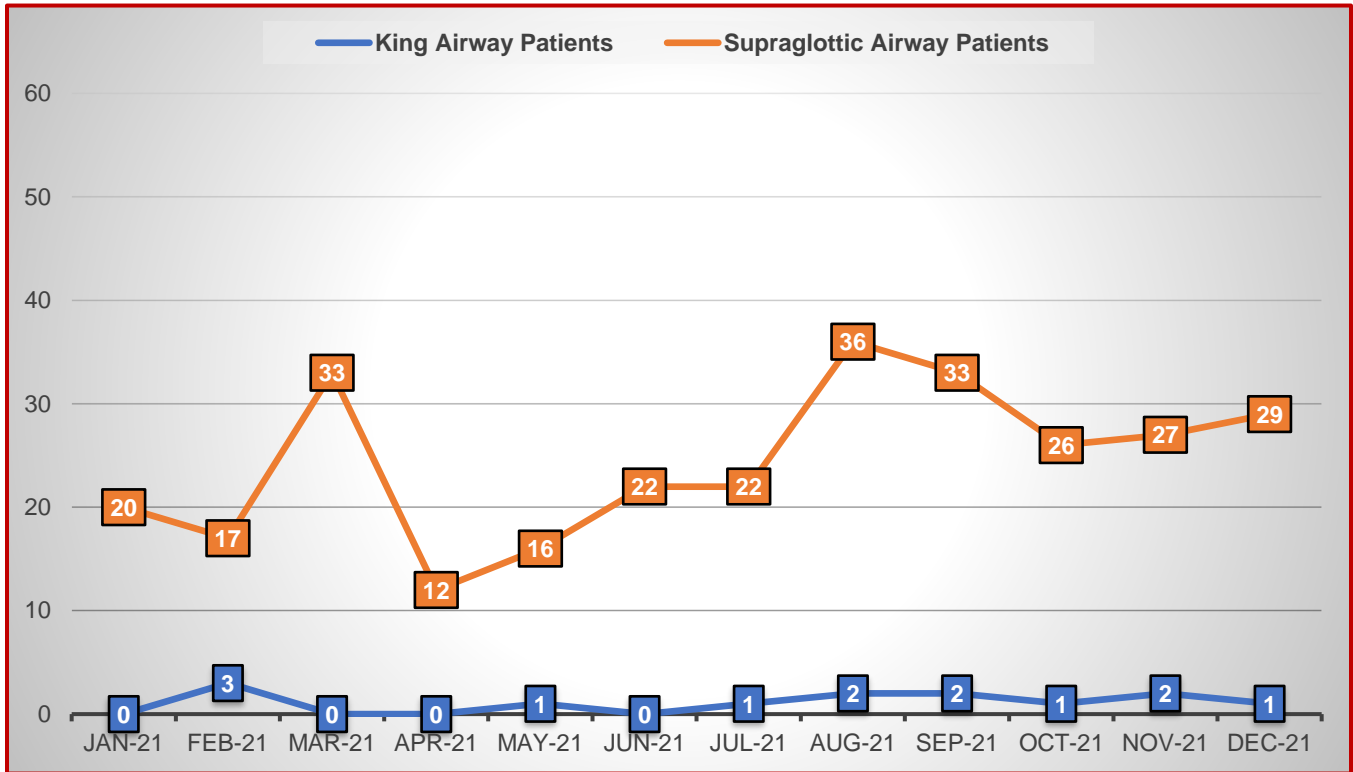
■ Successful ■ Unsuccessful

6%

94%

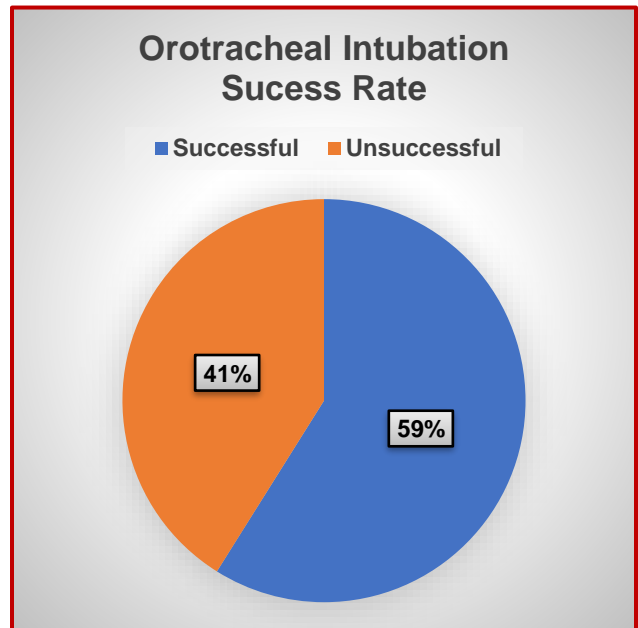
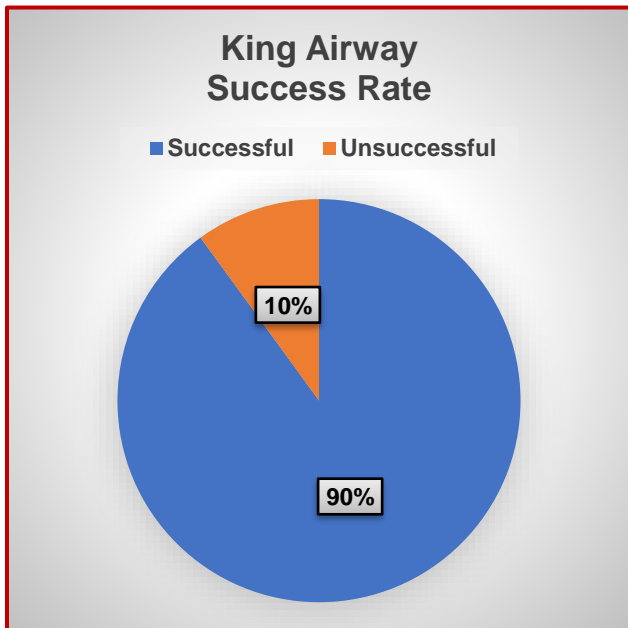
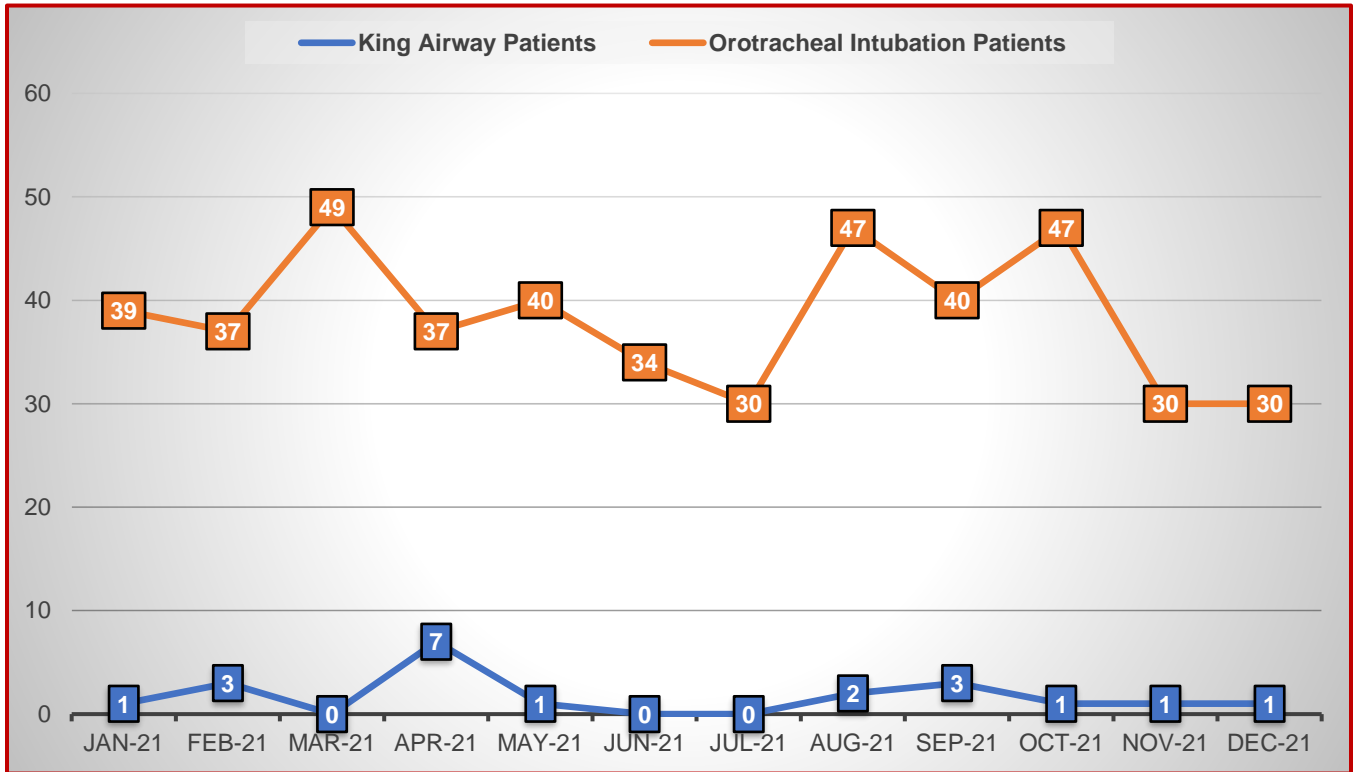


BLS King Airway & Supraglottic Airway Procedures



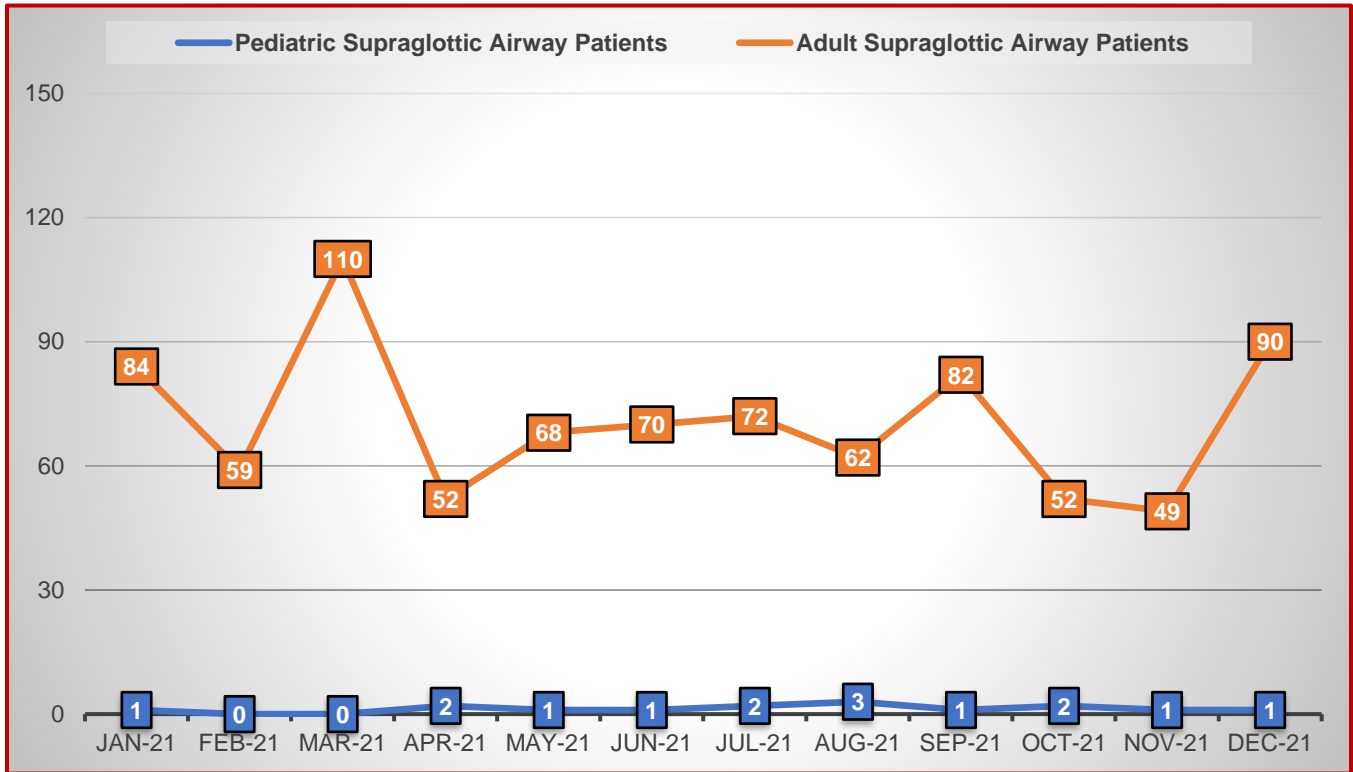


ALS Ground Orotracheal Intubation & King Airway Procedures



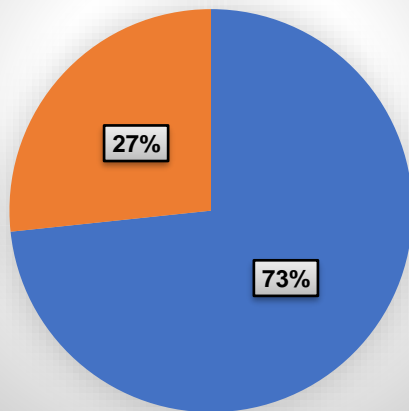


ALS Ground Supraglottic Airway Procedures



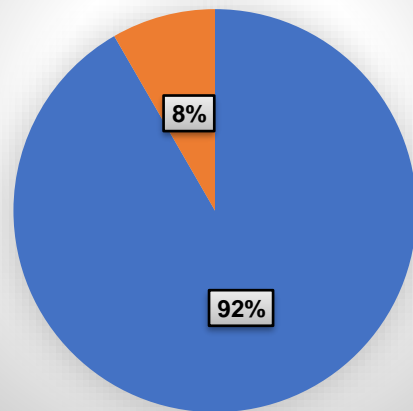
Pediatric Supraglottic Airway Success Rate

■ Successful ■ Unsuccessful



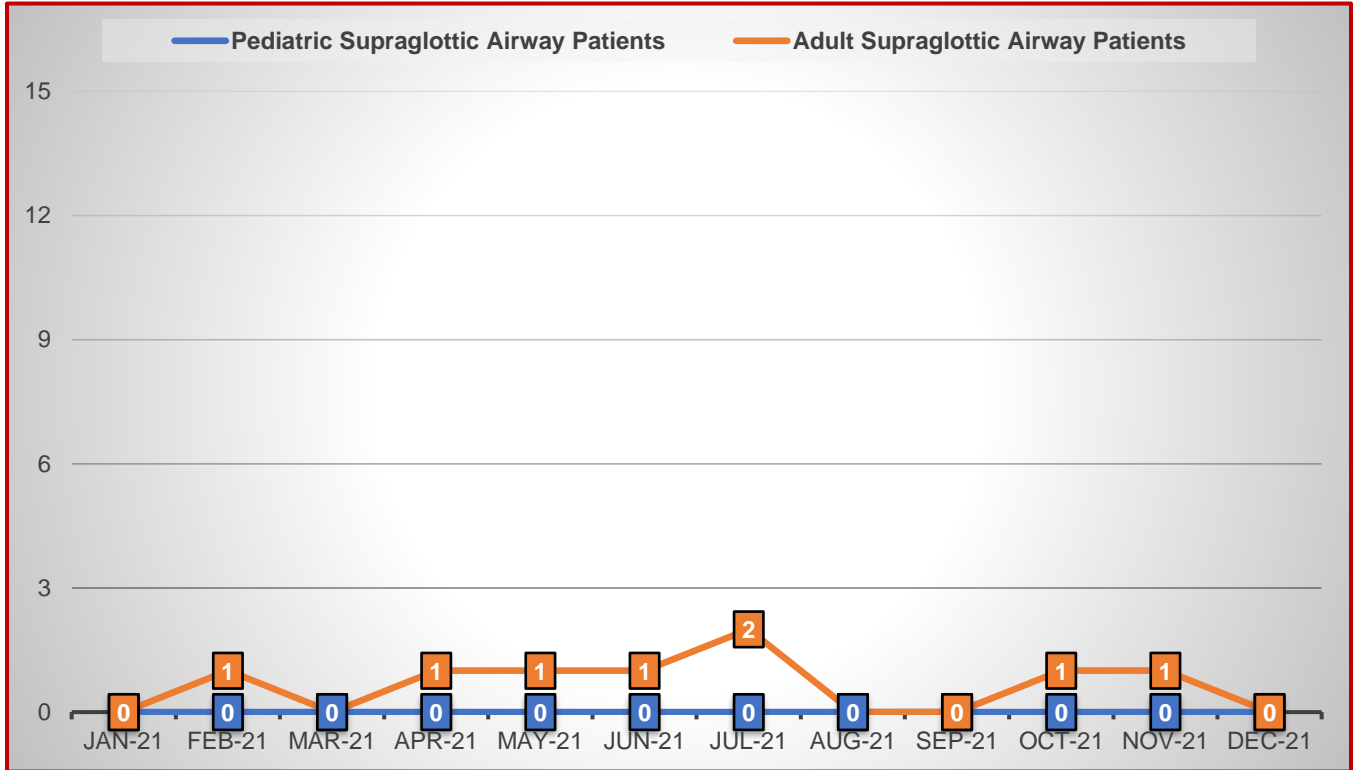
Adult Supraglottic Airway Success Rate

■ Successful ■ Unsuccessful





EMS Aircraft Supraglottic Airway Procedures



Pediatric Supraglottic Airway Success Rate

■ Successful ■ Unsuccessful

0%

Adult Supraglottic Airway Success Rate

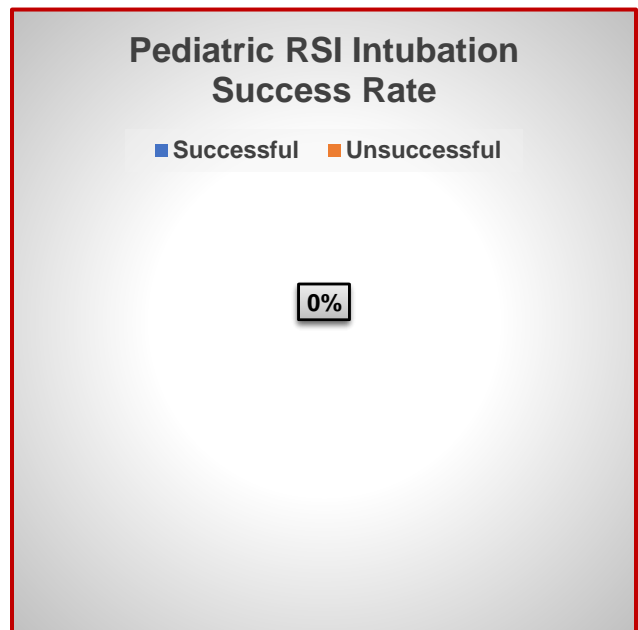
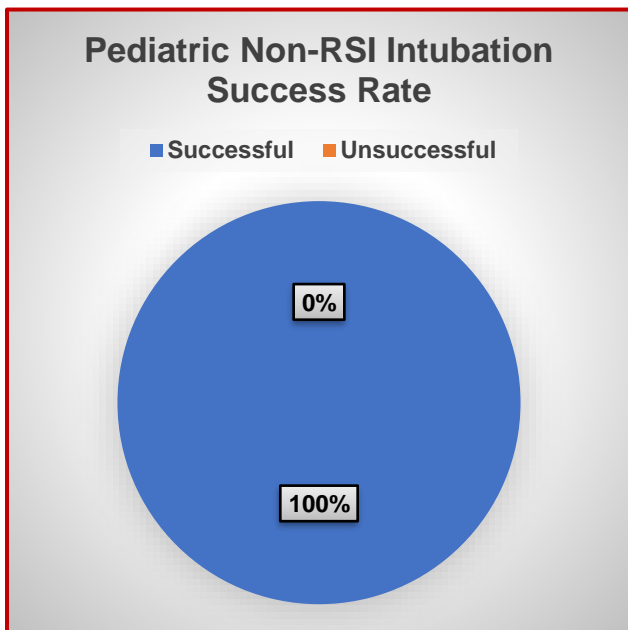
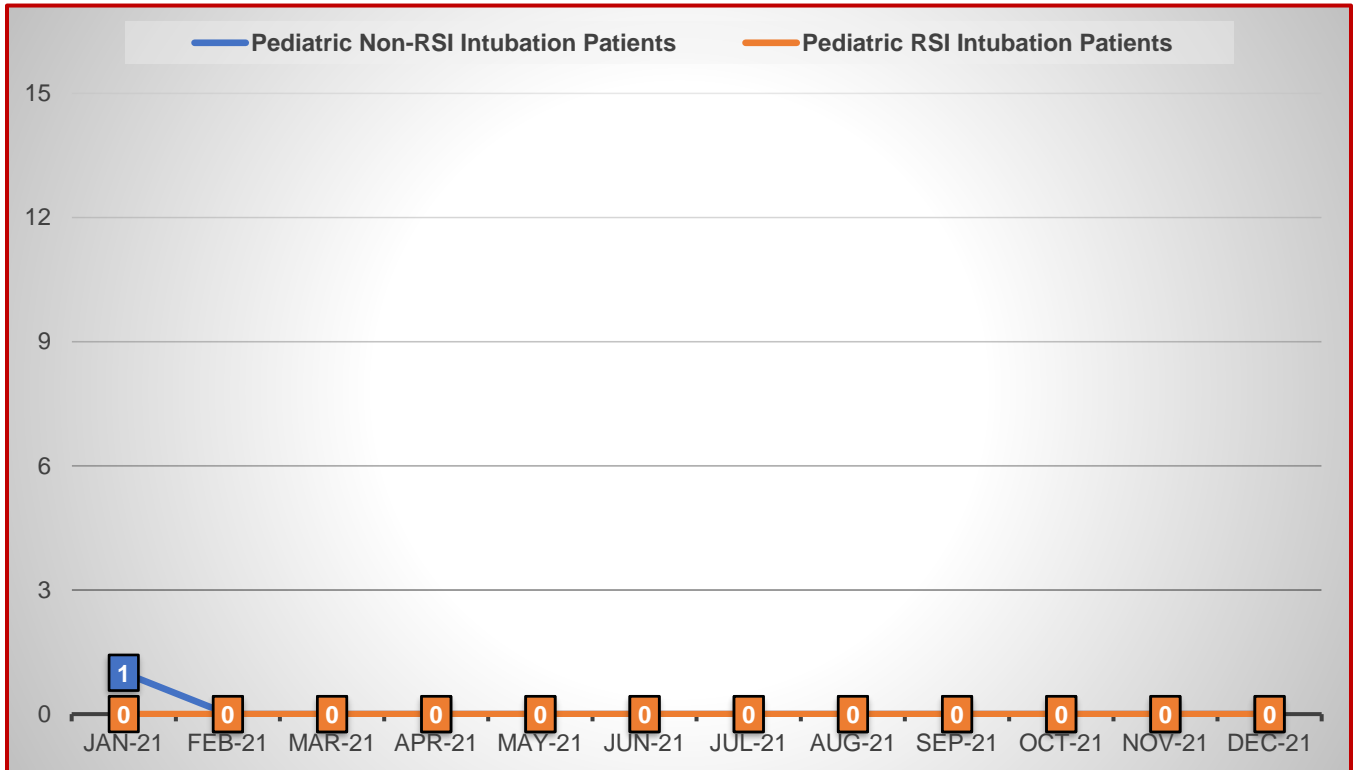
■ Successful ■ Unsuccessful

0%

100%

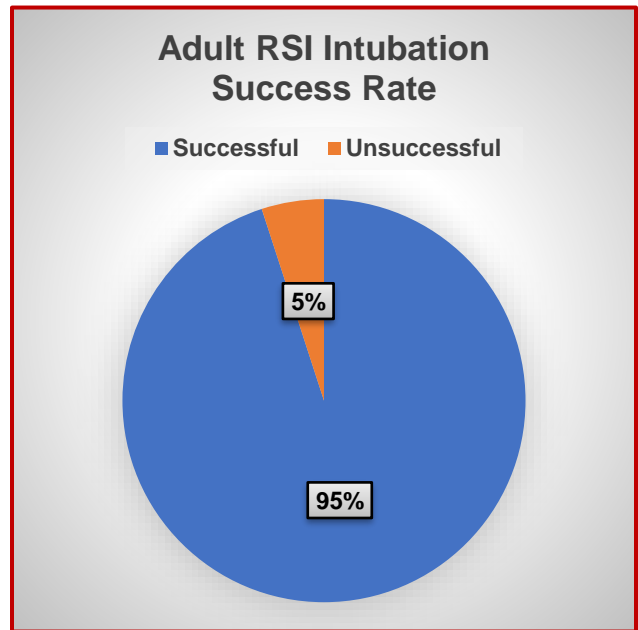
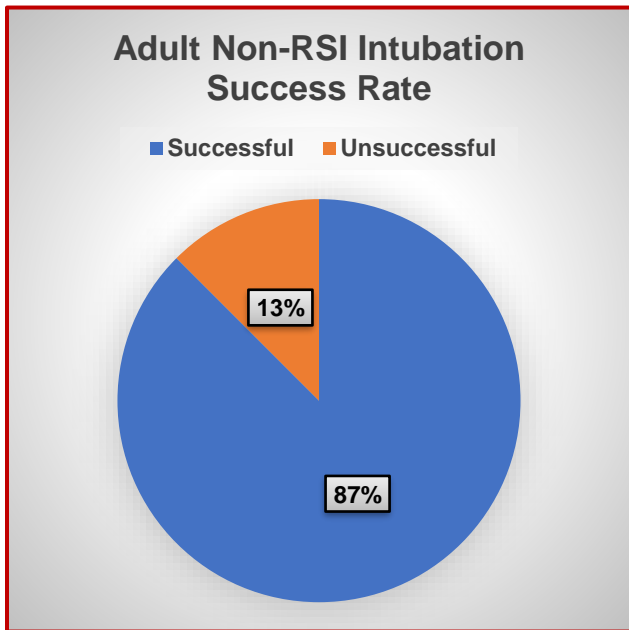
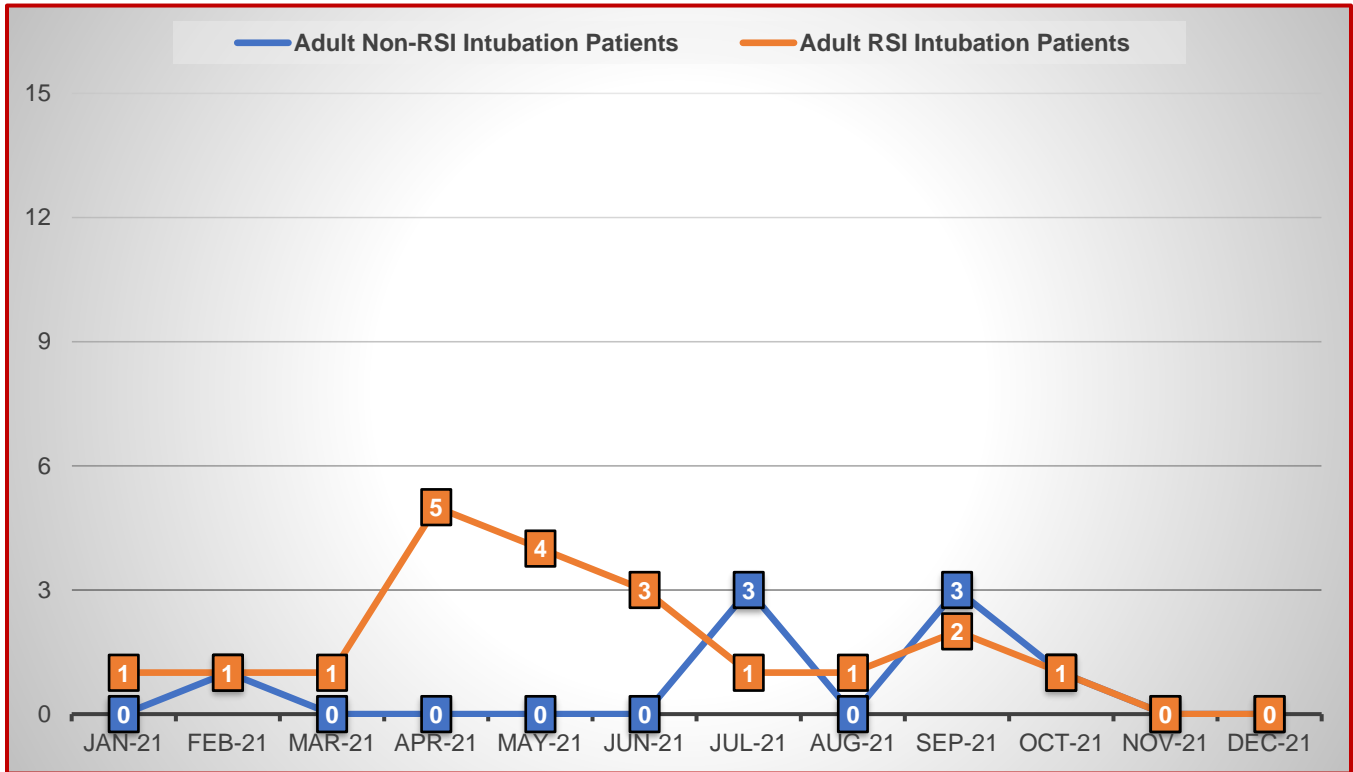


EMS Aircraft Pediatric Orotracheal Intubation Airway Procedures



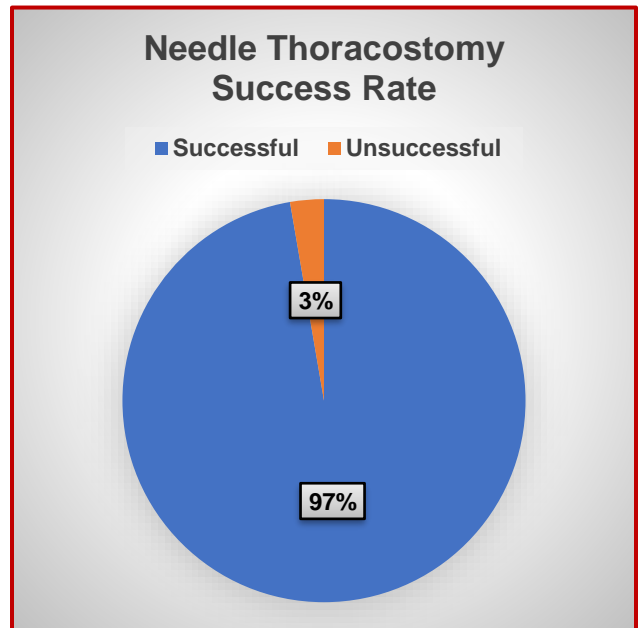
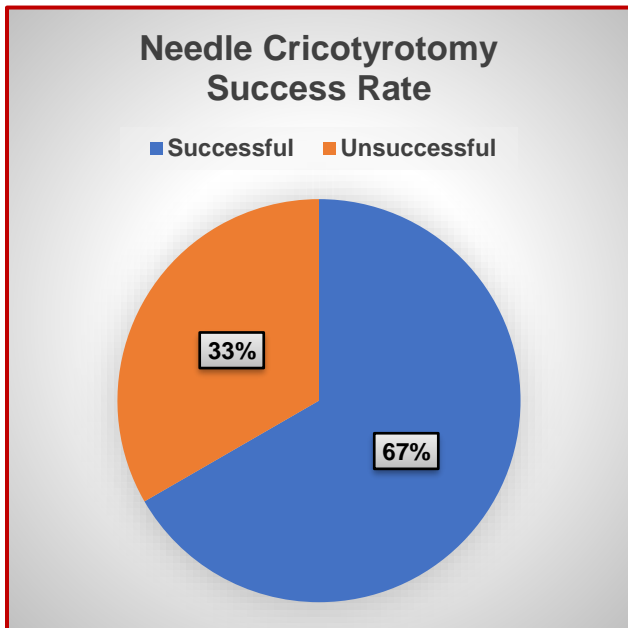
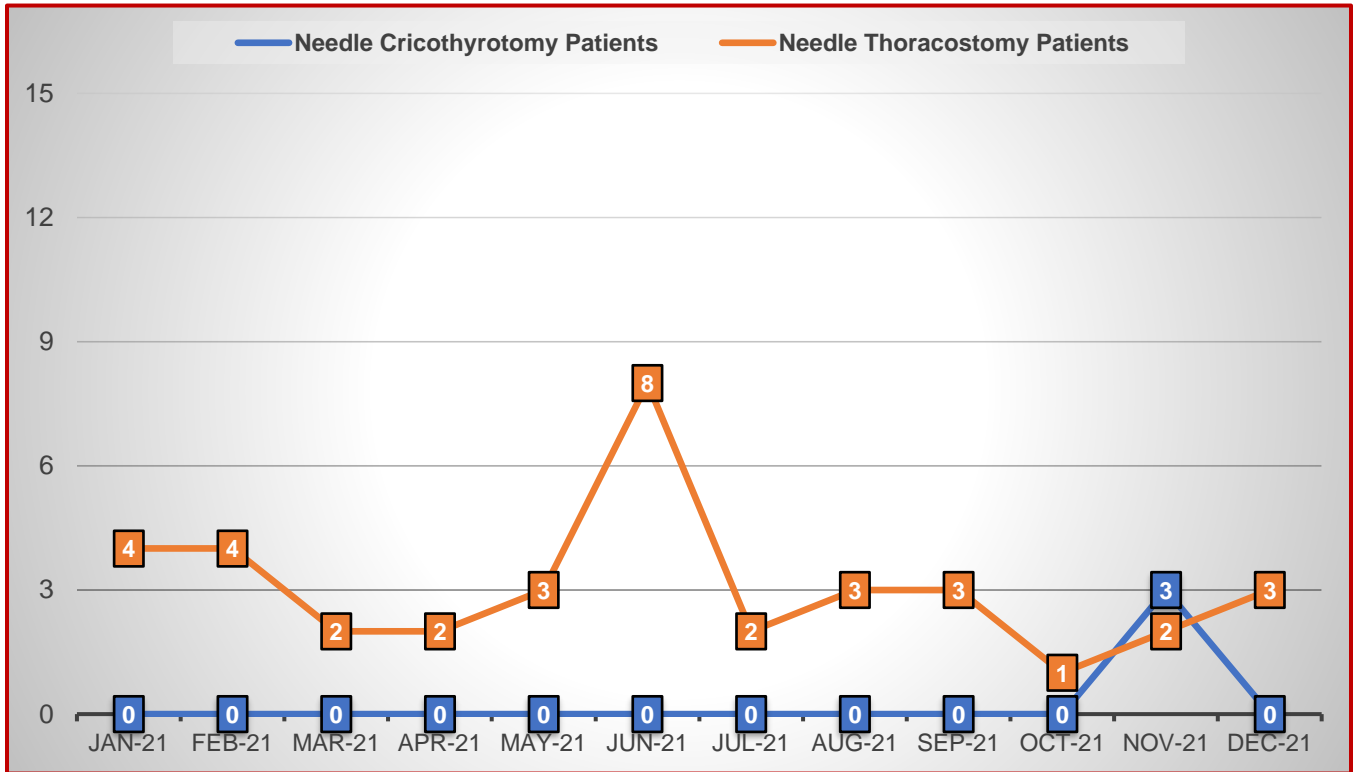


EMS Aircraft Adult Orotracheal Intubation Airway Procedures



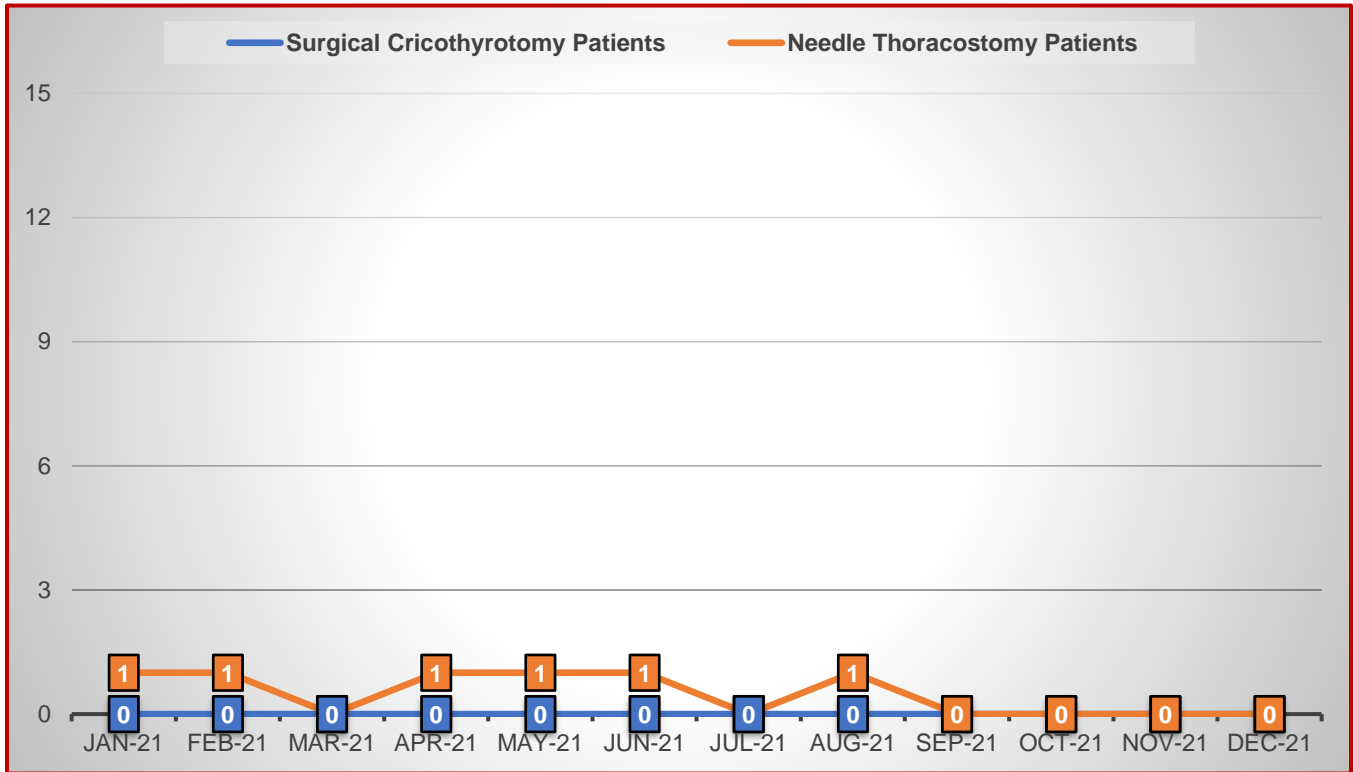


ALS Ground Cricothyrotomy & Thoracostomy Procedures





EMS Aircraft Cricothyrotomy & Thoracostomy Procedures



Surgical Cricothyrotomy Success Rate

■ Successful ■ Unsuccessful

0%

Needle Thoracostomy Success Rate

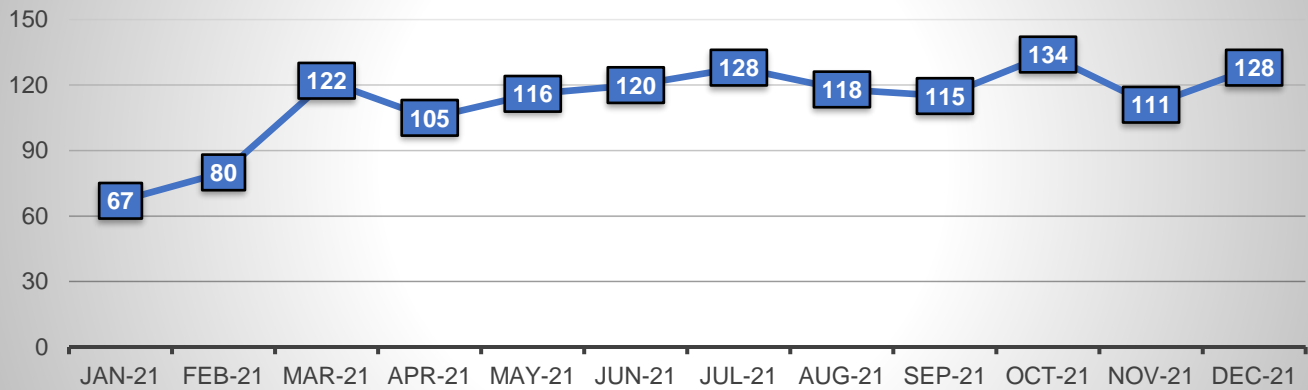
■ Successful ■ Unsuccessful

0%
100%

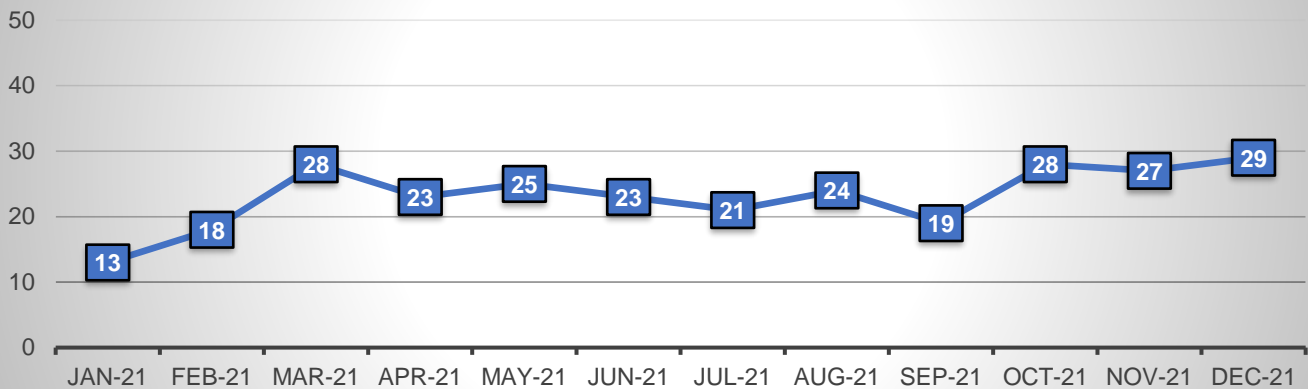


EMS Naloxone Utilization

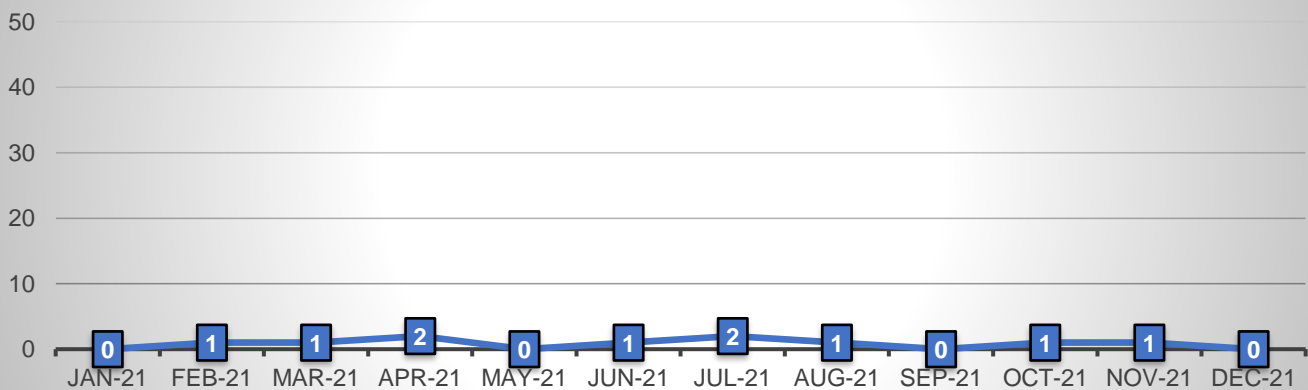
911 EMS Naloxone Administration Patients - S-SV EMS Region



911 EMS Naloxone Administration Patients - Butte County



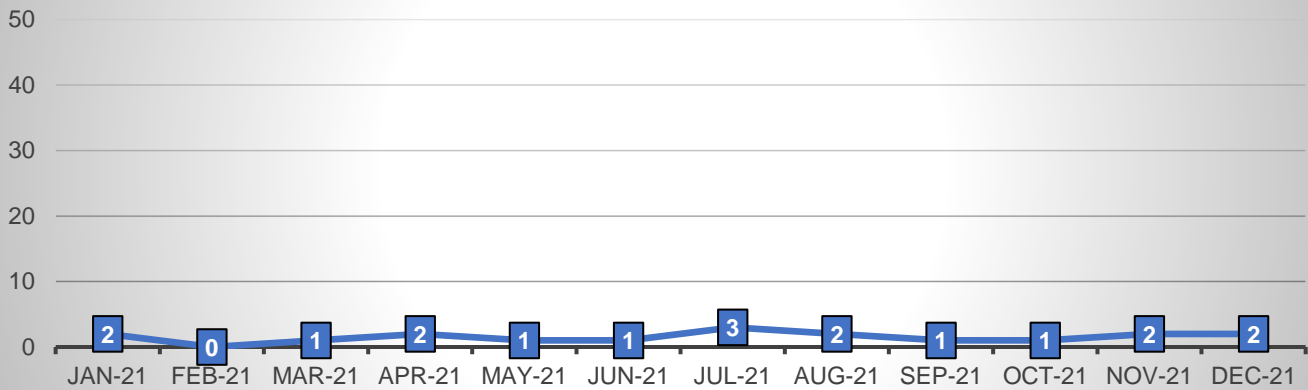
911 EMS Naloxone Administration Patients - Colusa County



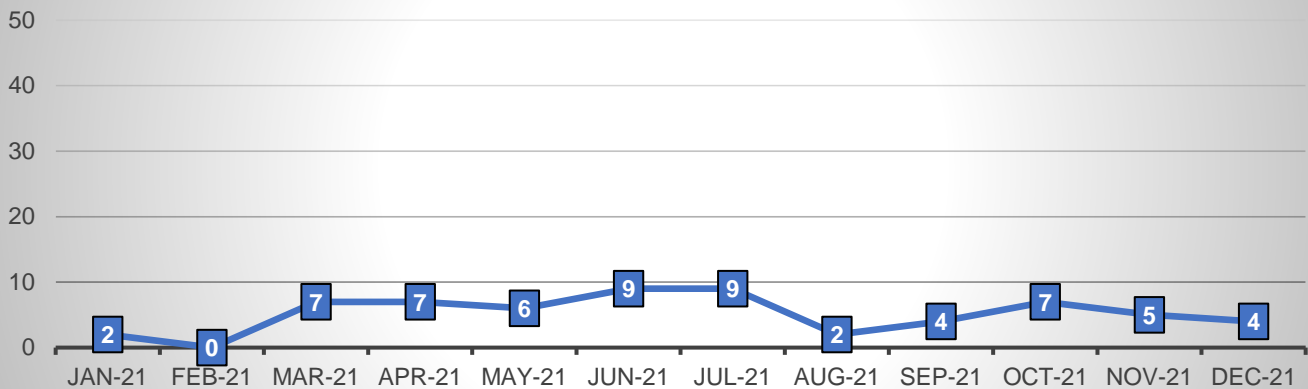


EMS Naloxone Utilization

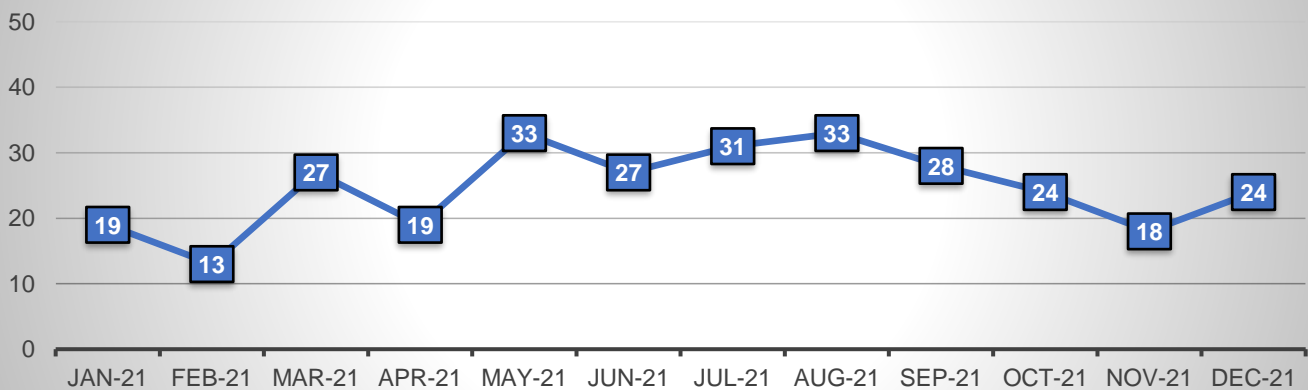
911 EMS Naloxone Administration Patients - Glenn County



911 EMS Naloxone Administration Patients - Nevada County



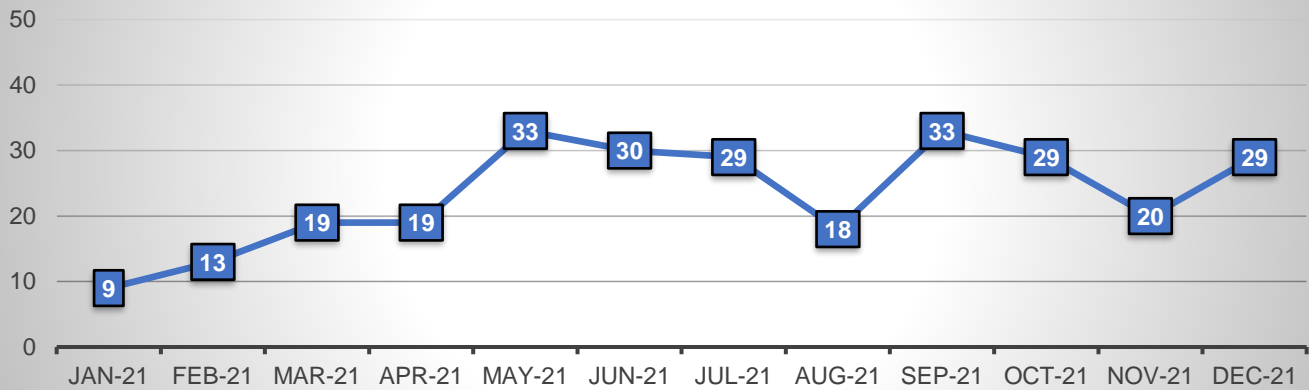
911 EMS Naloxone Administration Patients - Placer County



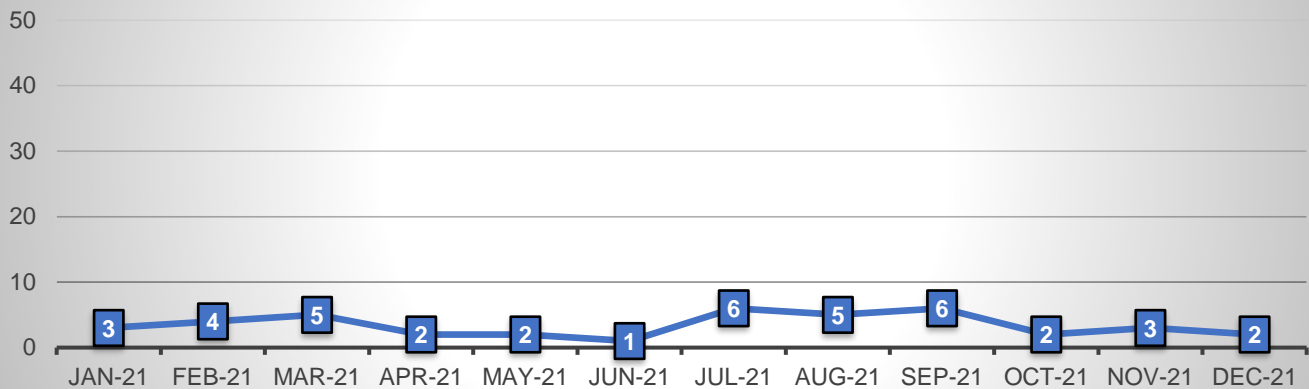


EMS Naloxone Utilization

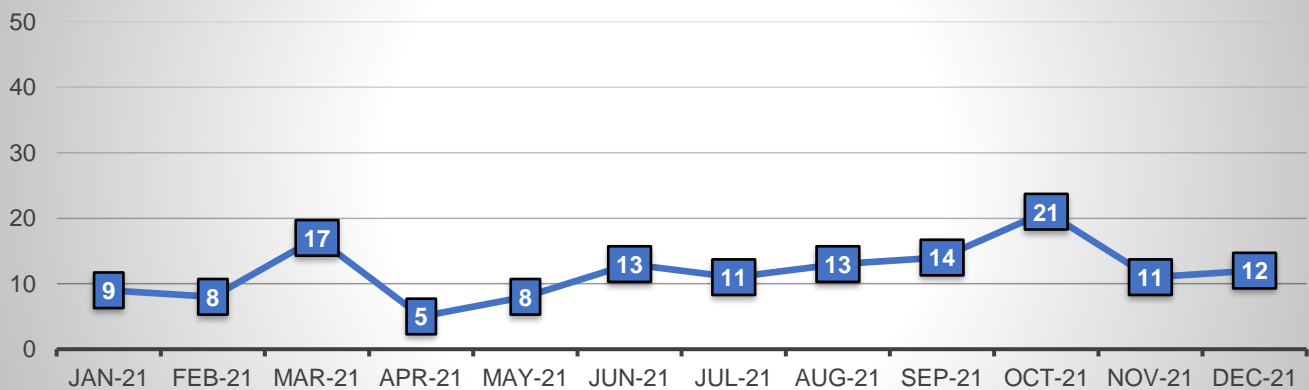
911 EMS Naloxone Administration Patients - Shasta County



911 EMS Naloxone Administration Patients - Siskiyou County



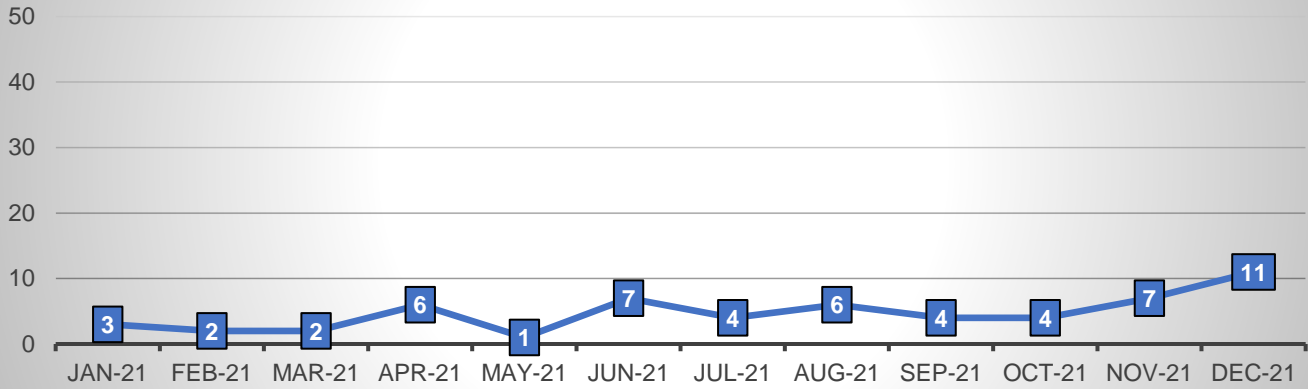
911 EMS Naloxone Administration Patients - Sutter County



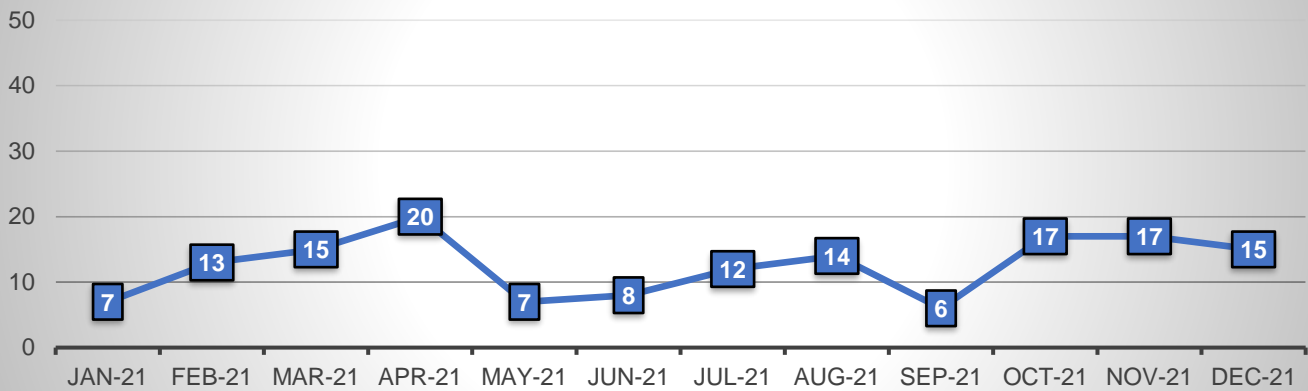


EMS Naloxone Utilization

911 EMS Naloxone Administration Patients - Tehama County



911 EMS Naloxone Administration Patients - Yuba County





Ambulance Patient Offload Time (APOT) General Information







Ambulance Patient Offload Time (APOT) Definition – The time interval between the arrival of an ambulance patient at a hospital emergency department (ED), and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the ED assumes full responsibility for care of the patient. The following NEMESIS Version 3.4 data elements, descriptions and calculations (as documented on the legal electronic patient care report by EMS personnel) are utilized to determine/report the APOT data:

NEMESIS Data Element	Data Element Description	S-SV EMS Criteria/Calculation
dAgency.03	Agency Name	All S-SV EMS 911 Transport Providers
eResponse.05	Response Type of Service Requested	911 Response (Scene)
eDisposition.12	Incident/Patient Disposition	Treated, Transported by EMS
eDisposition.01	Destination/Transferred to, Name	All S-SV EMS Jurisdiction Hospitals
eTimes.11 eTimes.12	Pt Arrived at Destination Date/Time Destination Pt Transfer of Care Date/Time	Calculation = Difference (Minutes) Between eTimes.11 & eTimes.12

APOT Measures

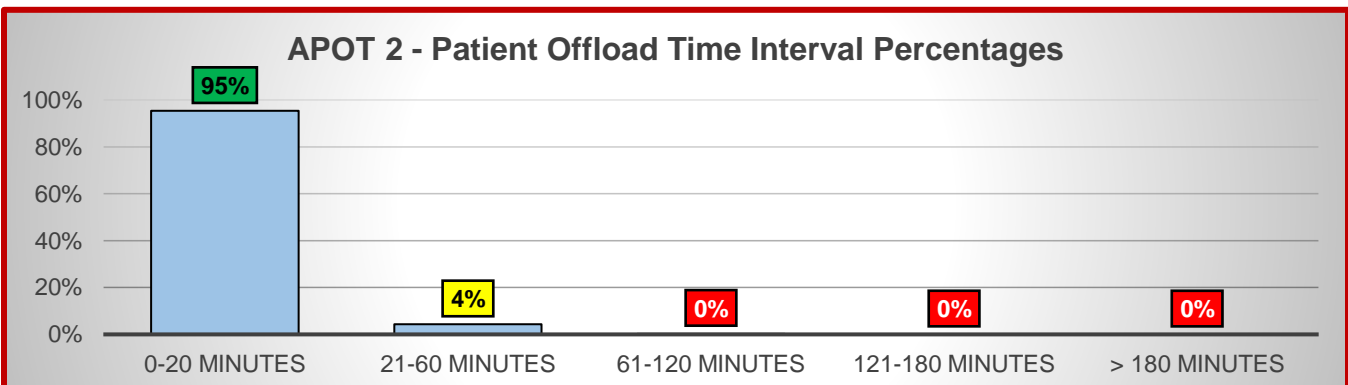
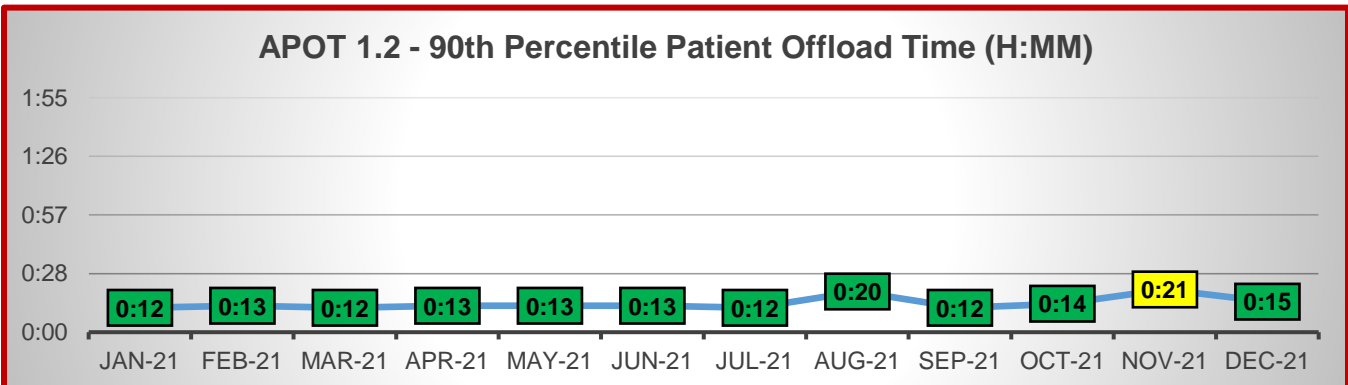
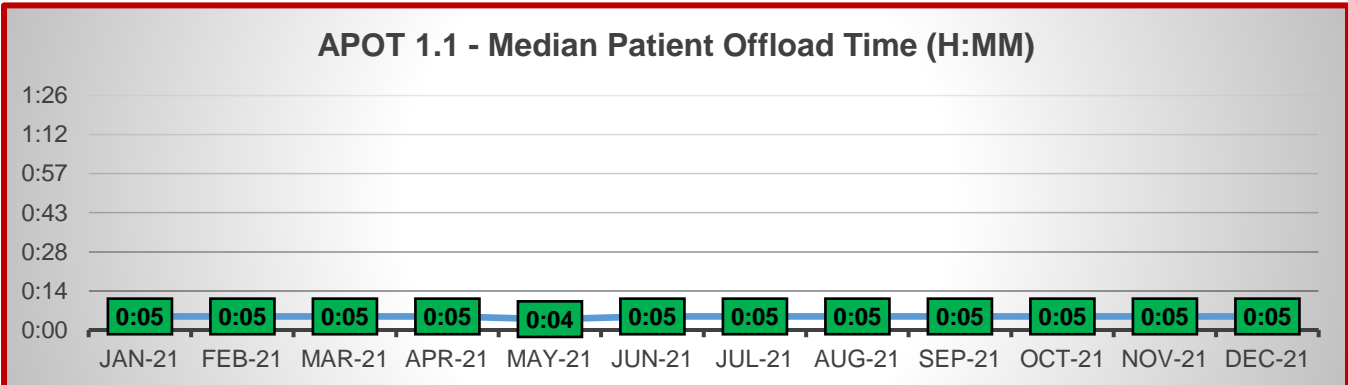
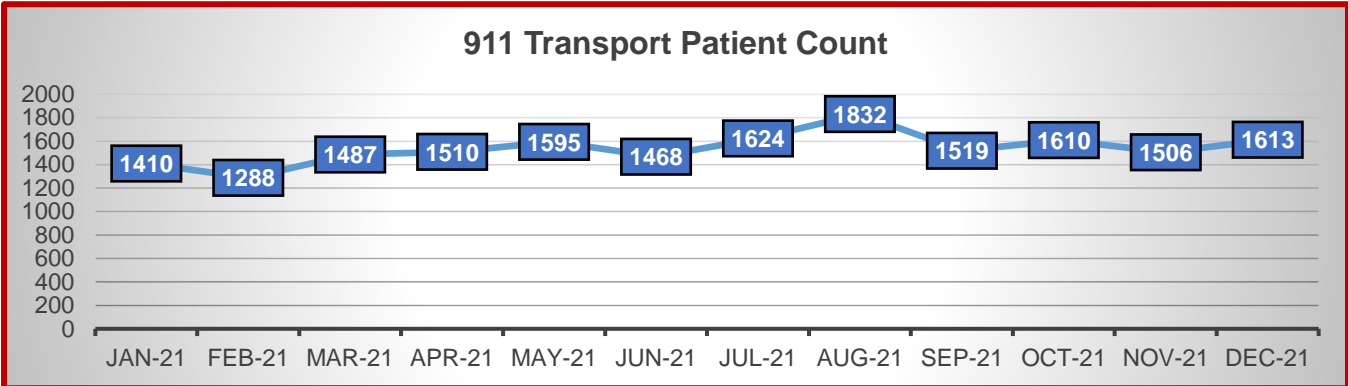
- **APOT 1.1** – An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a median.
- **APOT 1.2** – An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a 90th percentile.
- **APOT 2** – An ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patients within a 20 minute target, and exceeding that time in reference to 60, 120 & 180 minute intervals.

APOT Charts/Graphs Color Key Definitions

-  Total Number of 911 patient transports for the reporting month
-  Meets APOT Standard (All APOT measures: ≤20 minutes)
-  Exceeds APOT Standard (APOT 1.1 & 1.2: 21-30 minutes, APOT 2: 21-60 minutes)
-  Significantly Exceeds APOT Standard (APOT 1.1 & 1.2: >30 minutes, APOT 2: >60 minutes)



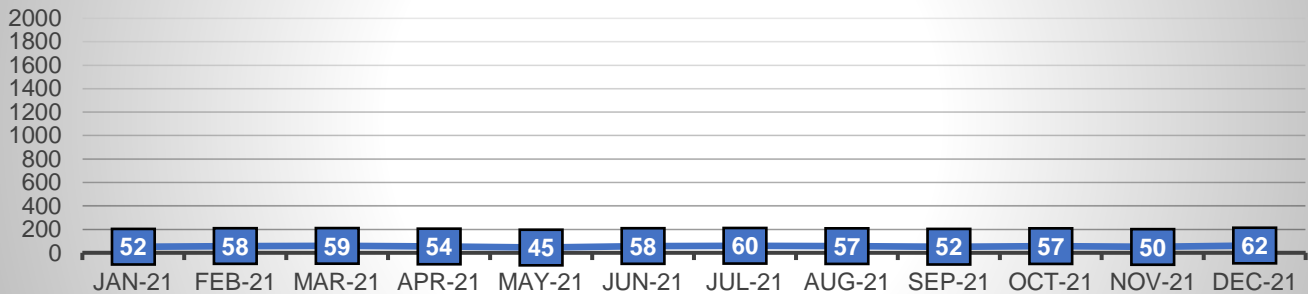
Adventist Health +Rideout APOT



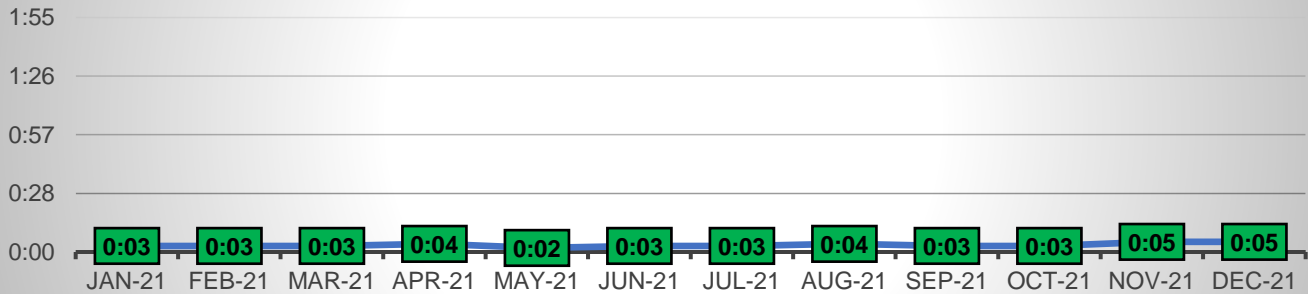


Colusa Medical Center APOT

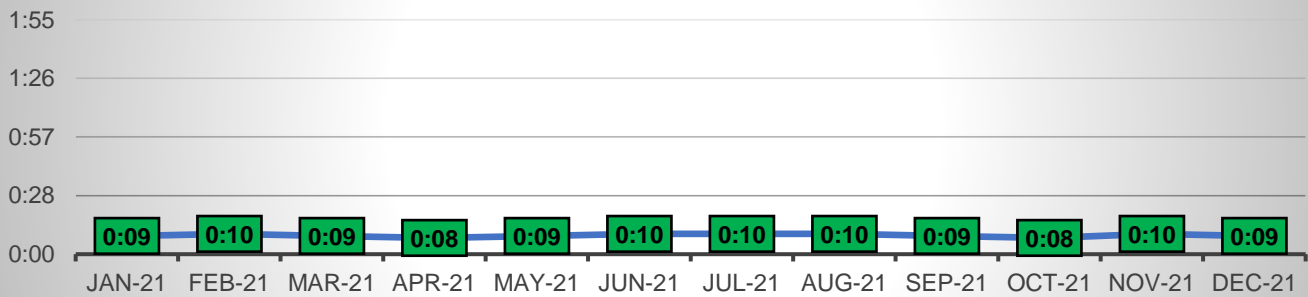
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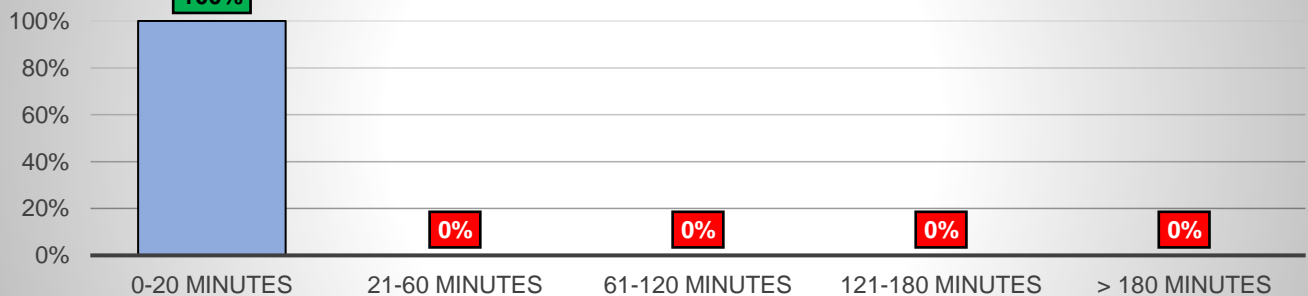
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)

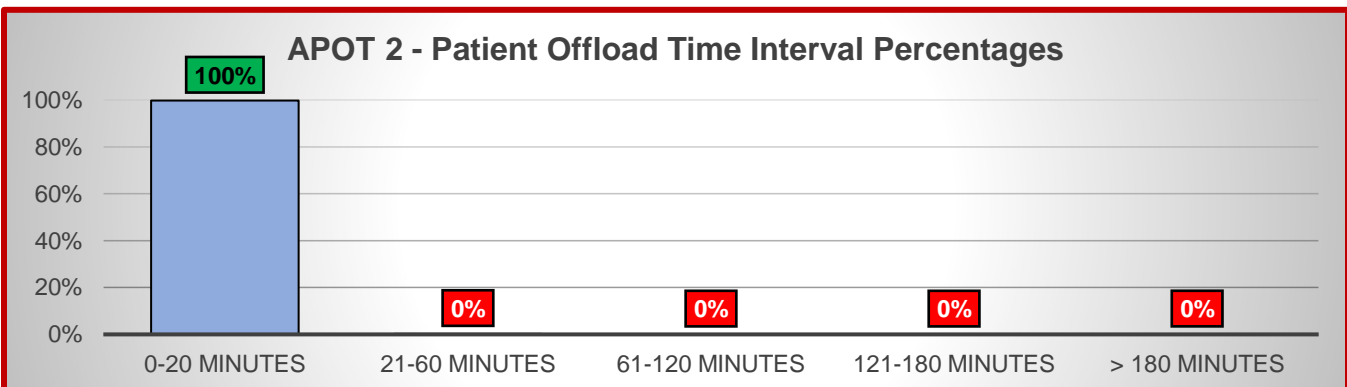
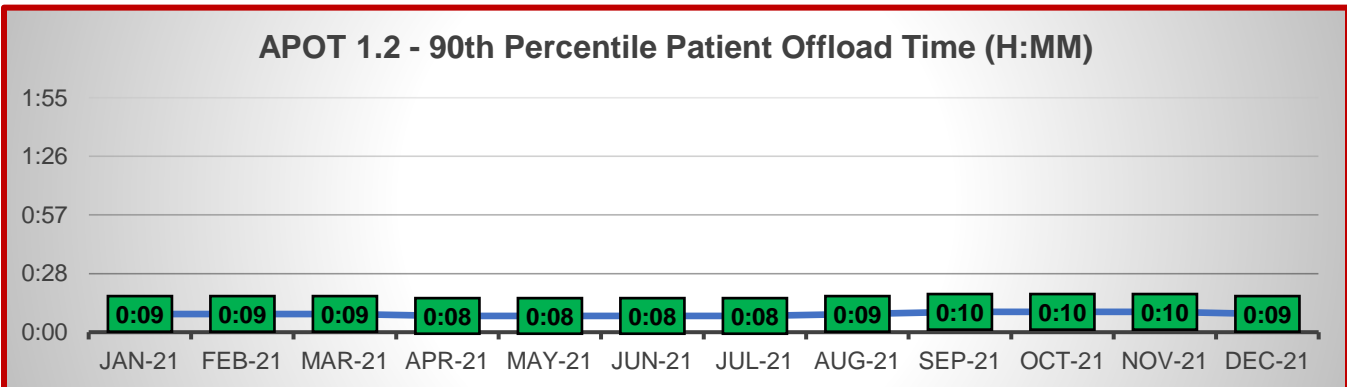
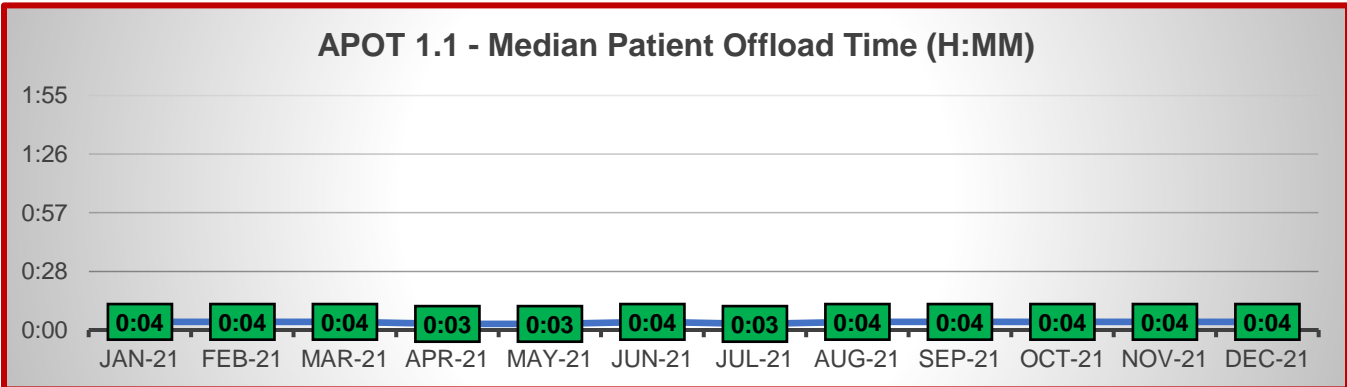
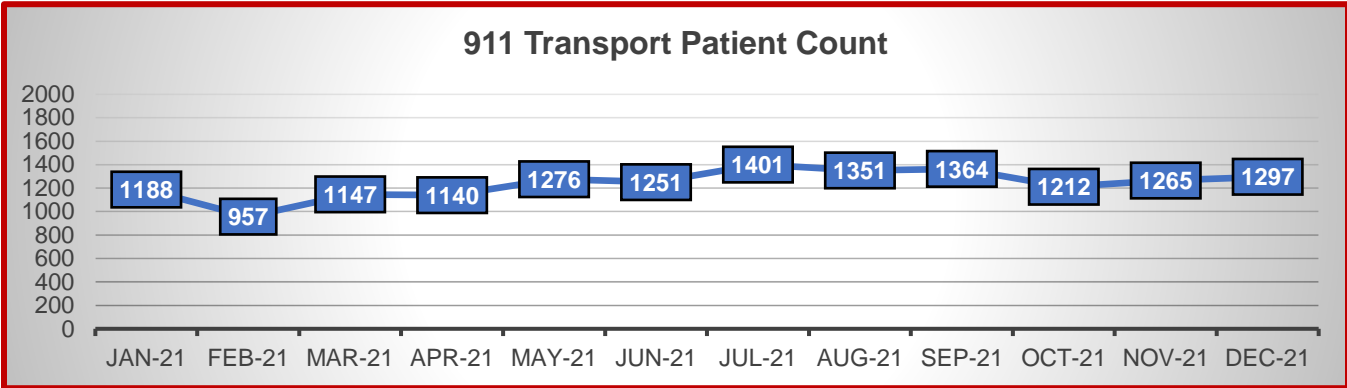


APOT 2 - Patient Offload Time Interval Percentages





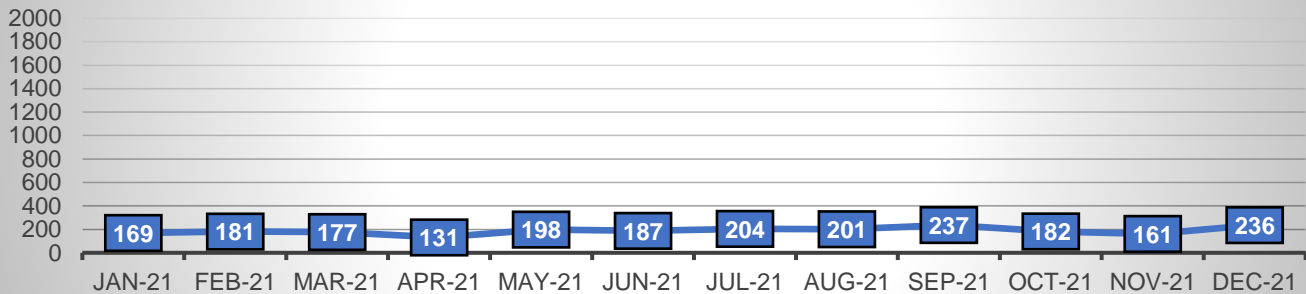
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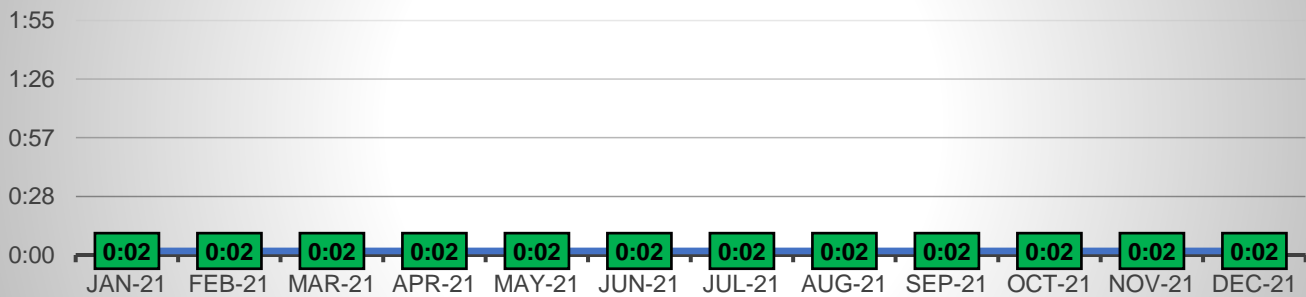


Fairchild Medical Center APOT

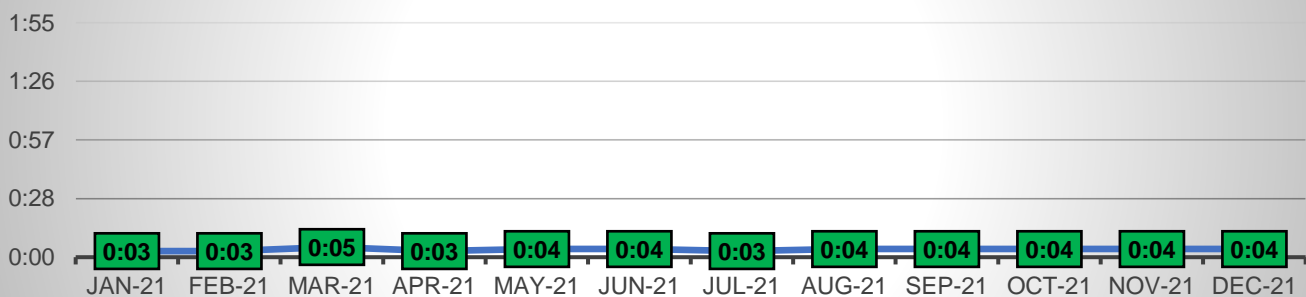
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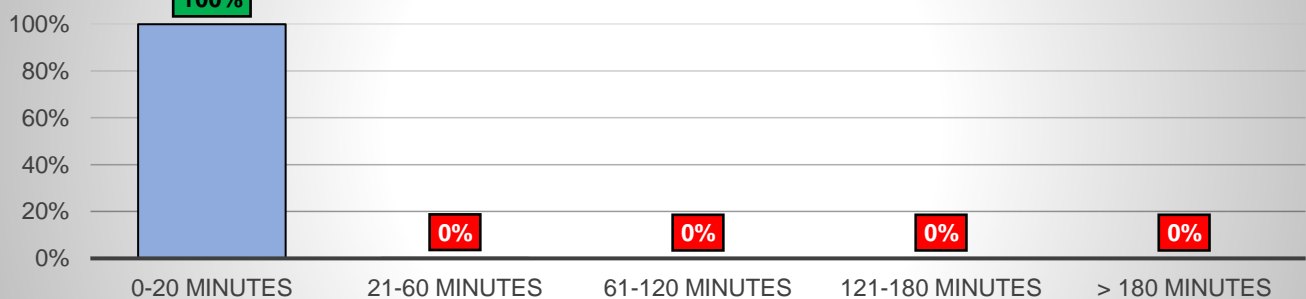
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



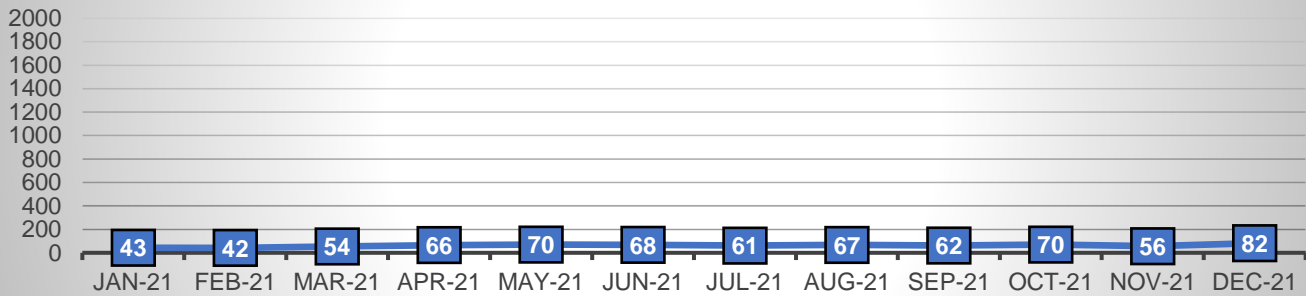
APOT 2 - Patient Offload Time Interval Percentages



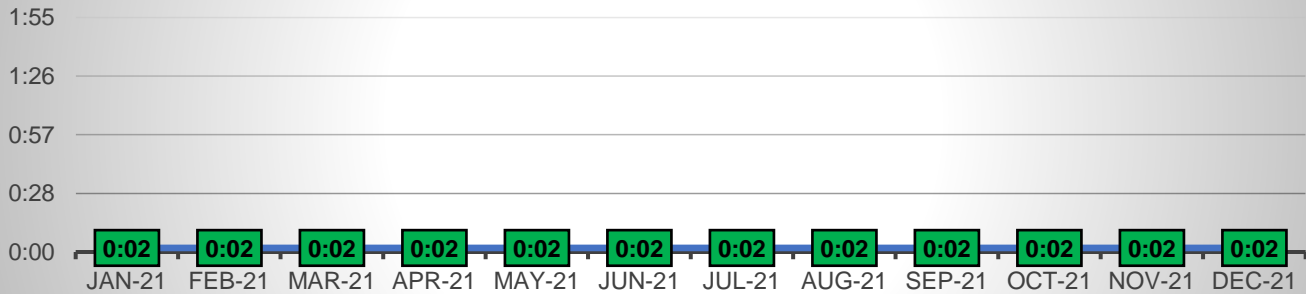


Glenn Medical Center APOT

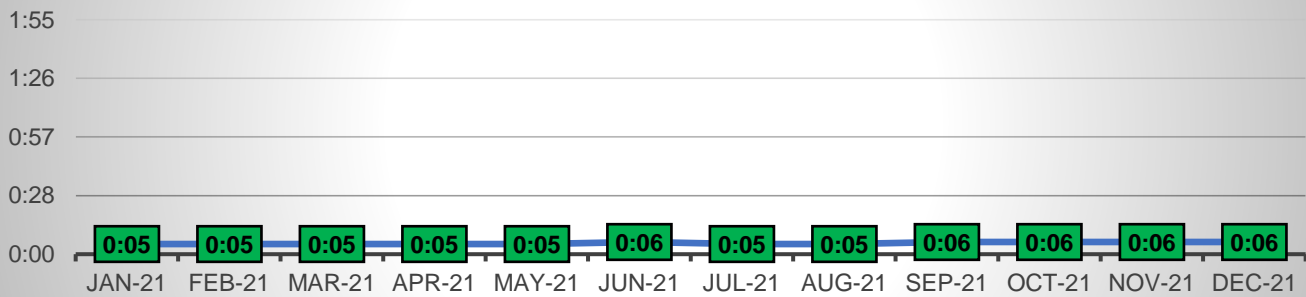
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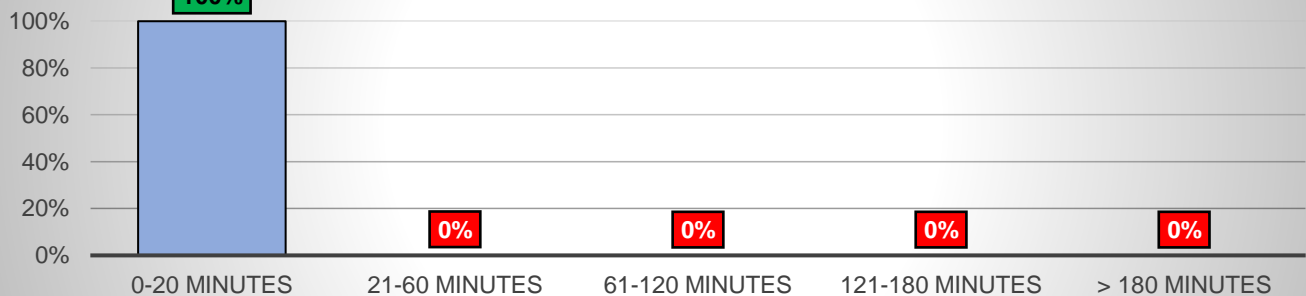
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APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



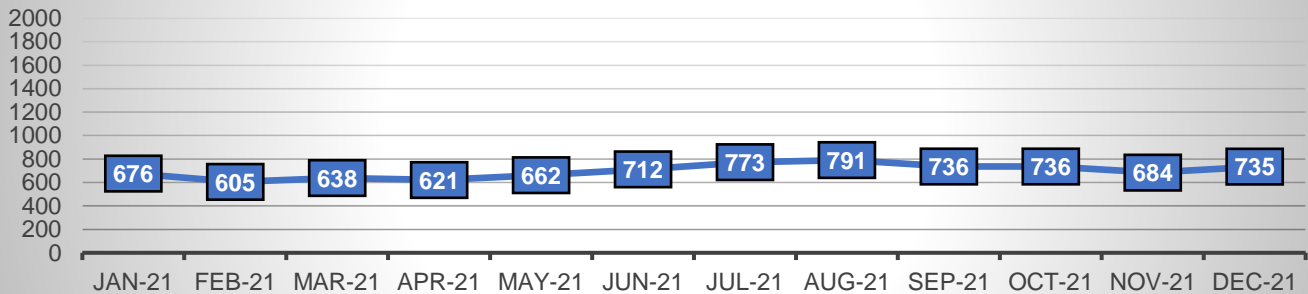
APOT 2 - Patient Offload Time Interval Percentages



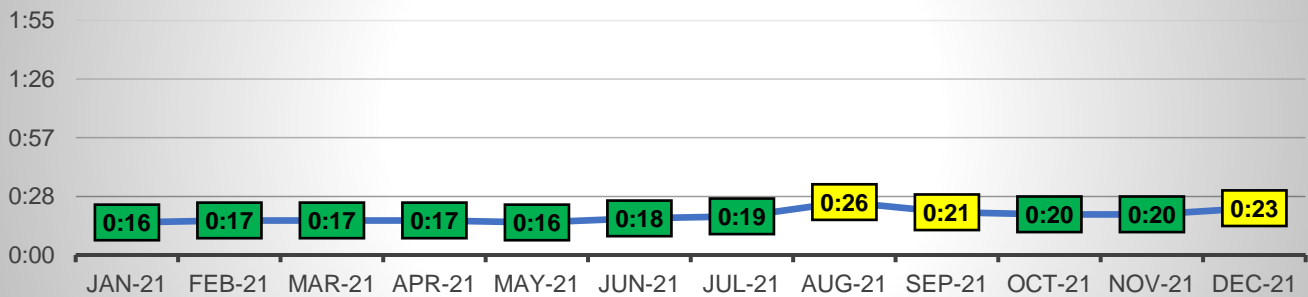


Kaiser Roseville Medical Center APOT

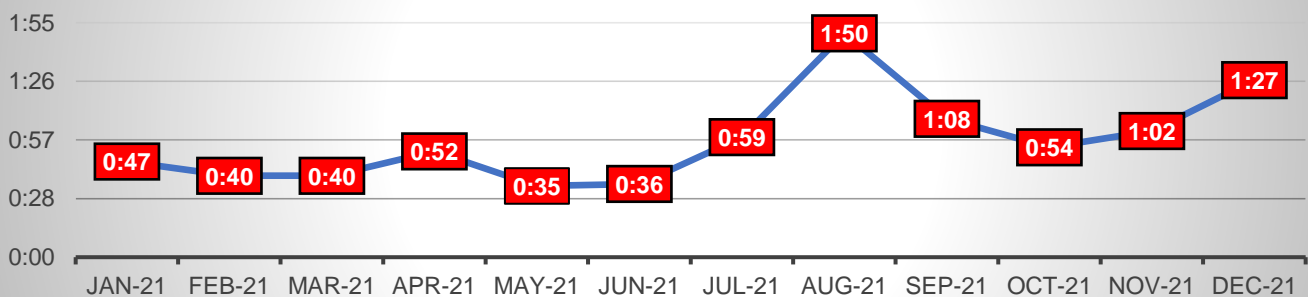
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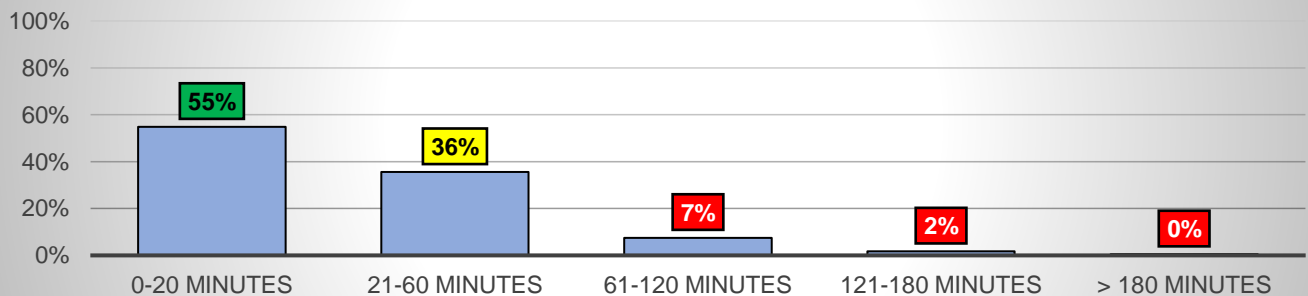
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APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



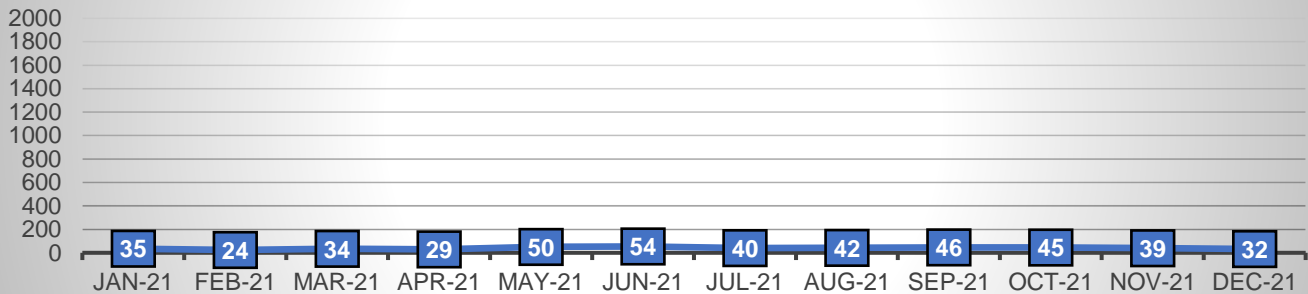
APOT 2 - Patient Offload Time Interval Percentages



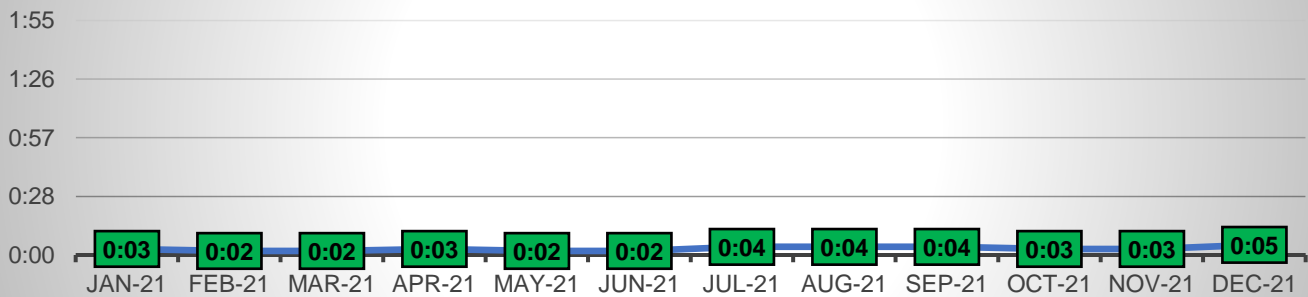


Mayers Memorial Hospital APOT

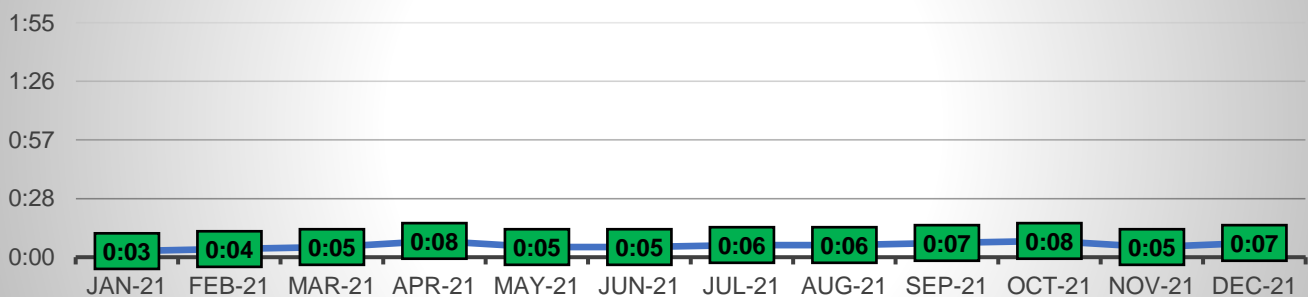
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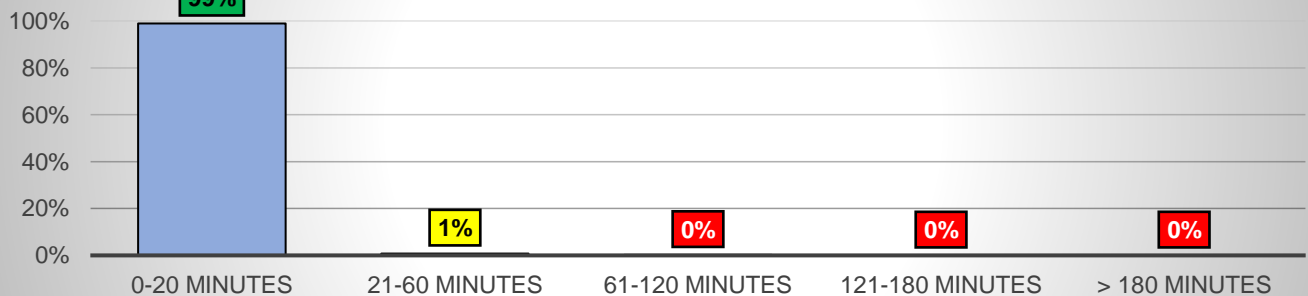
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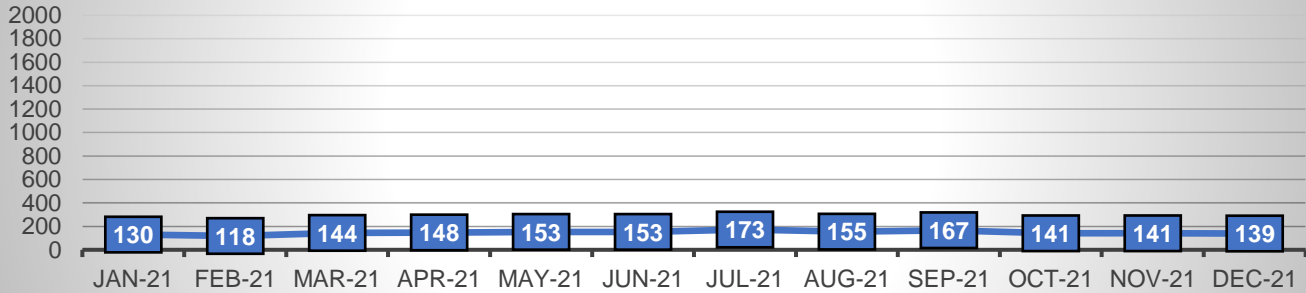
APOT 2 - Patient Offload Time Interval Percentages



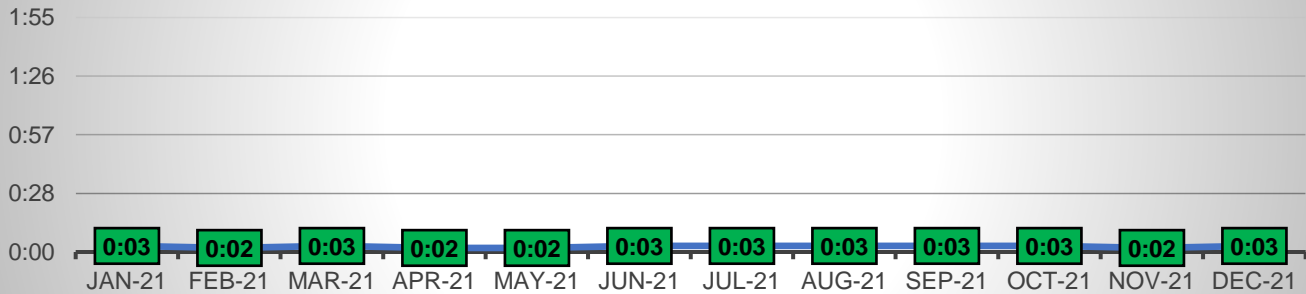


Mercy Mt. Shasta Medical Center APOT

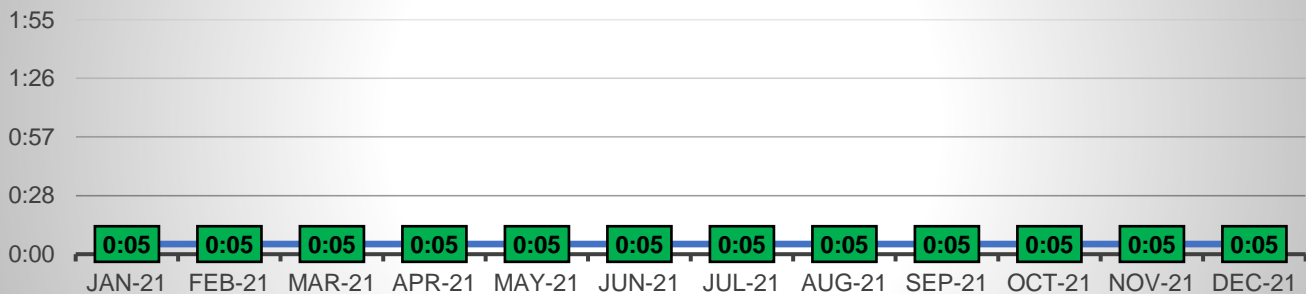
911 Transport Patient Count



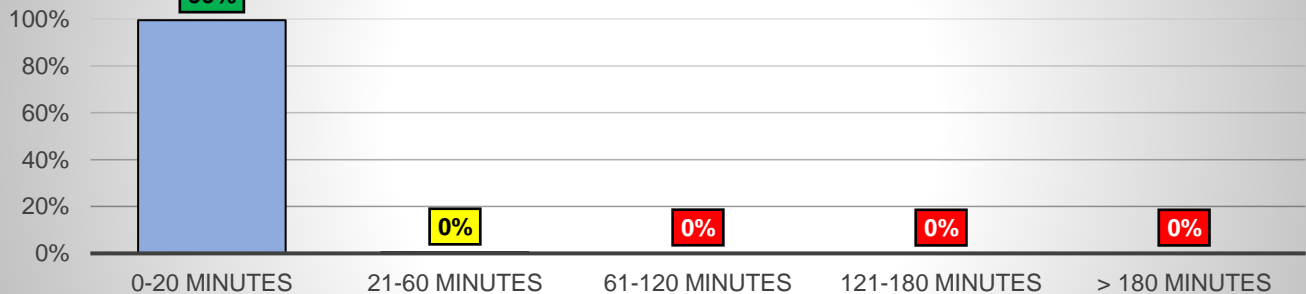
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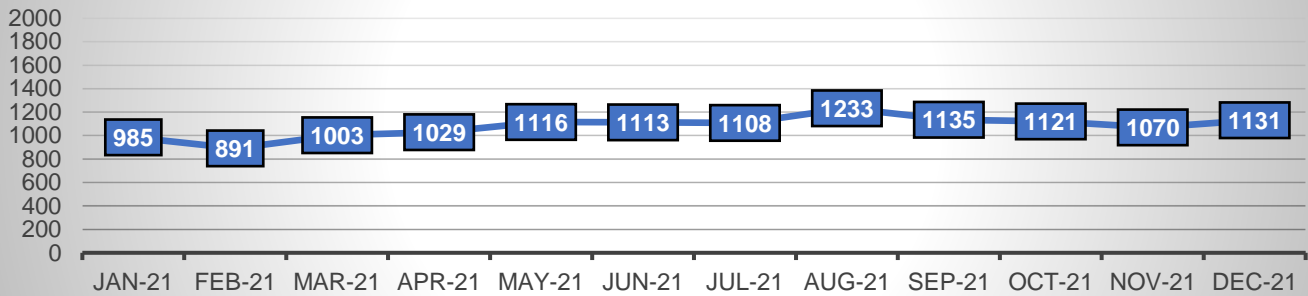
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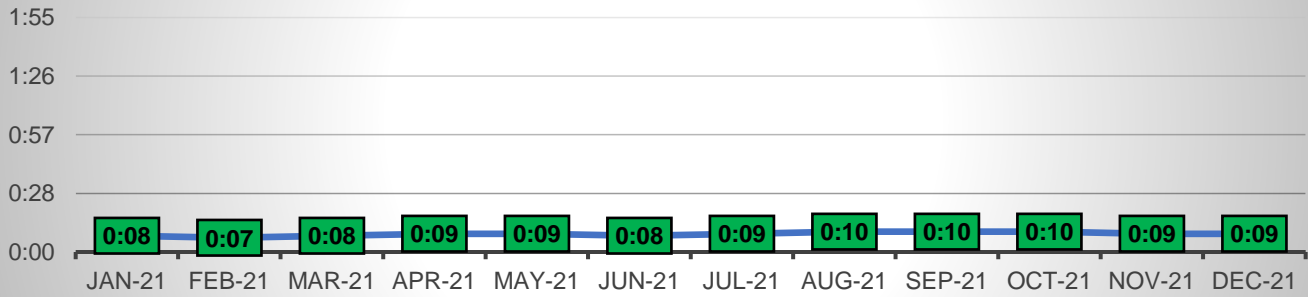


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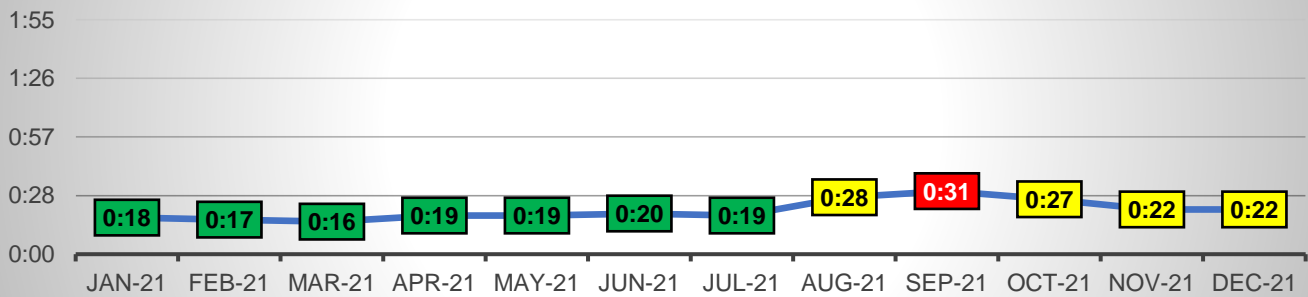
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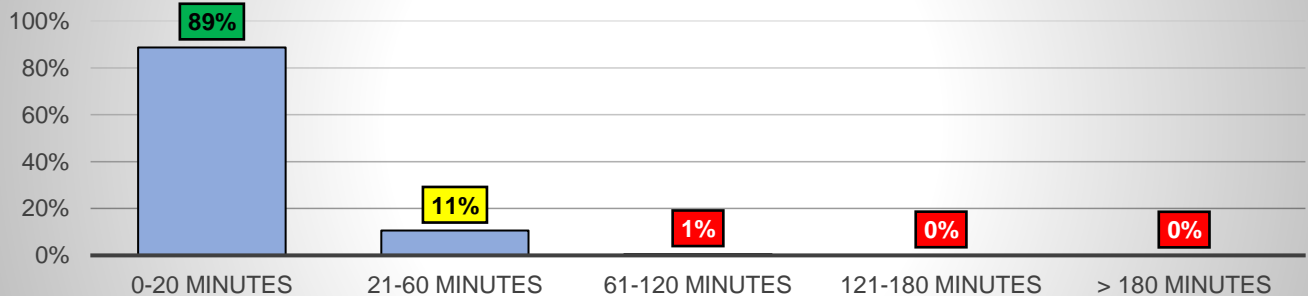
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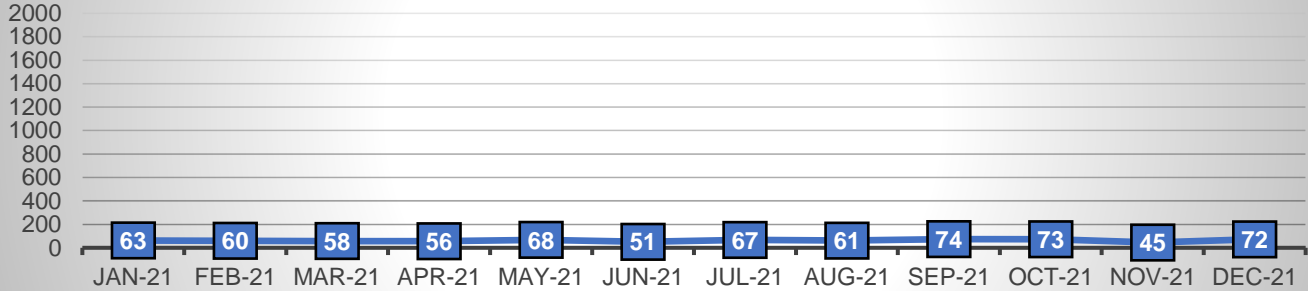
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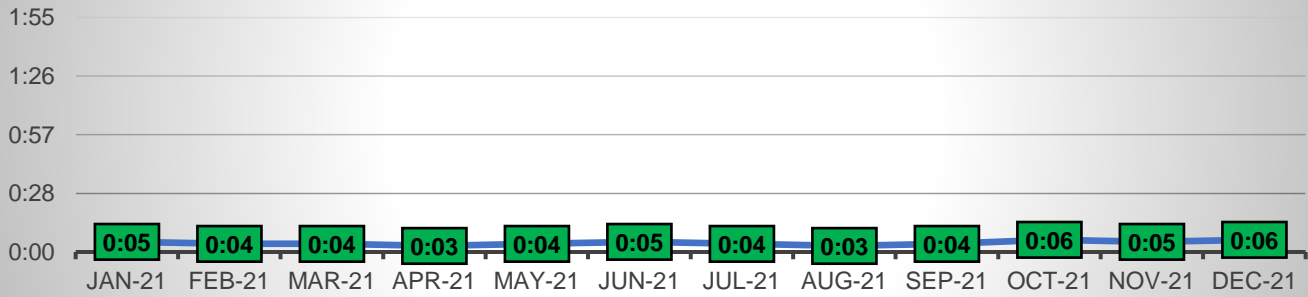


Orchard Hospital APOT

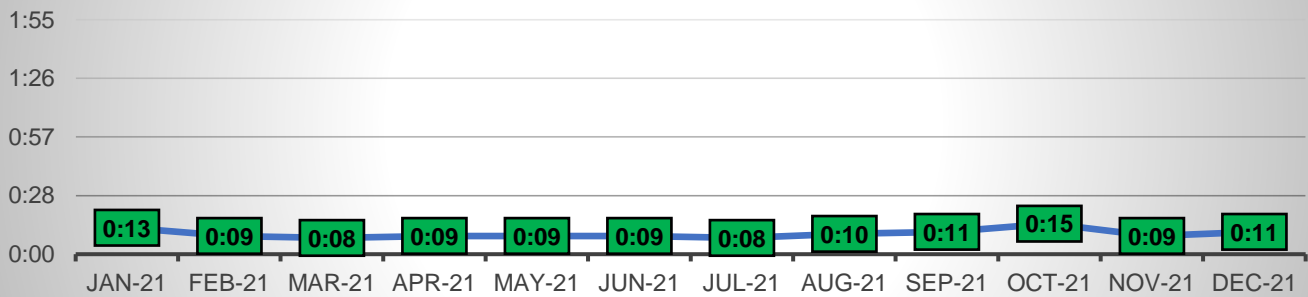
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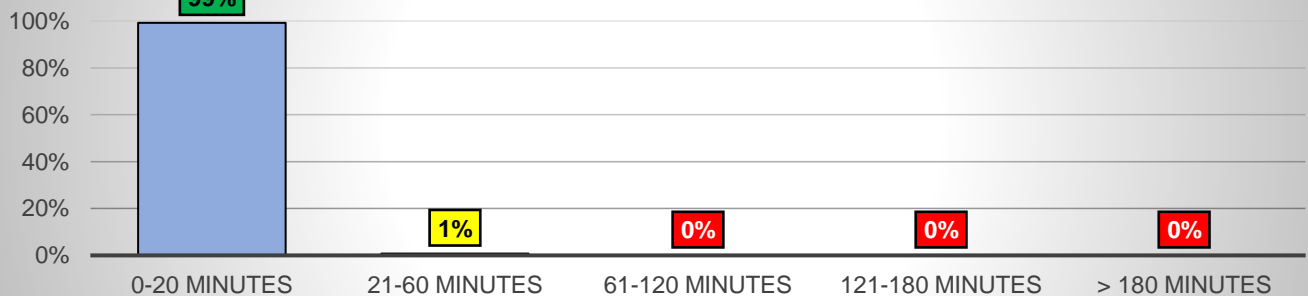
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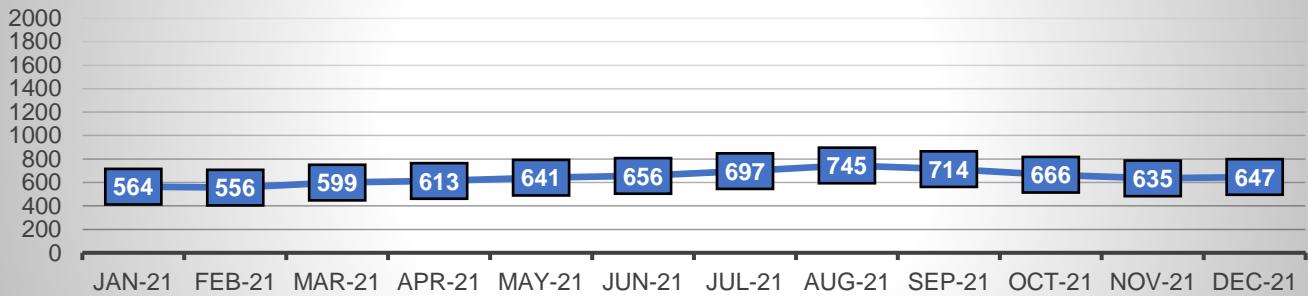
APOT 2 - Patient Offload Time Interval Percentages



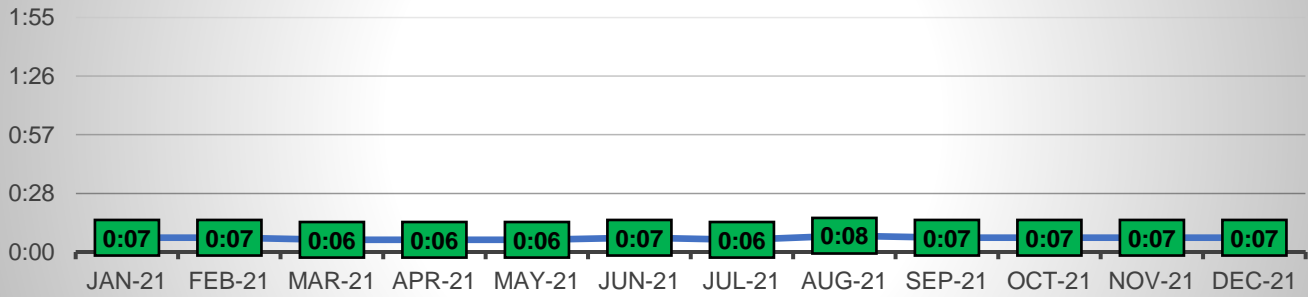


Oroville Hospital APOT

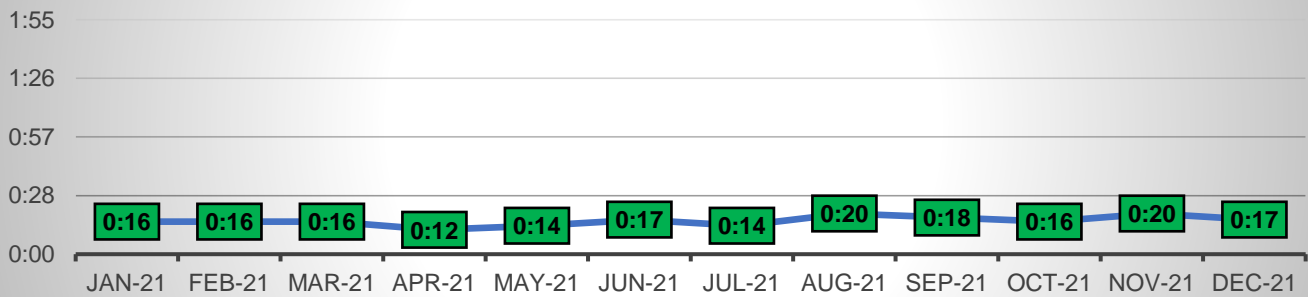
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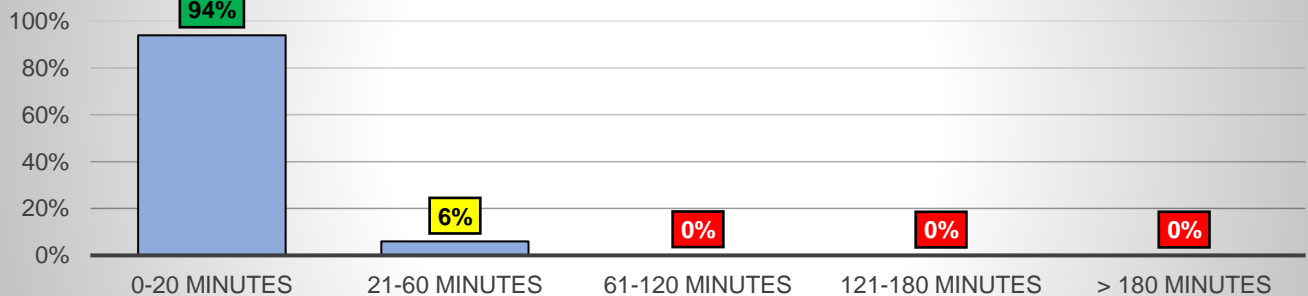
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APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



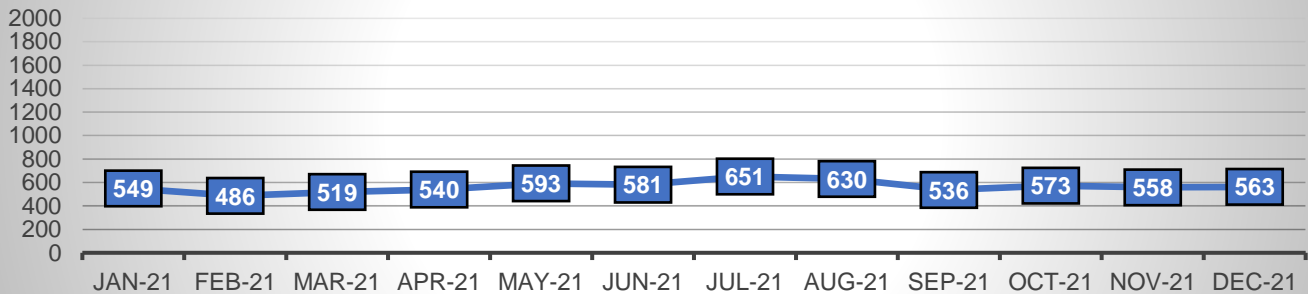
APOT 2 - Patient Offload Time Interval Percentages



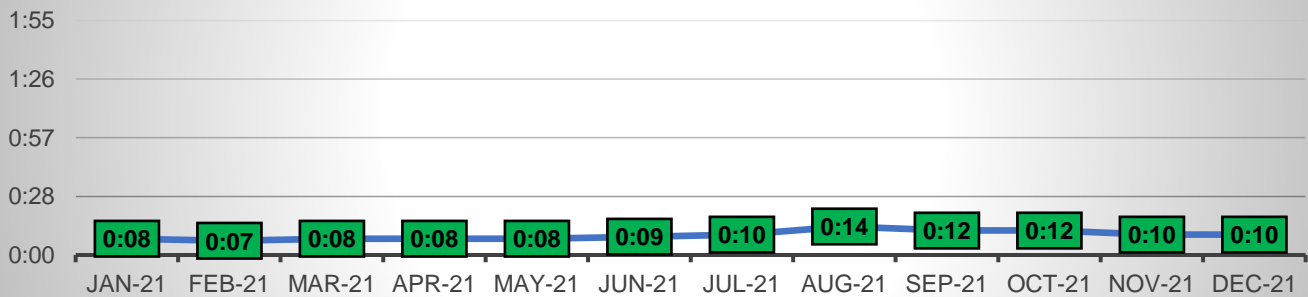


Shasta Regional Medical Center APOT

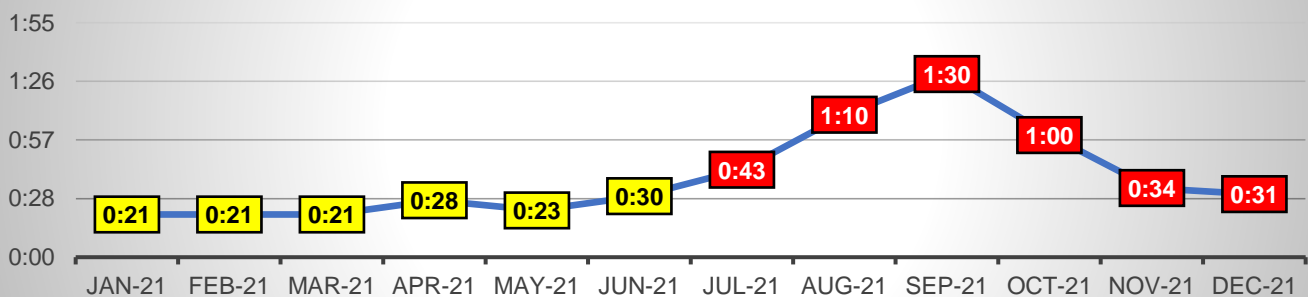
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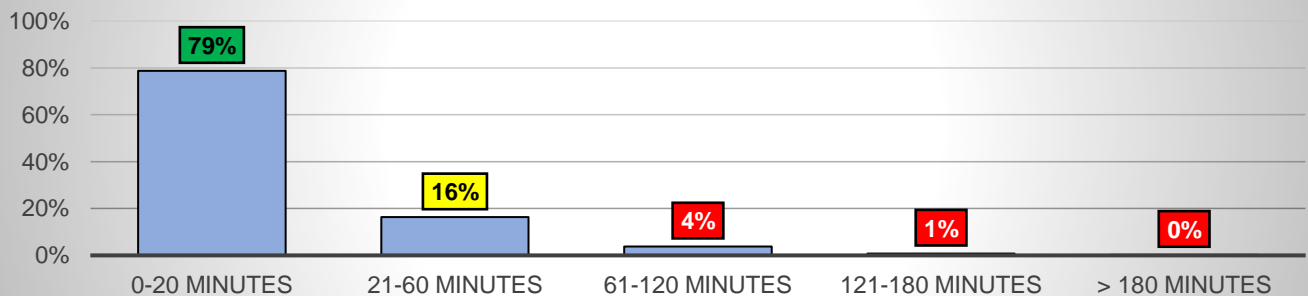
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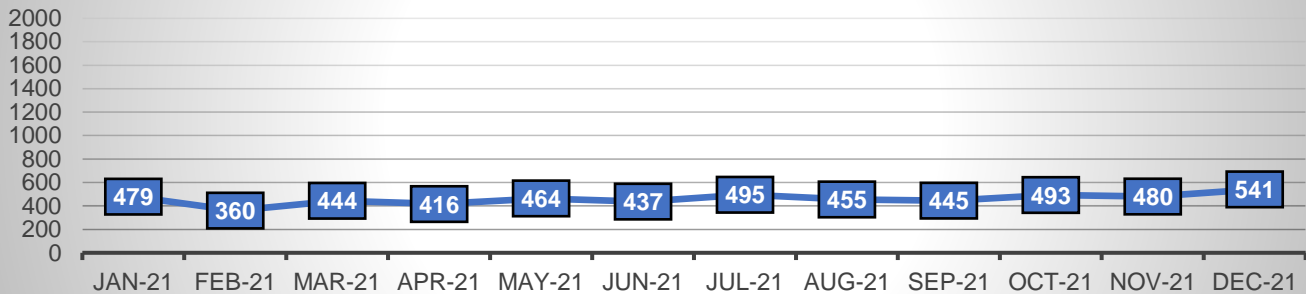
APOT 2 - Patient Offload Time Interval Percentages



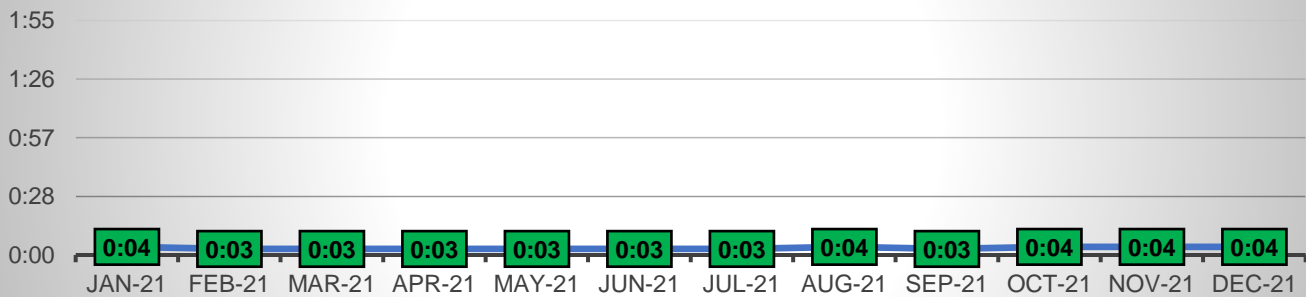


Sierra Nevada Memorial Hospital APOT

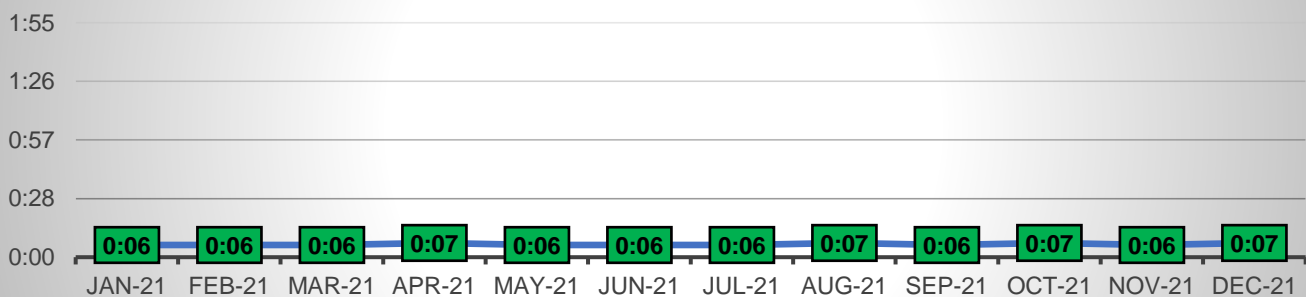
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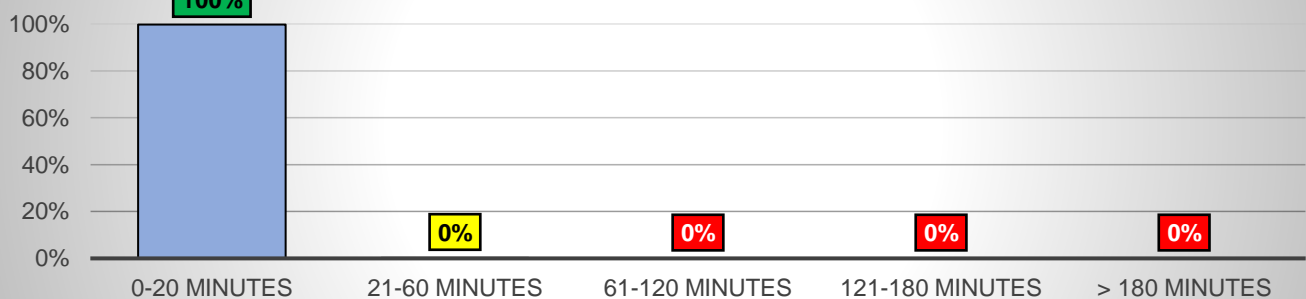
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



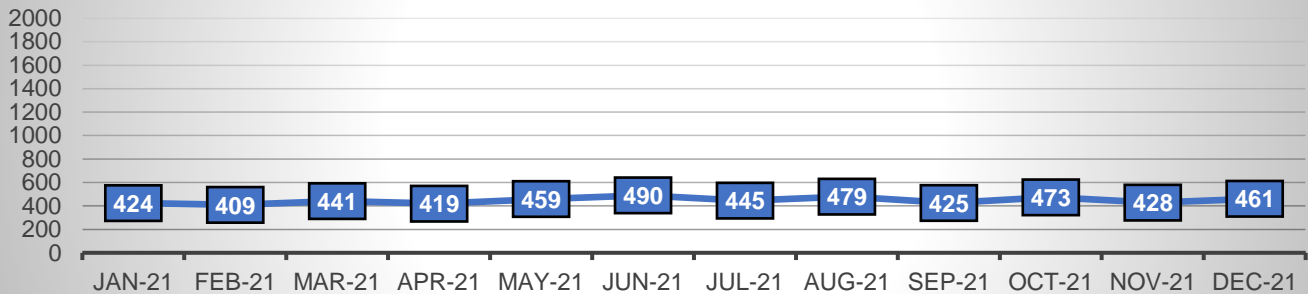
APOT 2 - Patient Offload Time Interval Percentages



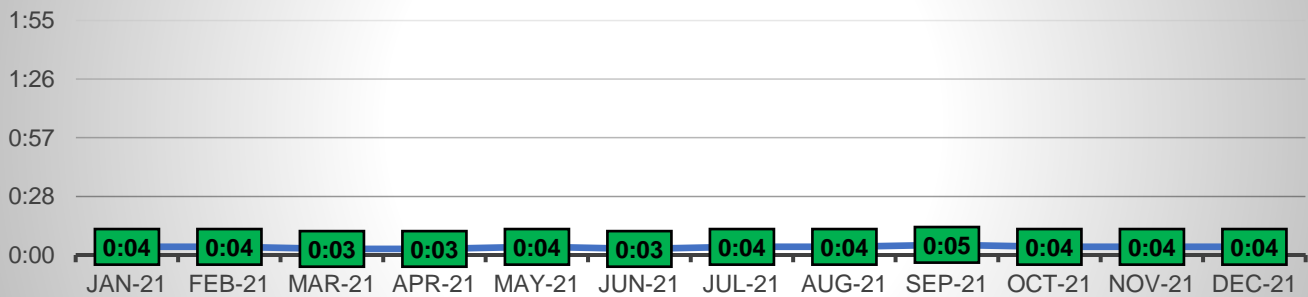


St. Elizabeth Hospital APOT

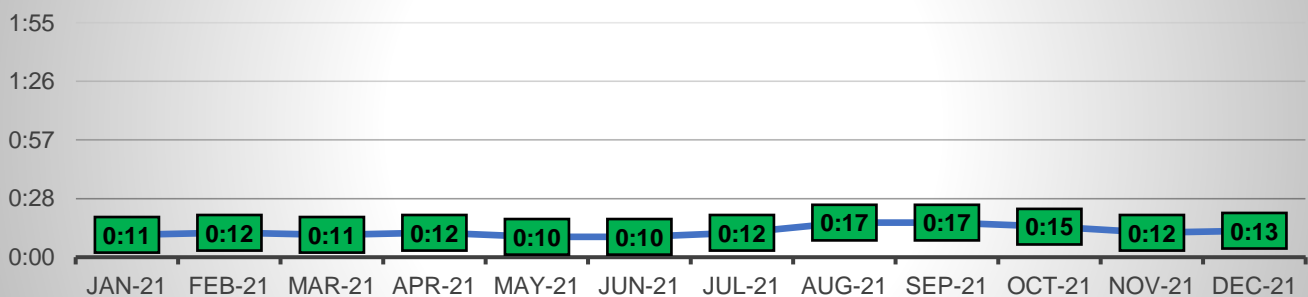
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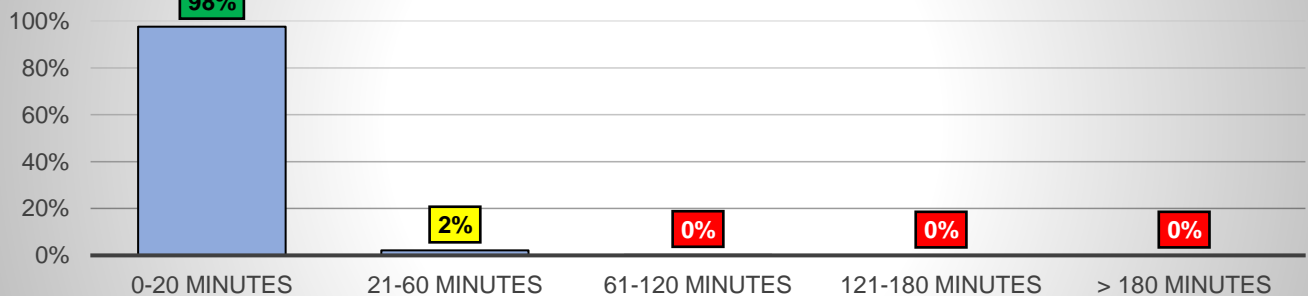
APOT 1.1 - Median Patient Offload Time (H:MM)



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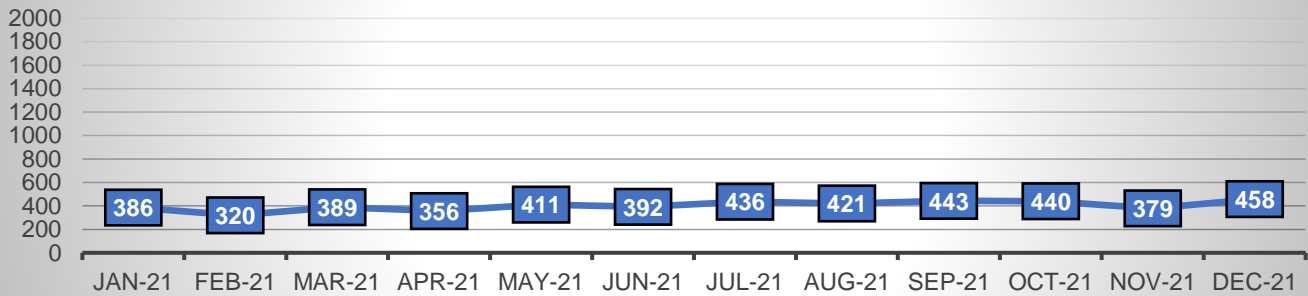
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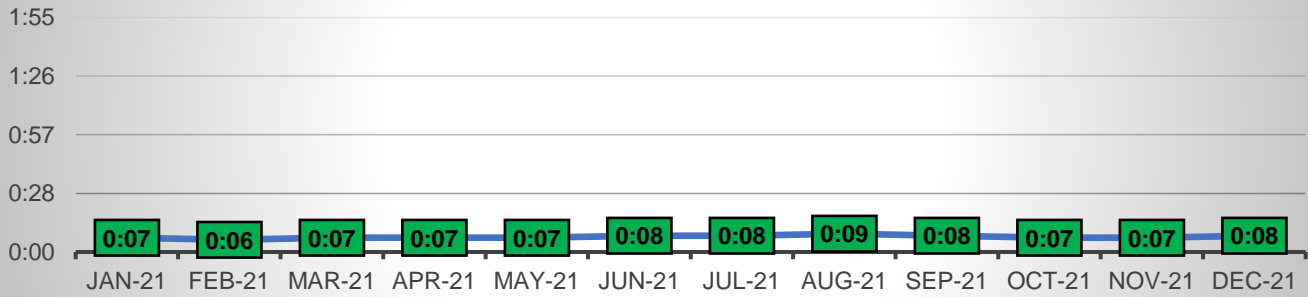


Sutter Auburn Faith Hospital APOT

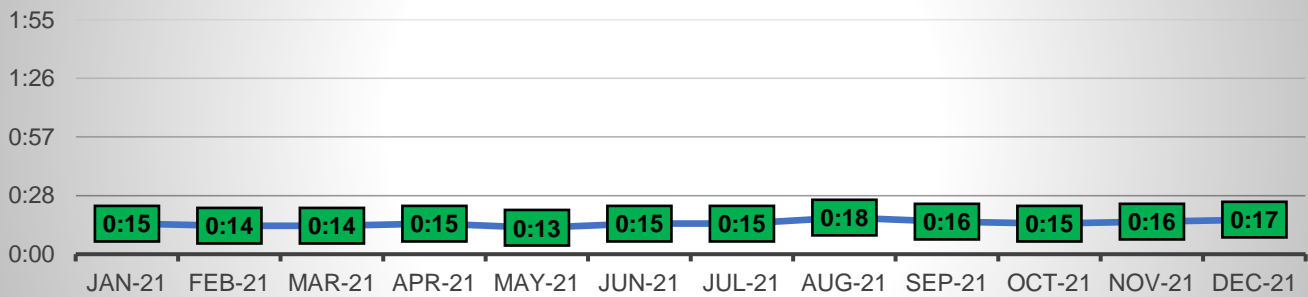
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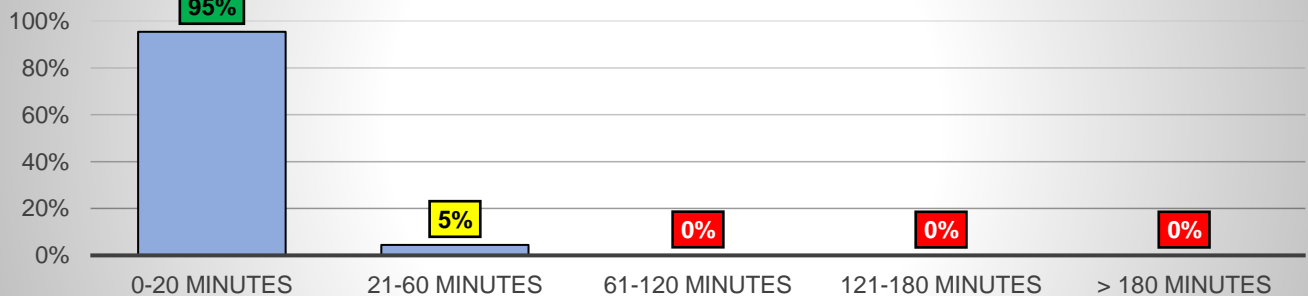
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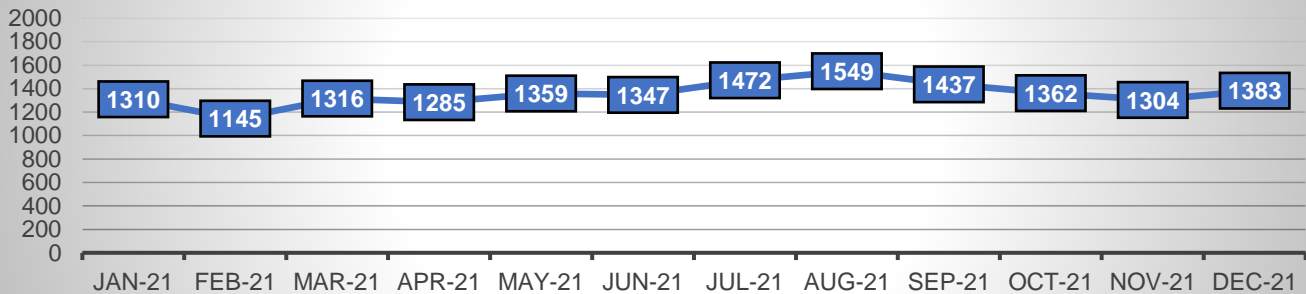
APOT 2 - Patient Offload Time Interval Percentages



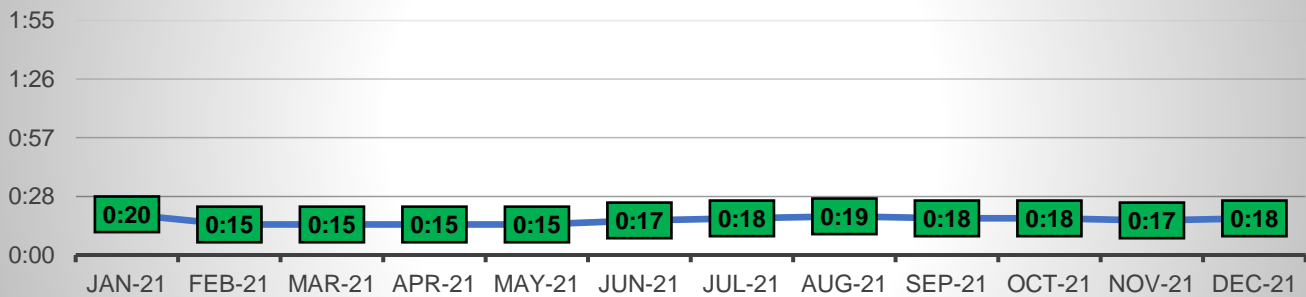


Sutter Roseville Medical Center APOT

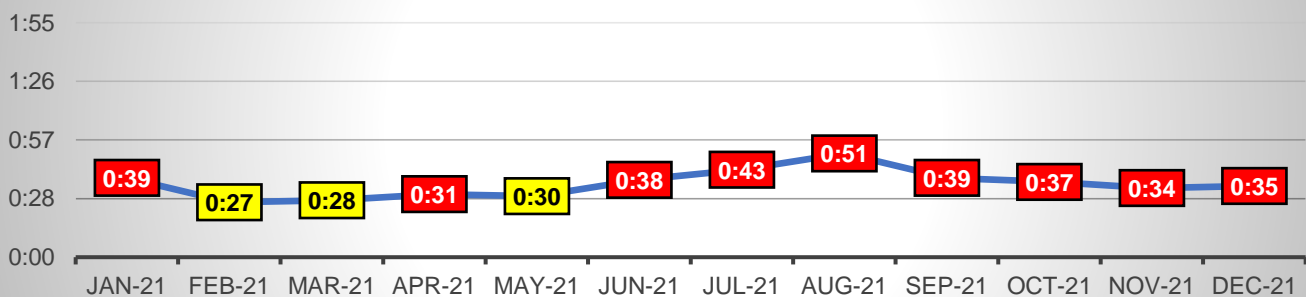
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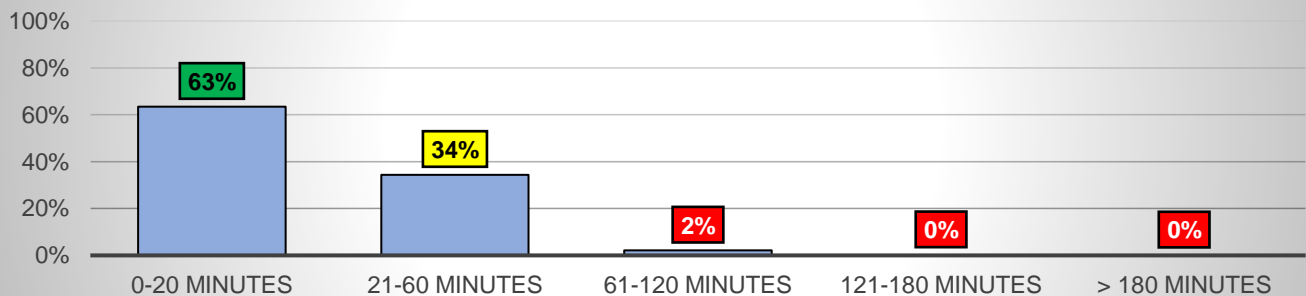
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



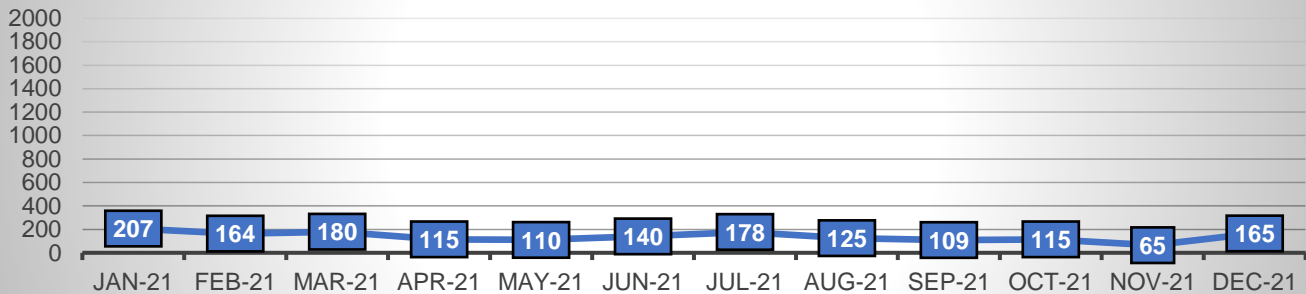
APOT 2 - Patient Offload Time Interval Percentages



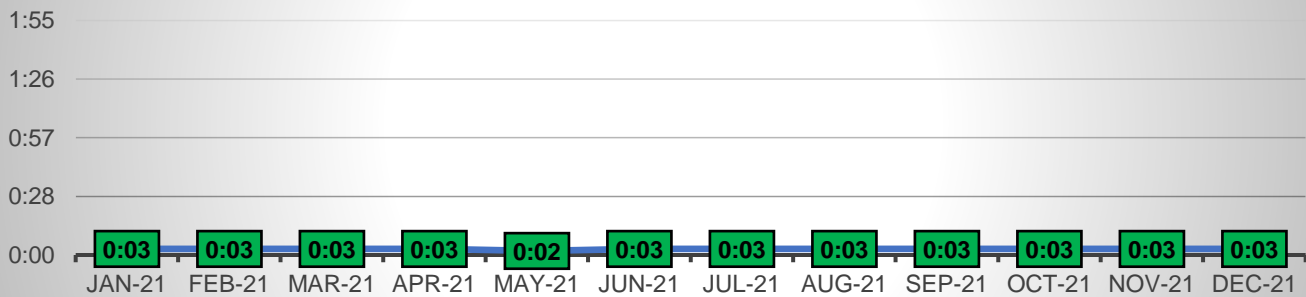


Tahoe Forest Hospital APOT

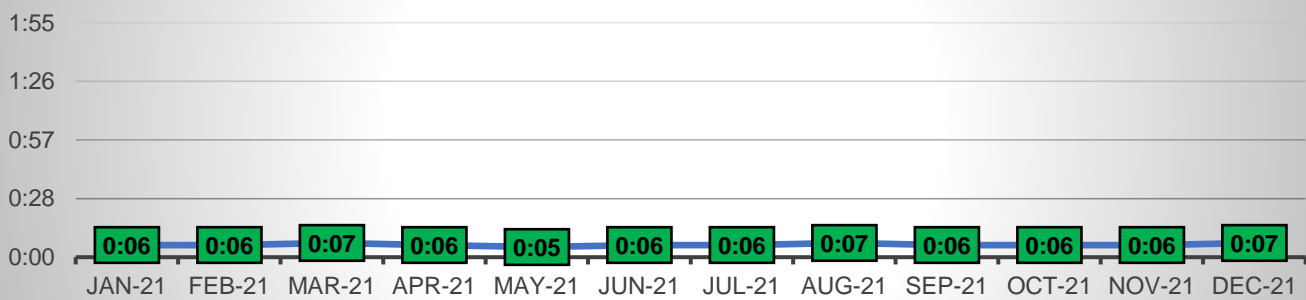
911 Transport Patient Count



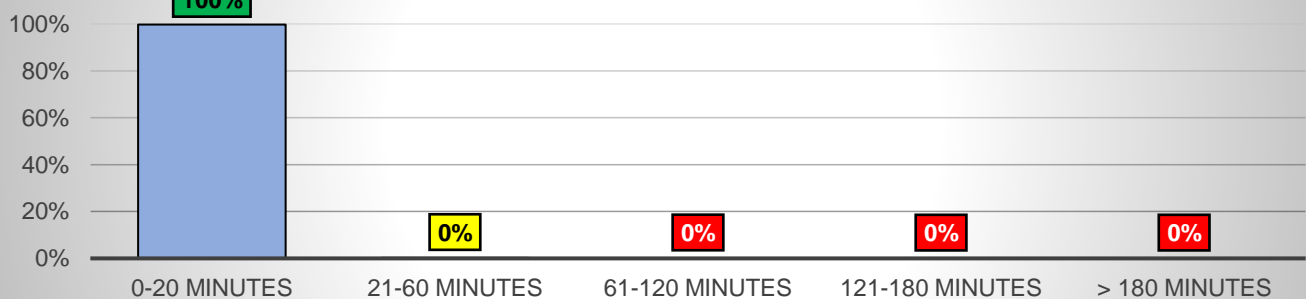
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



APOT 2 - Patient Offload Time Interval Percentages





S-SV EMS AGENCY

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,
Siskiyou, Sutter, Tehama, & Yuba Counties



2022 EMS System Data Report (Updated Through December 31st, 2022)





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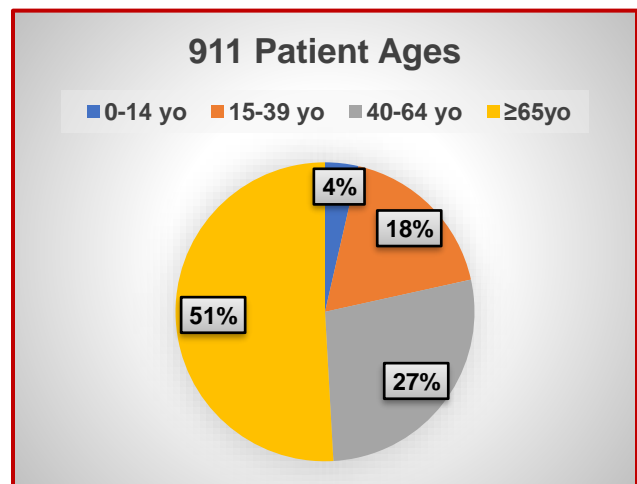
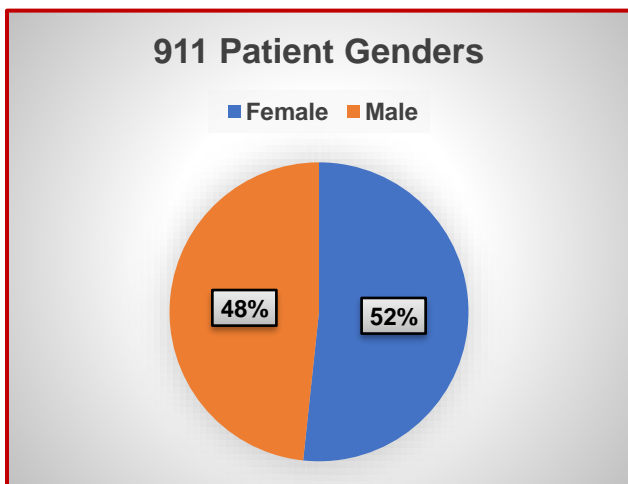
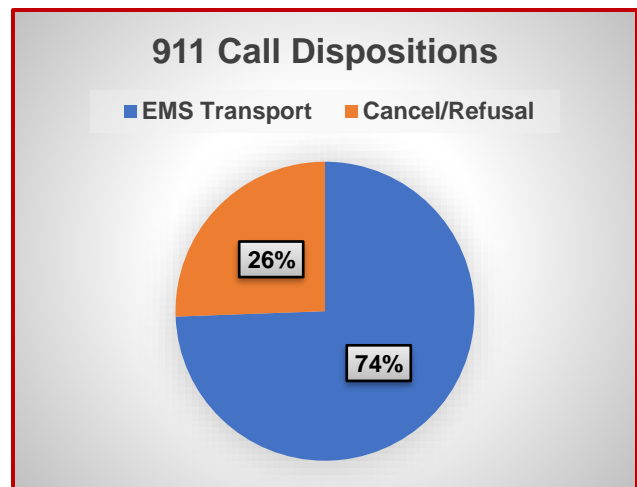
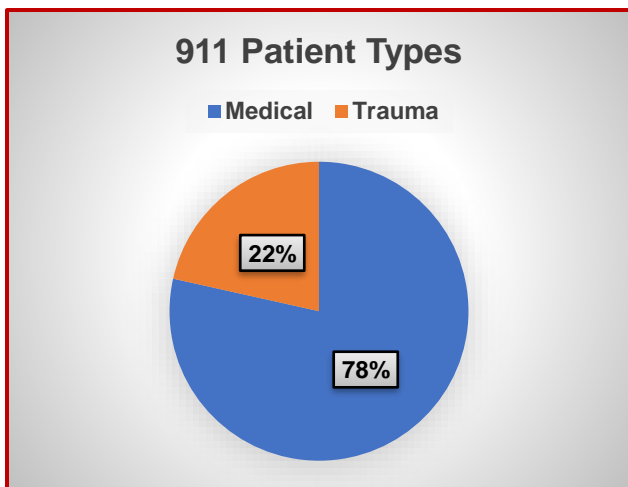
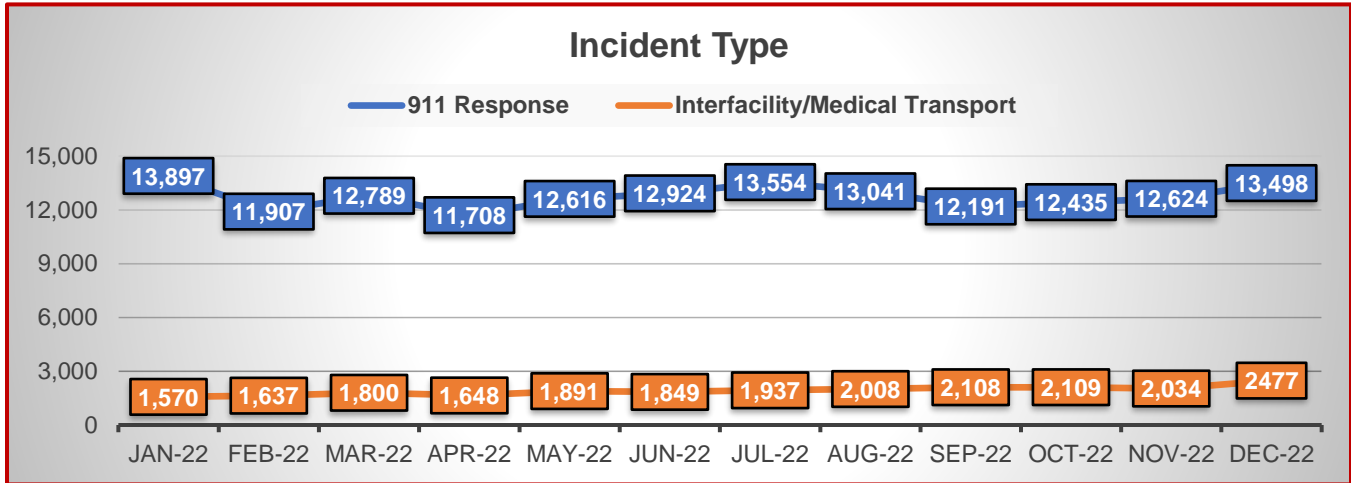


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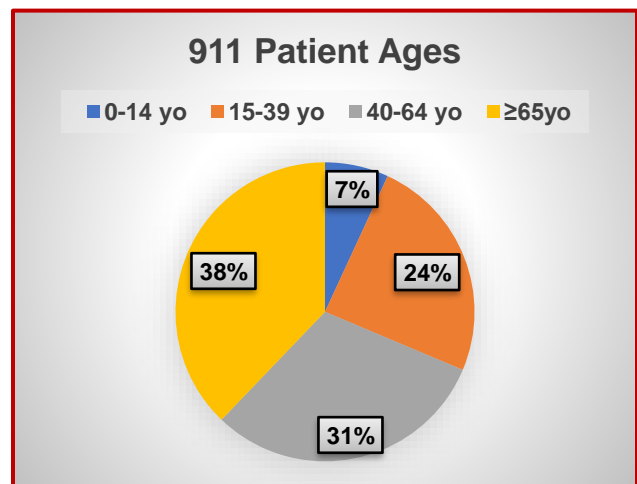
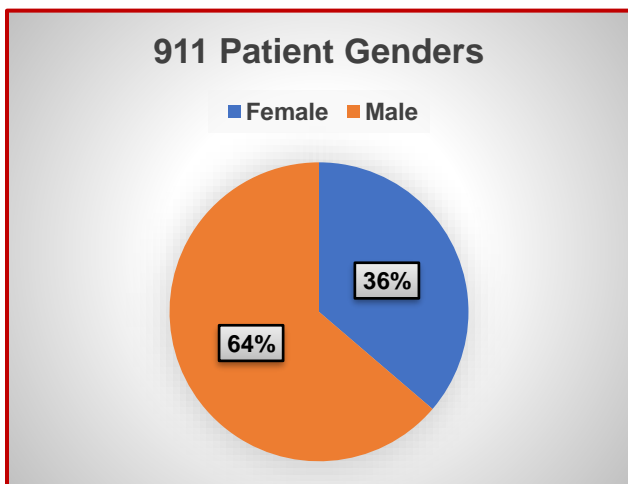
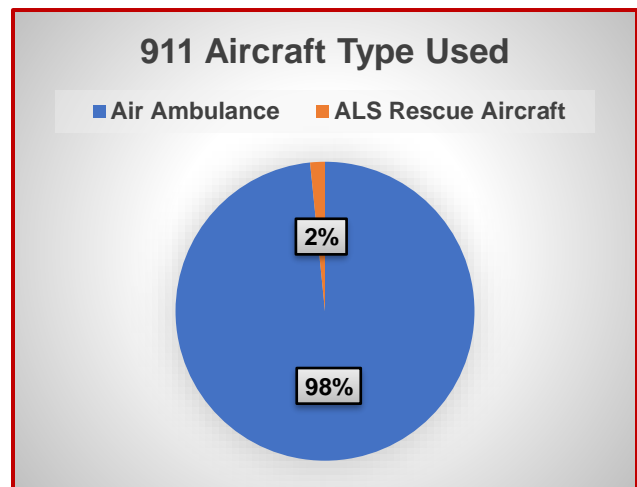
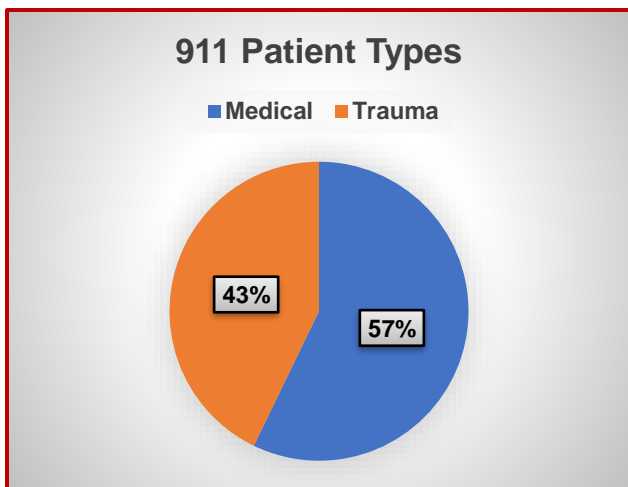
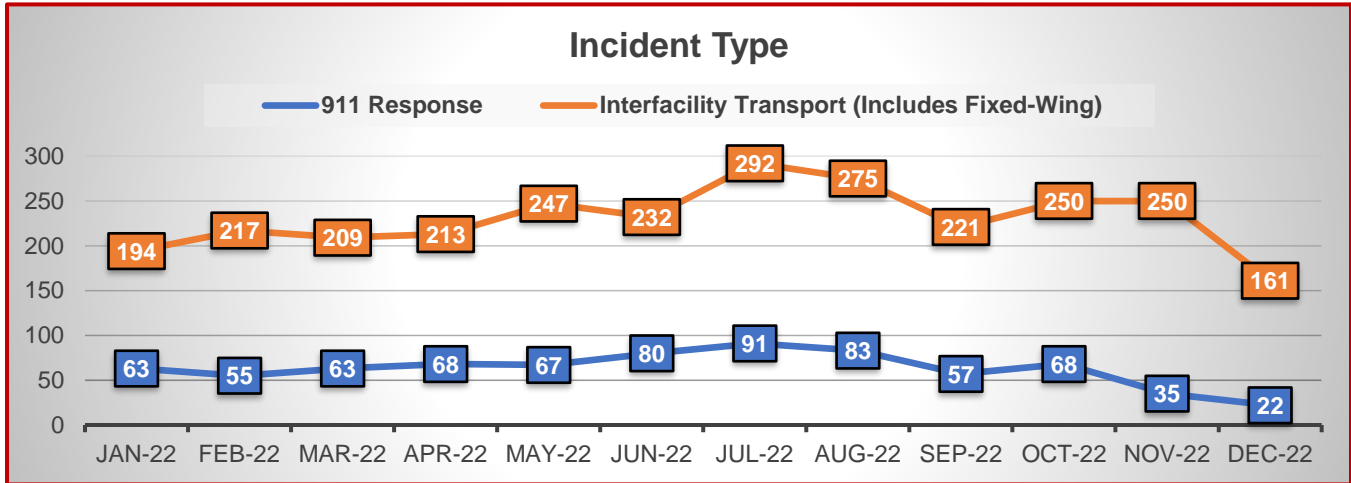


Ground EMS Incident System Data



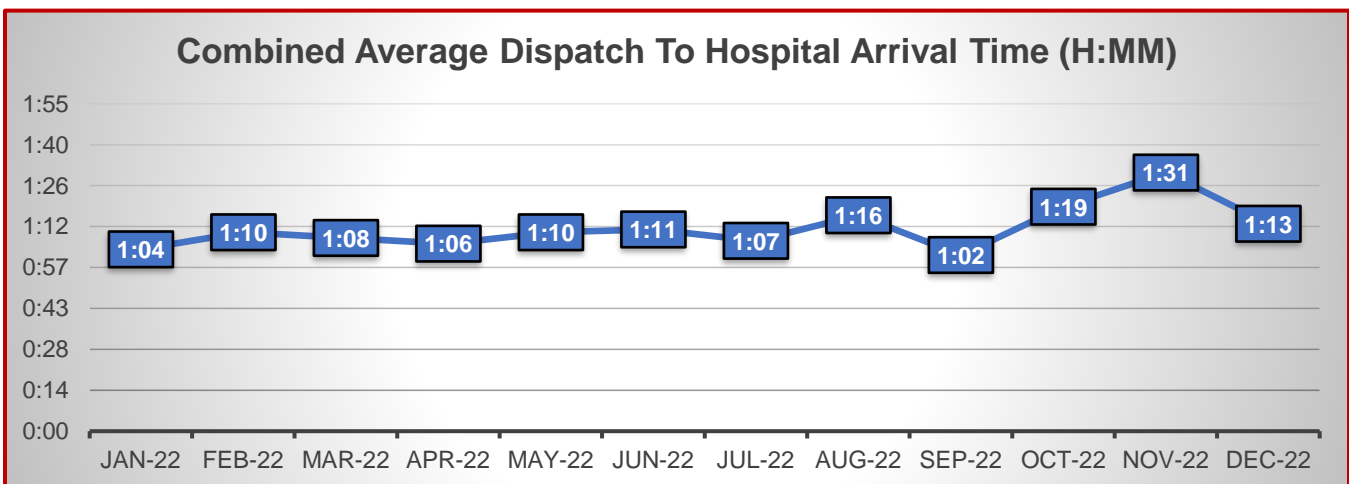
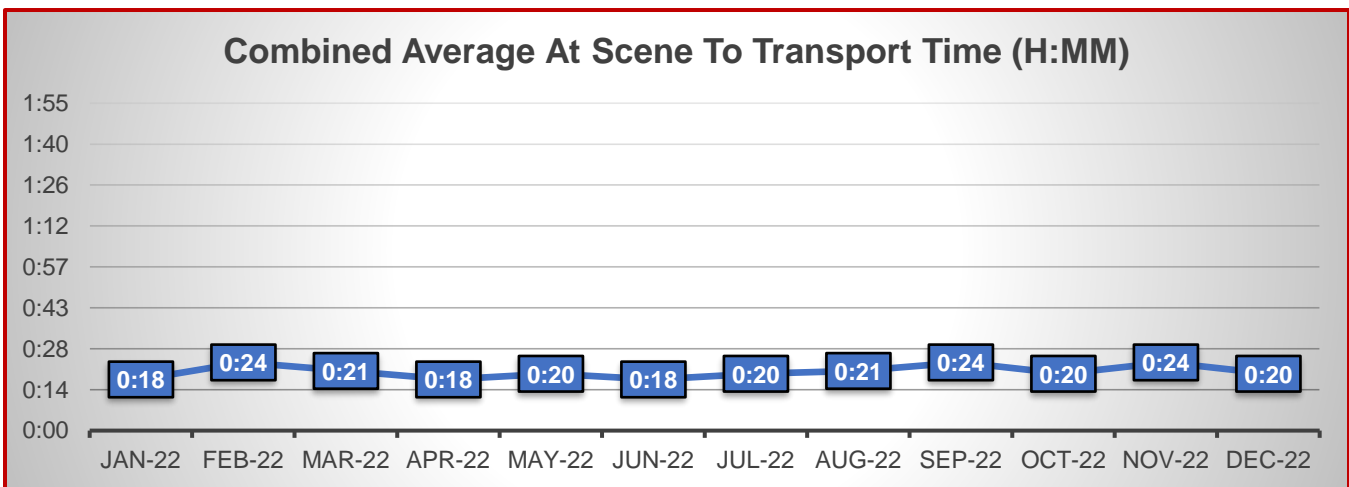
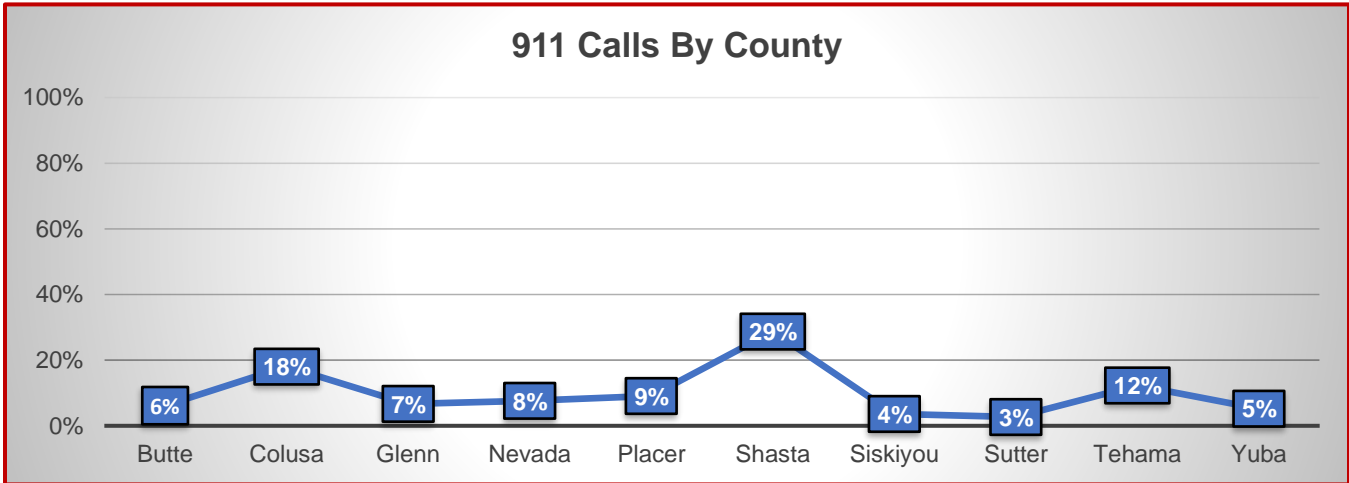


EMS Aircraft Incident System Data





EMS Aircraft Incident County & Times Data

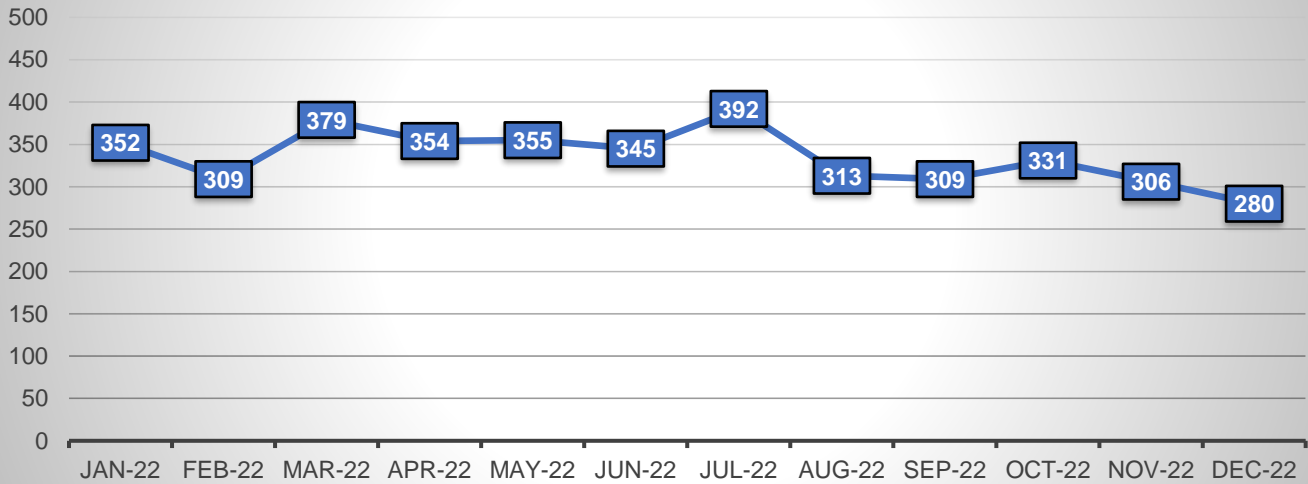




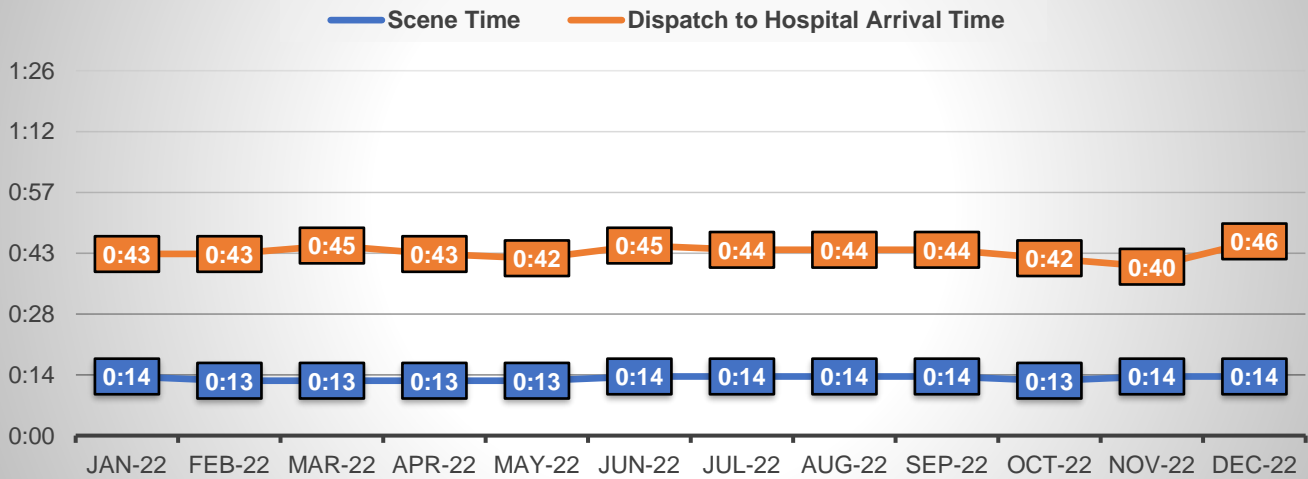
EMS Trauma Patient Data



911 Trauma Triage Criteria Patient Count



911 Trauma Triage Criteria Patient Average EMS Times (H:MM)

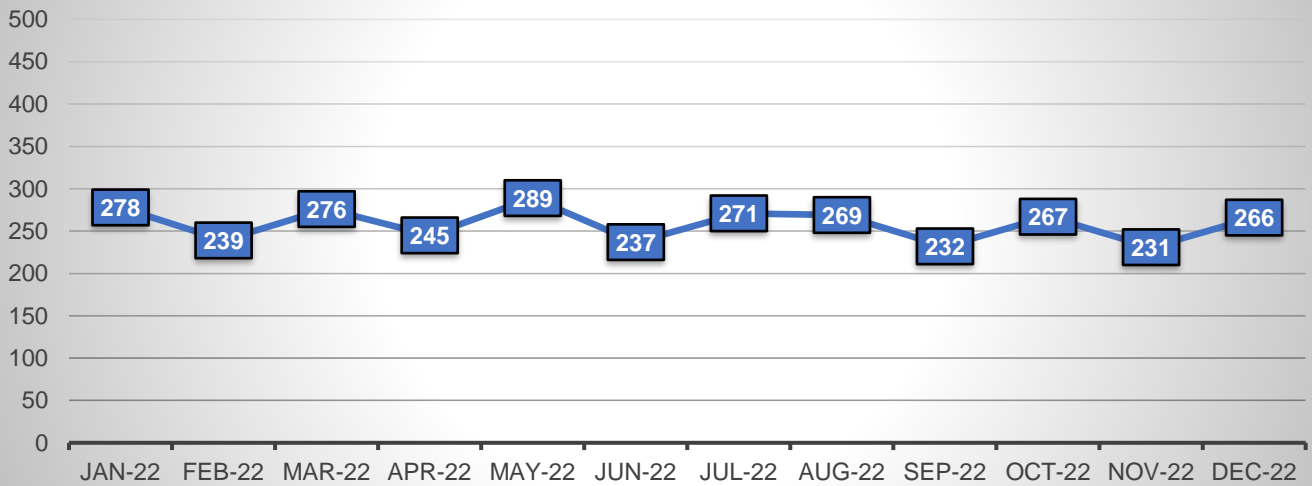




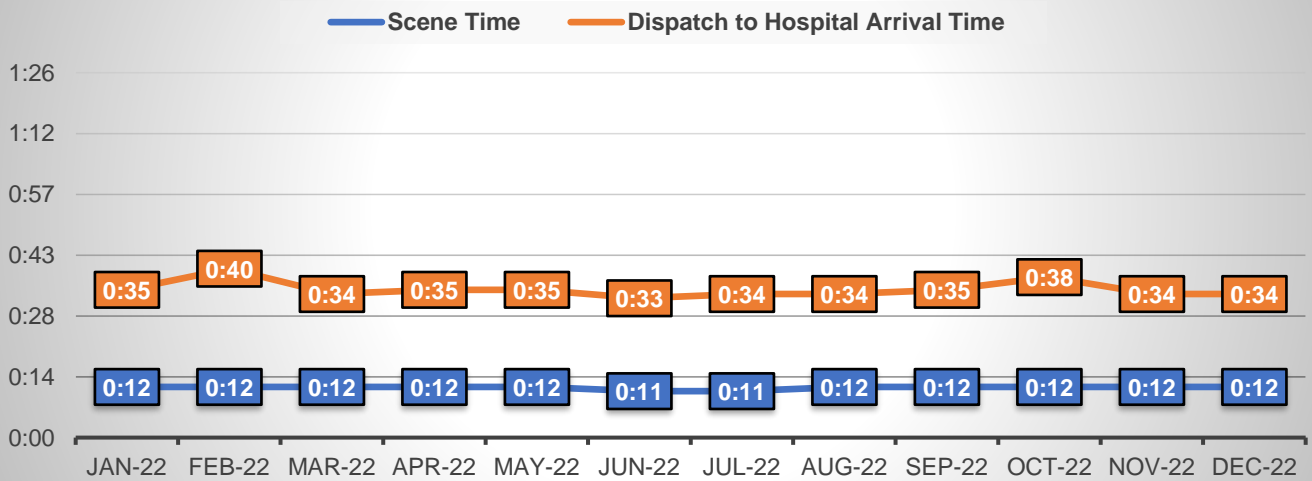
EMS Stroke Patient Data



911 Stroke Patient Count

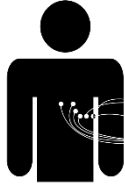


911 Stroke Patient Average EMS Times (H:MM)

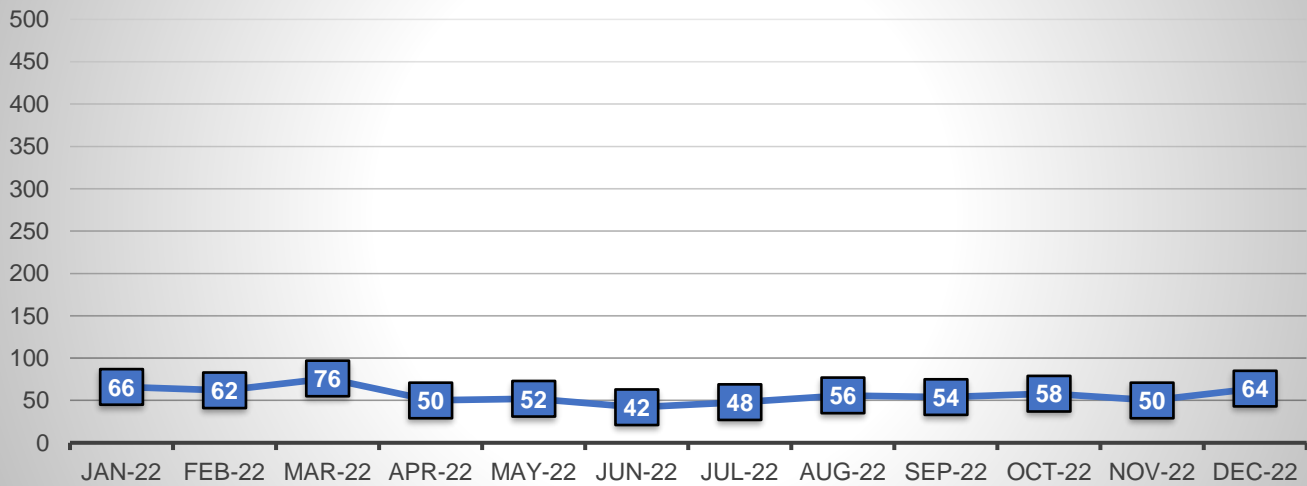




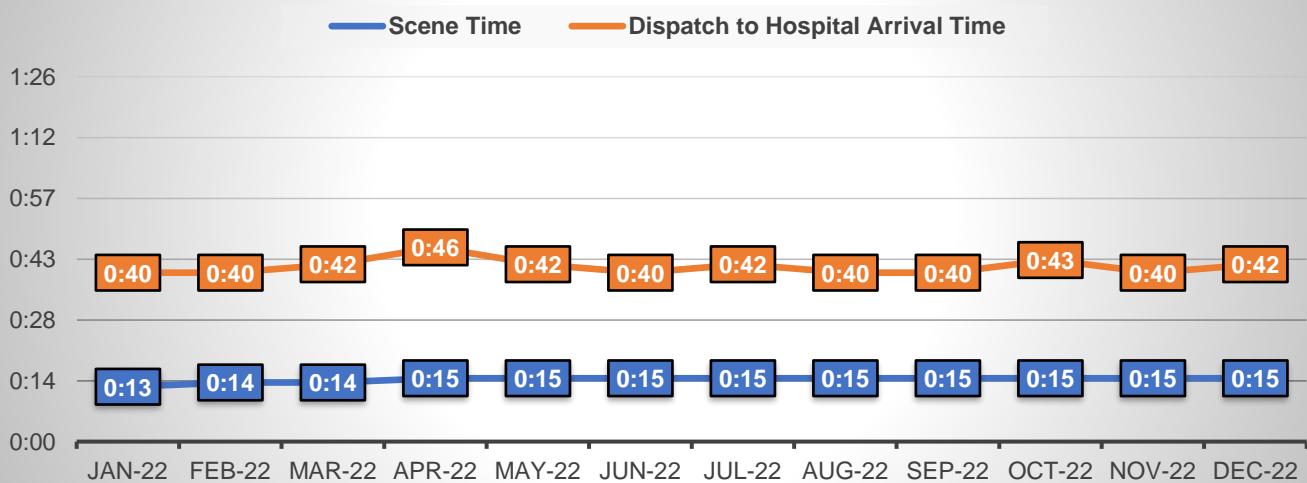
EMS STEMI Patient Data



911 STEMI Patient Count

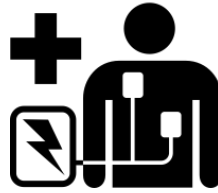


911 STEMI Patient Average EMS Times (H:MM)

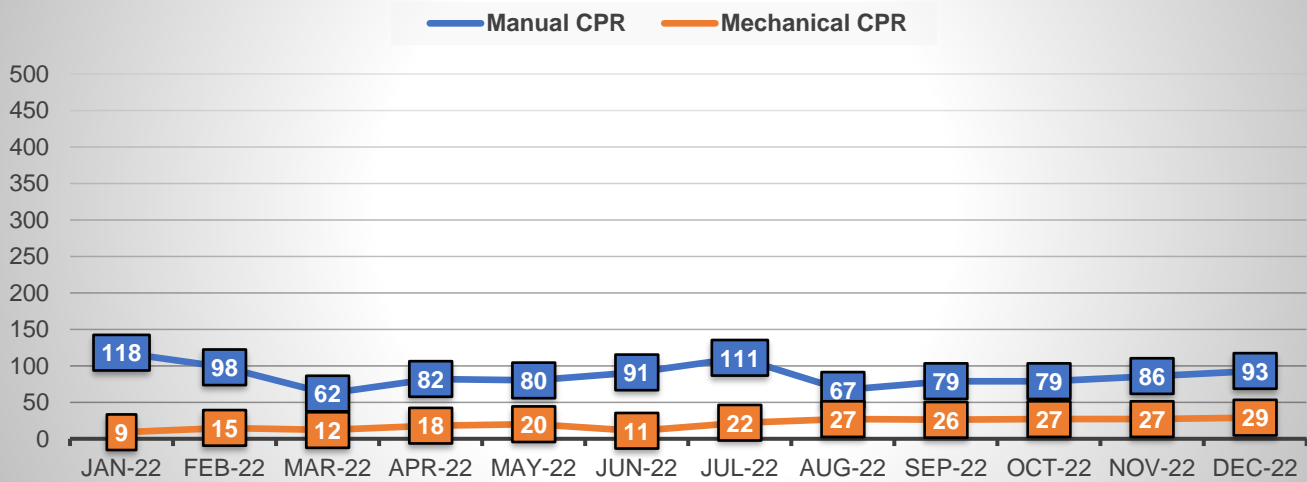




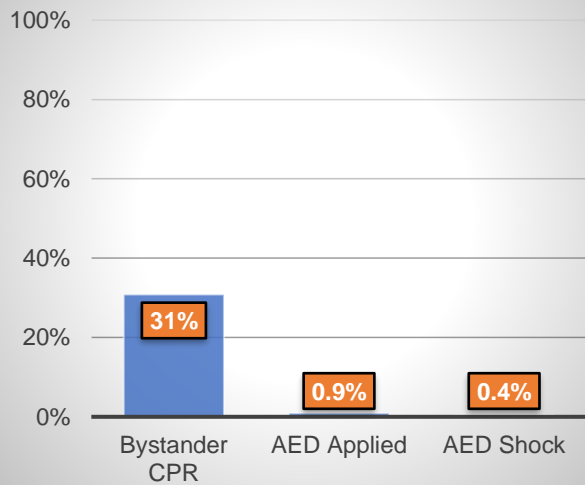
EMS Cardiac Arrest Patient Data



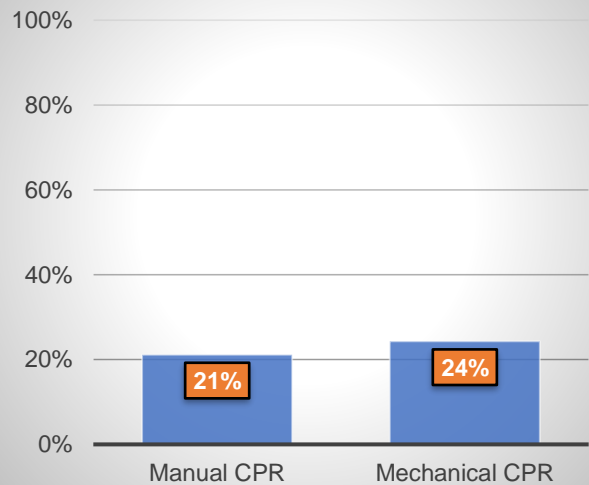
911 Cardiac Arrest Pt. Count



Bystander CPR/AED Use



Prehospital ROSC



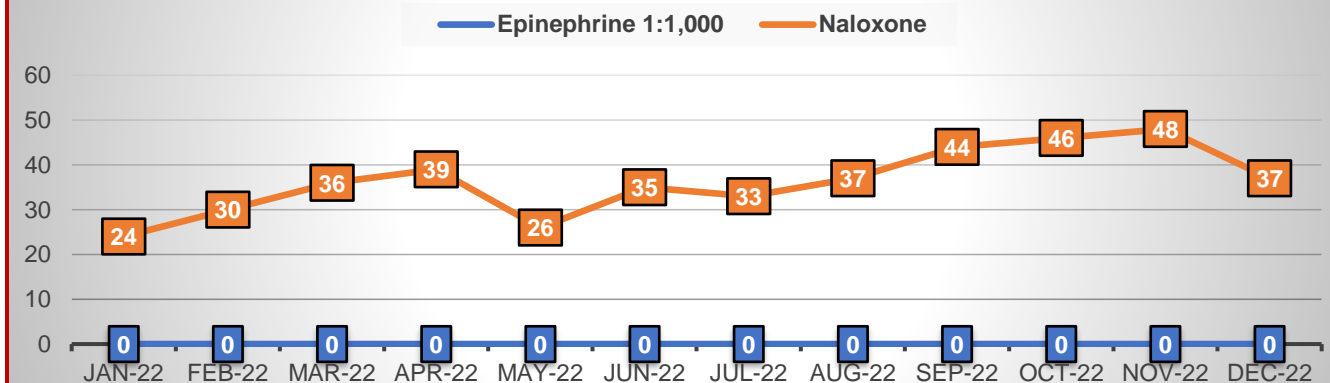


EMS Medication Utilization Data



Medication	Ground Doses	Aircraft Doses	Medication	Ground Doses	Aircraft Doses
Acetaminophen (IV)	456	0	Ipratropium	4142	10
Activated Charcoal	53	0	Ketamine	178	71
Adenosine	309	0	Ketorolac	119	0
Albuterol	4562	20	Lidocaine	79	2
Amiodarone	252	3	Lorazepam	0	21
Aspirin	5541	11	Midazolam	1118	28
Atropine	185	0	Morphine	1002	9
Dextrose 10%	109	1	Naloxone	2079	6
Dextrose 50%	837	2	Nitroglycerin	7439	27
Diphenhydramine	499	0	Norepinephrine	0	16
Dopamine	0	0	Ondansetron	10484	131
Epinephrine 1:1,000	333	9	Rocuronium	0	53
Epinephrine 1:10,000	4347	51	Sodium Bicarbonate	142	3
Etomidate	0	20	Terbutaline	0	3
Fentanyl	7983	273	TXA	21	14
Glucagon	171	0	Vecuronium	0	0

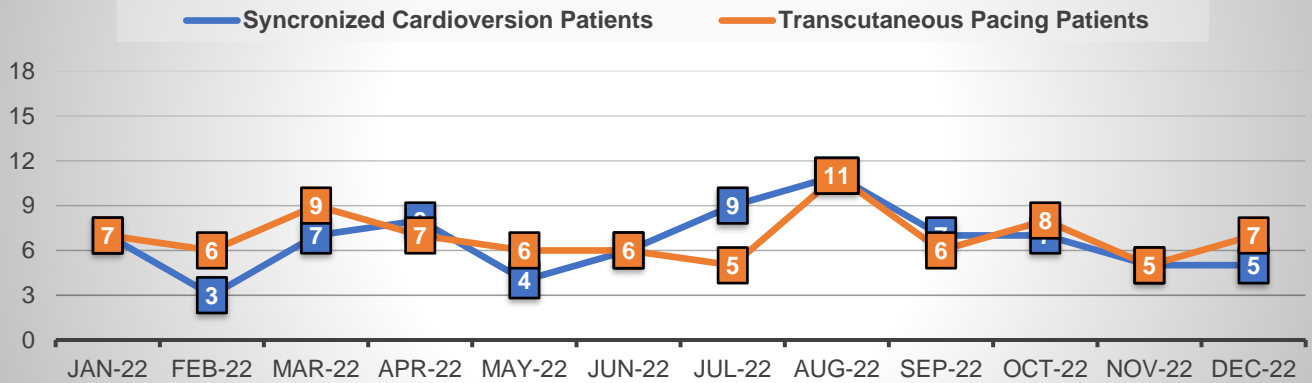
BLS Optional Medication Administrations



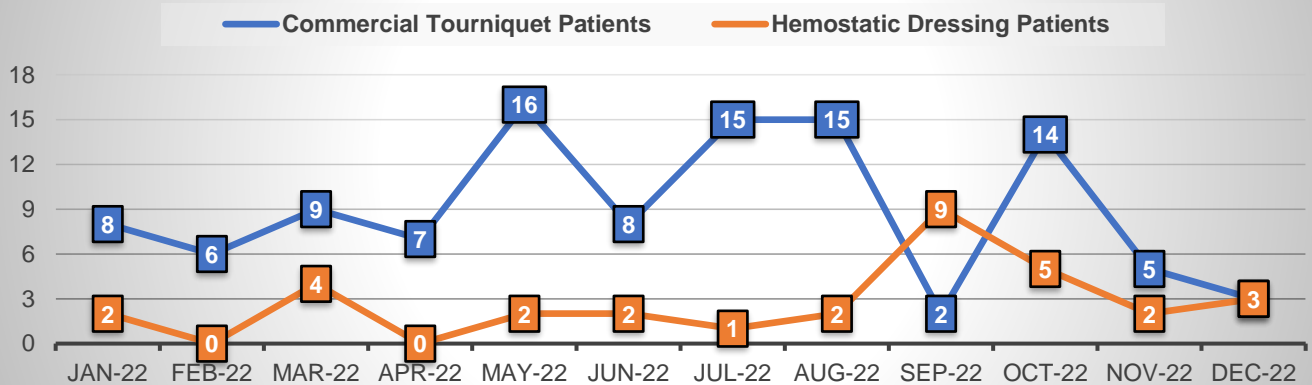


EMS Electrical Therapy, Restraint & Hemorrhage Control Procedures

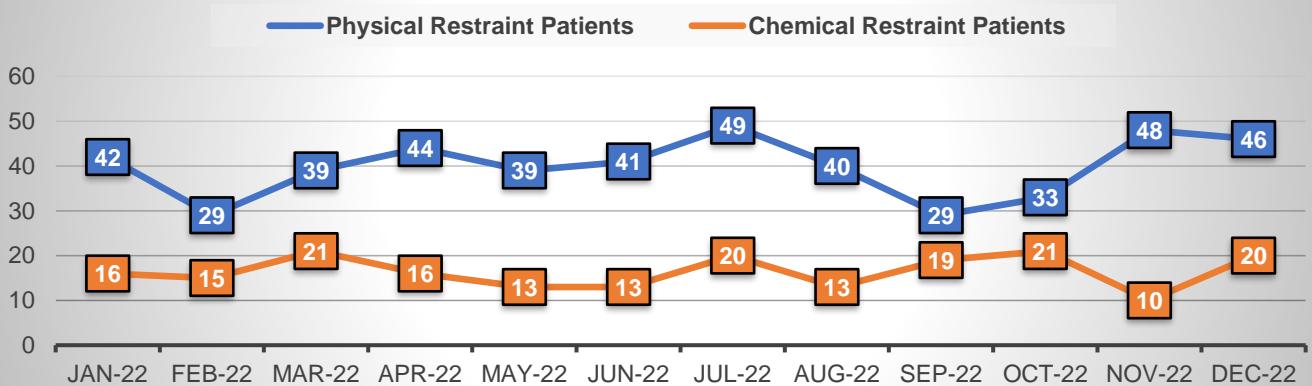
Electrical Therapy Procedures



Hemorrhage Control Procedures

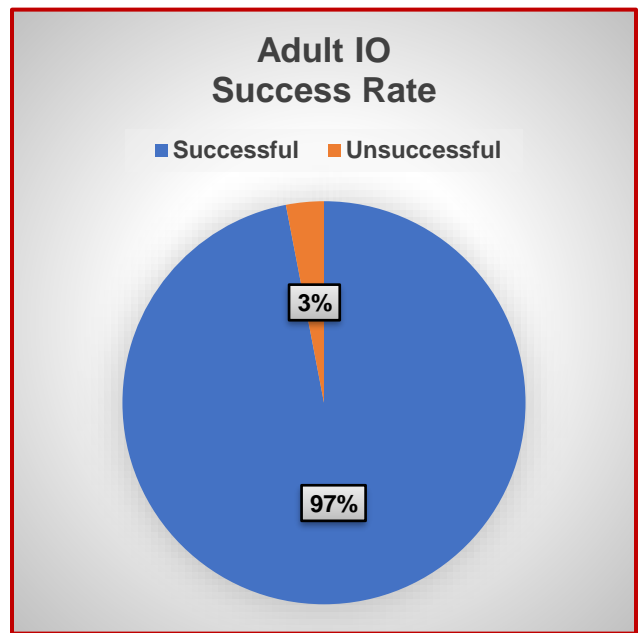
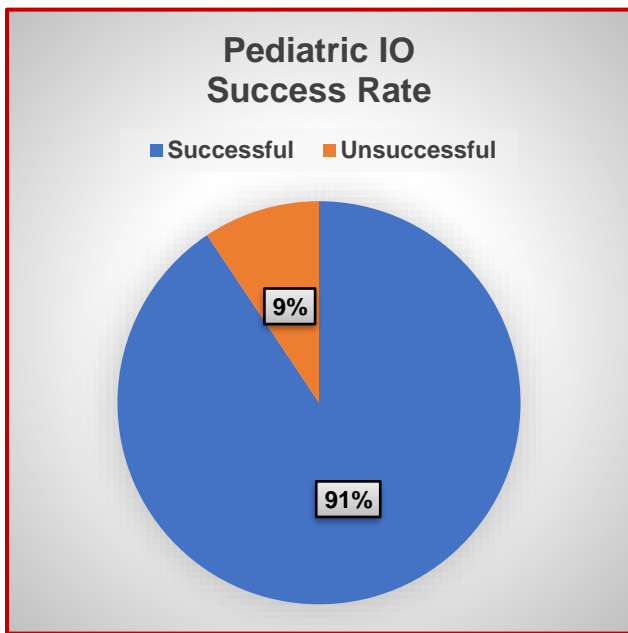
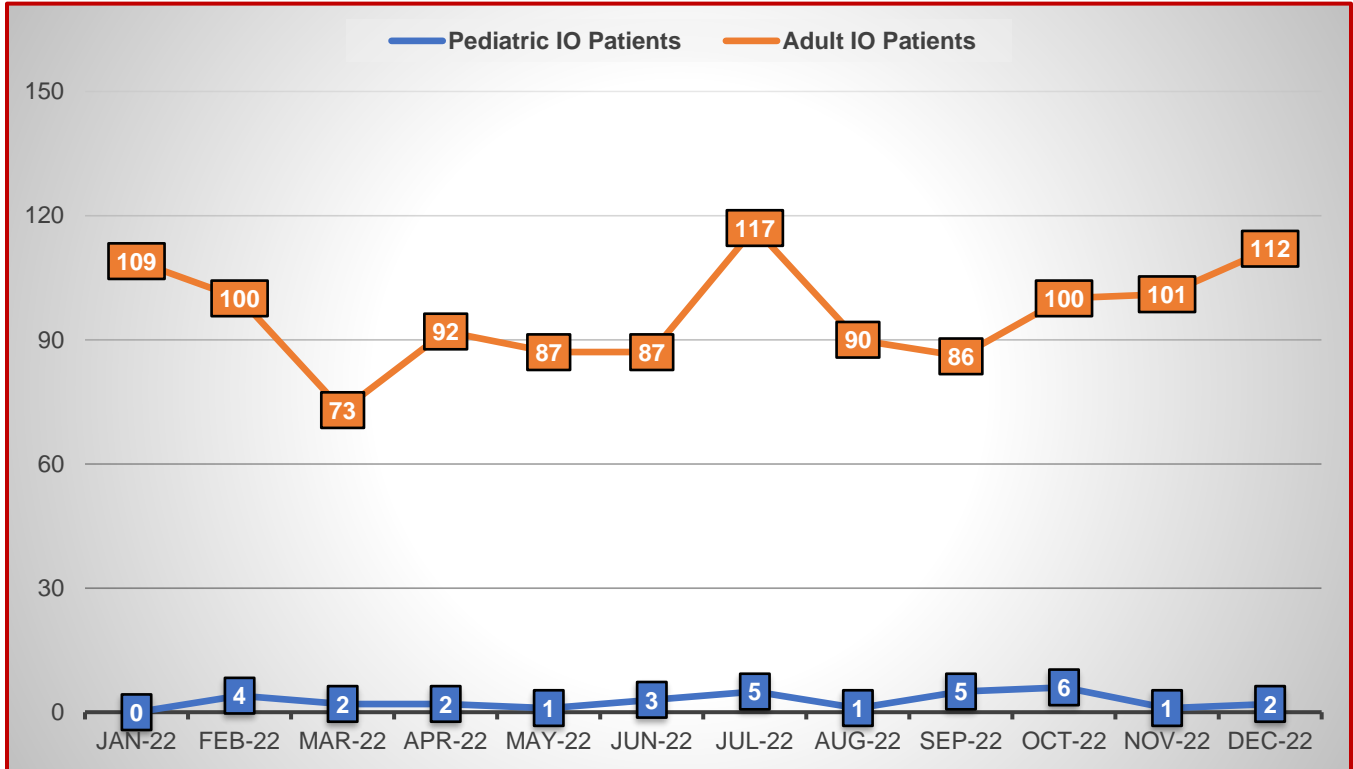


Patient Restraint Procedures



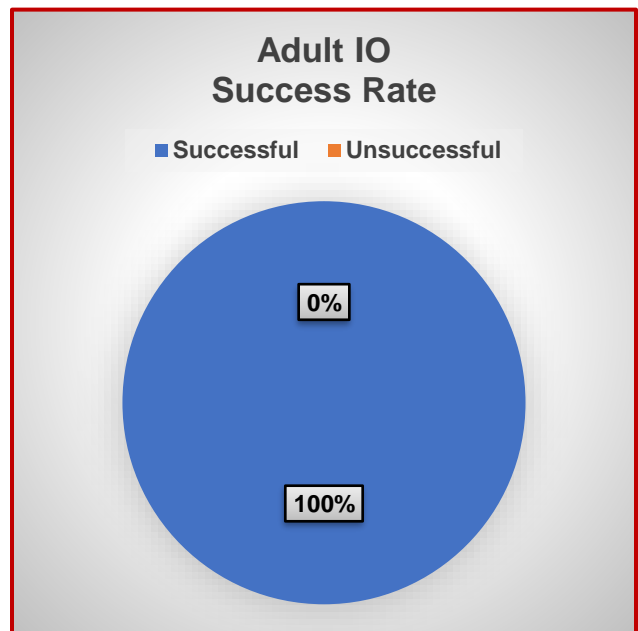
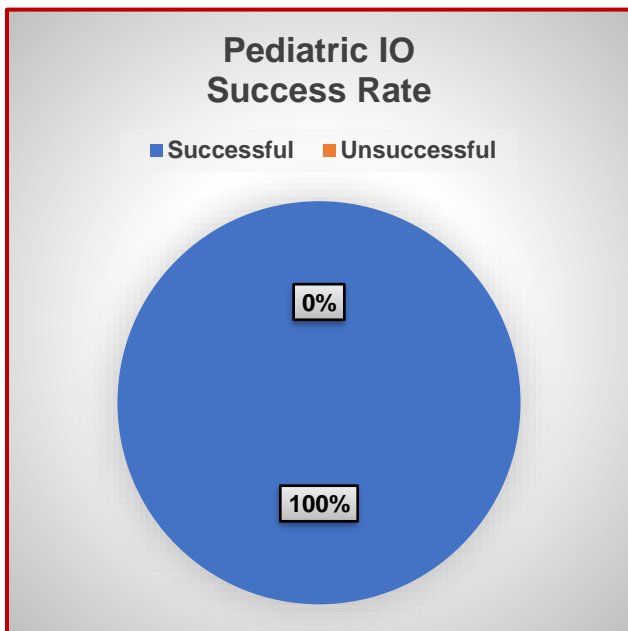
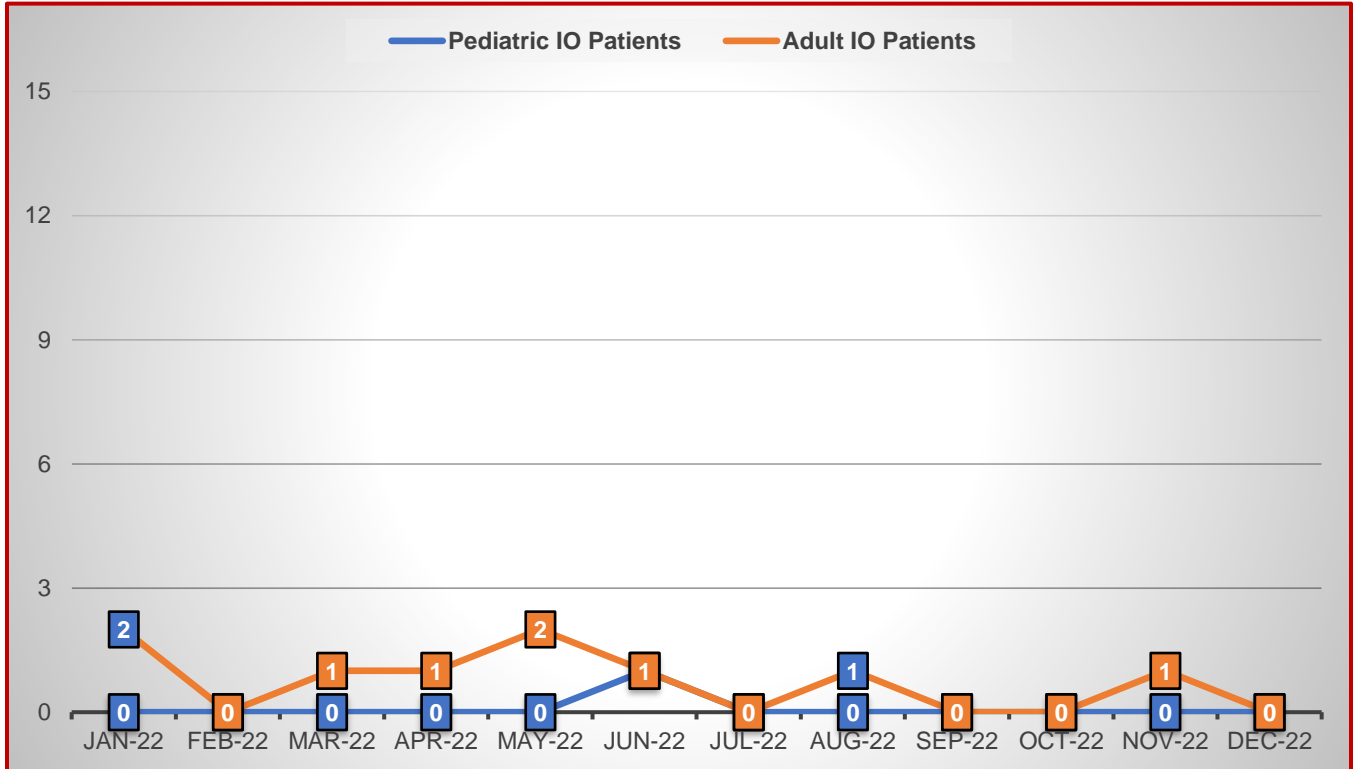


Ground EMS Intraosseous (IO) Procedures



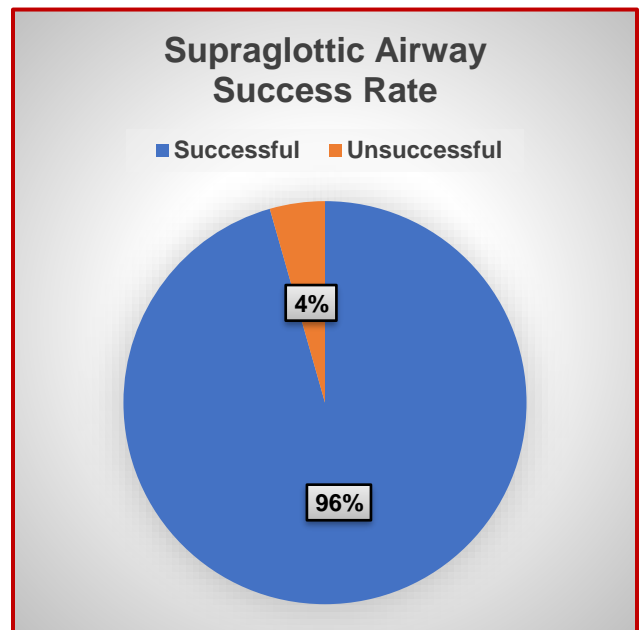
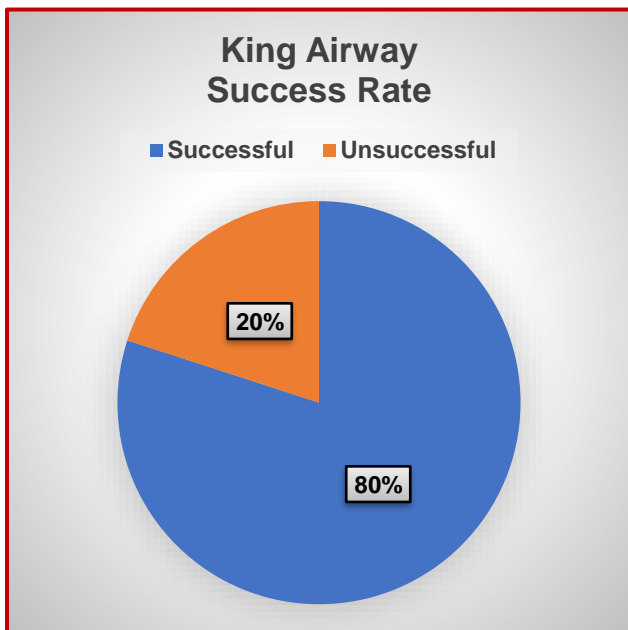
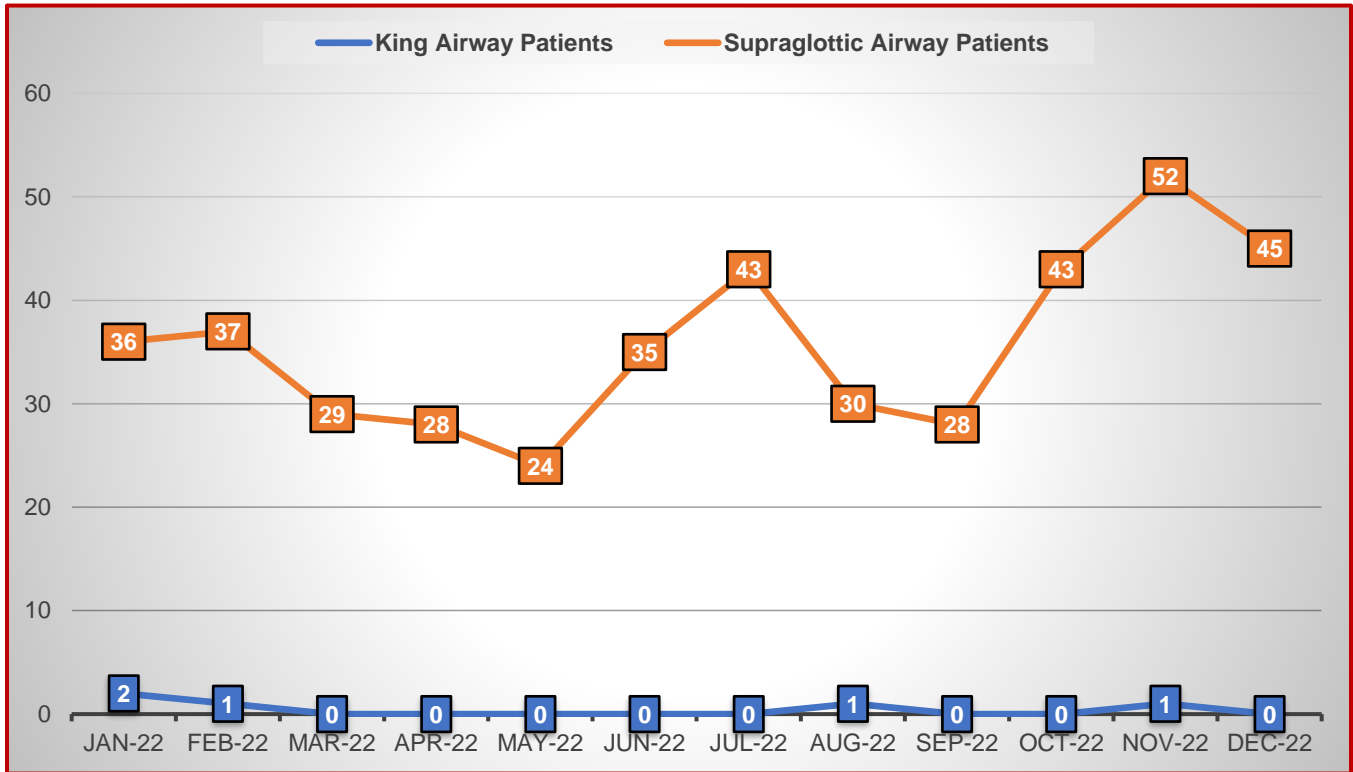


EMS Aircraft Intraosseous (IO) Procedures



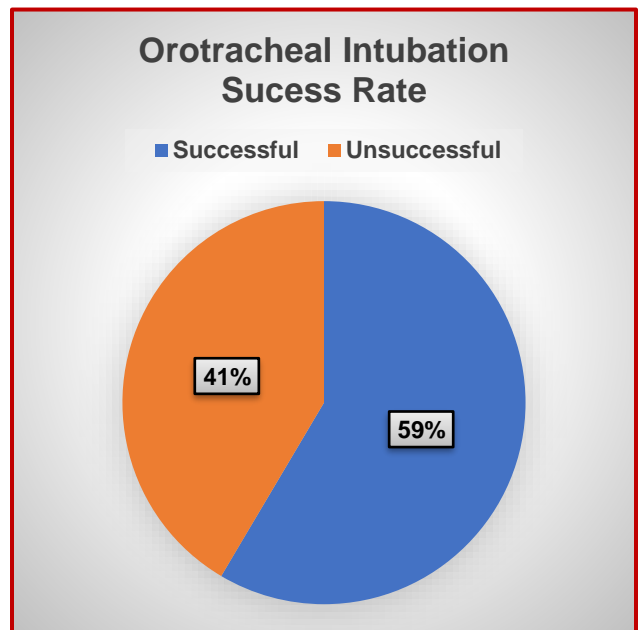
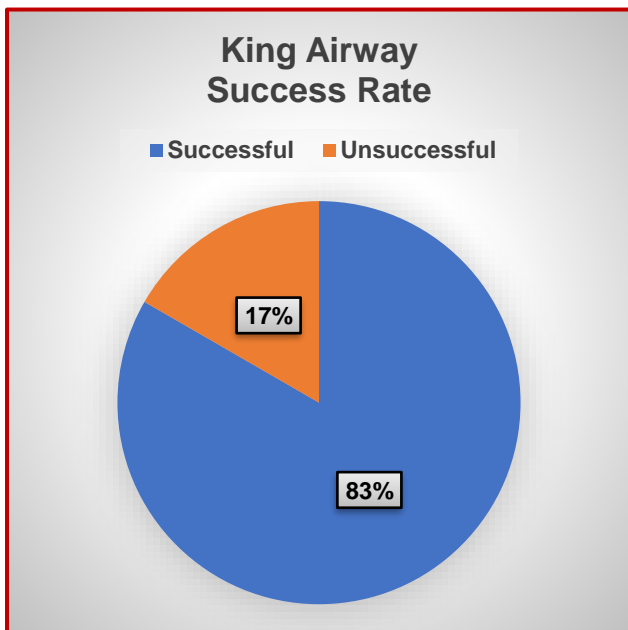
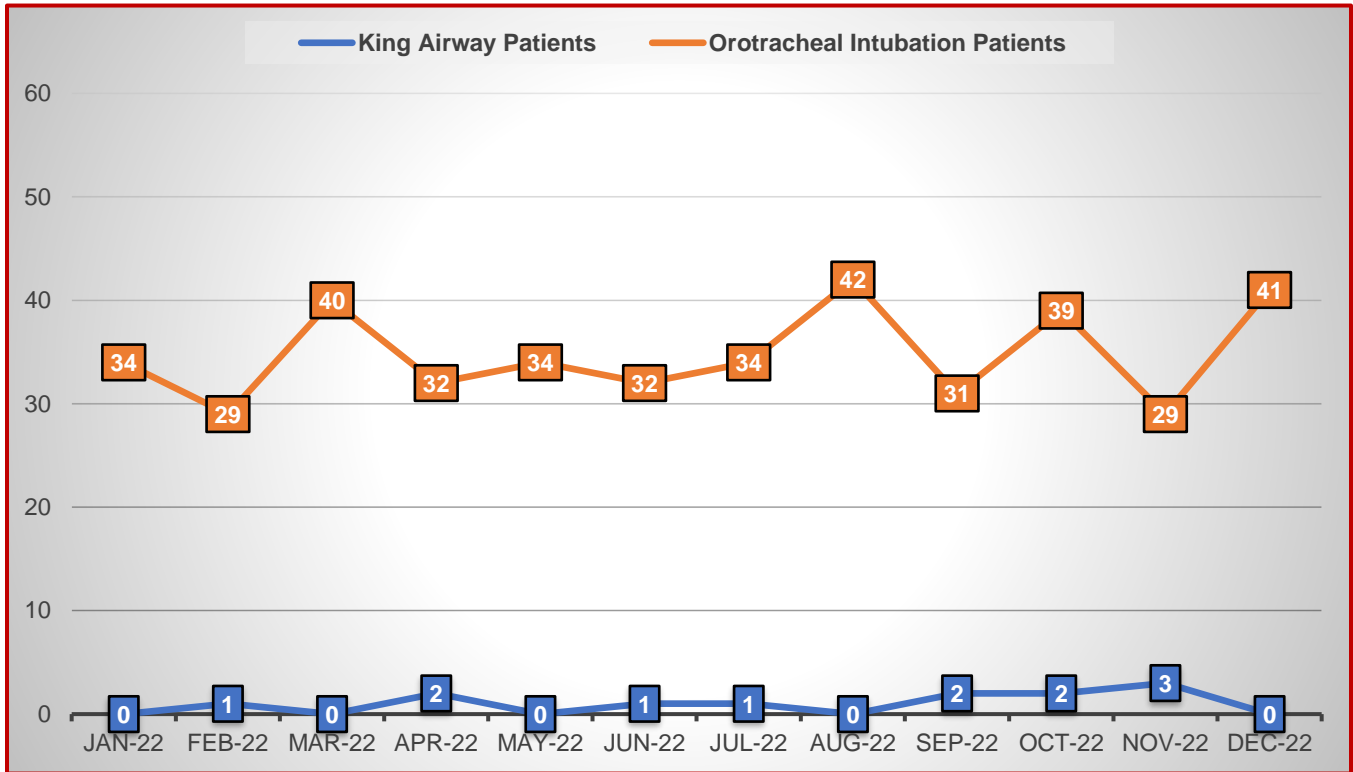


BLS King Airway & Supraglottic Airway Procedures



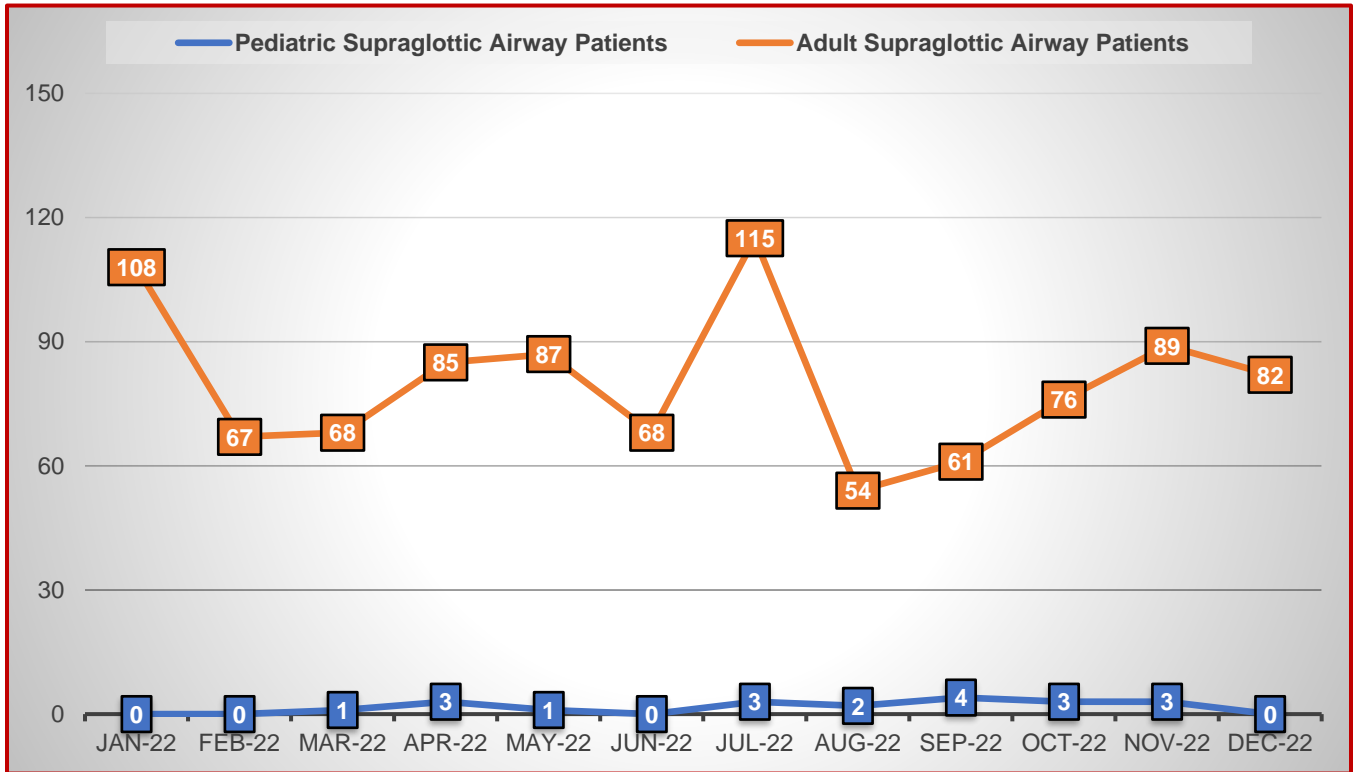


ALS Ground Orotracheal Intubation & King Airway Procedures



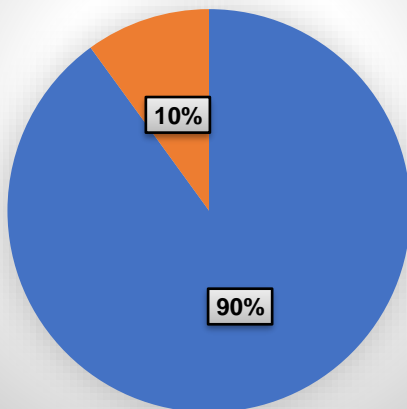


ALS Ground Supraglottic Airway Procedures



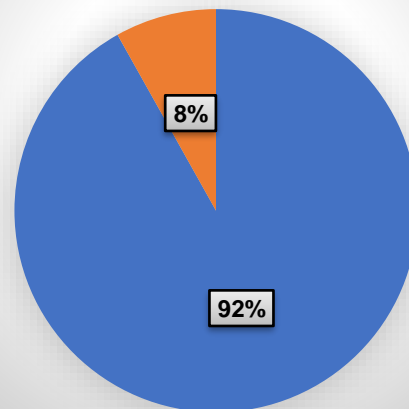
Pediatric Supraglottic Airway Success Rate

■ Successful ■ Unsuccessful



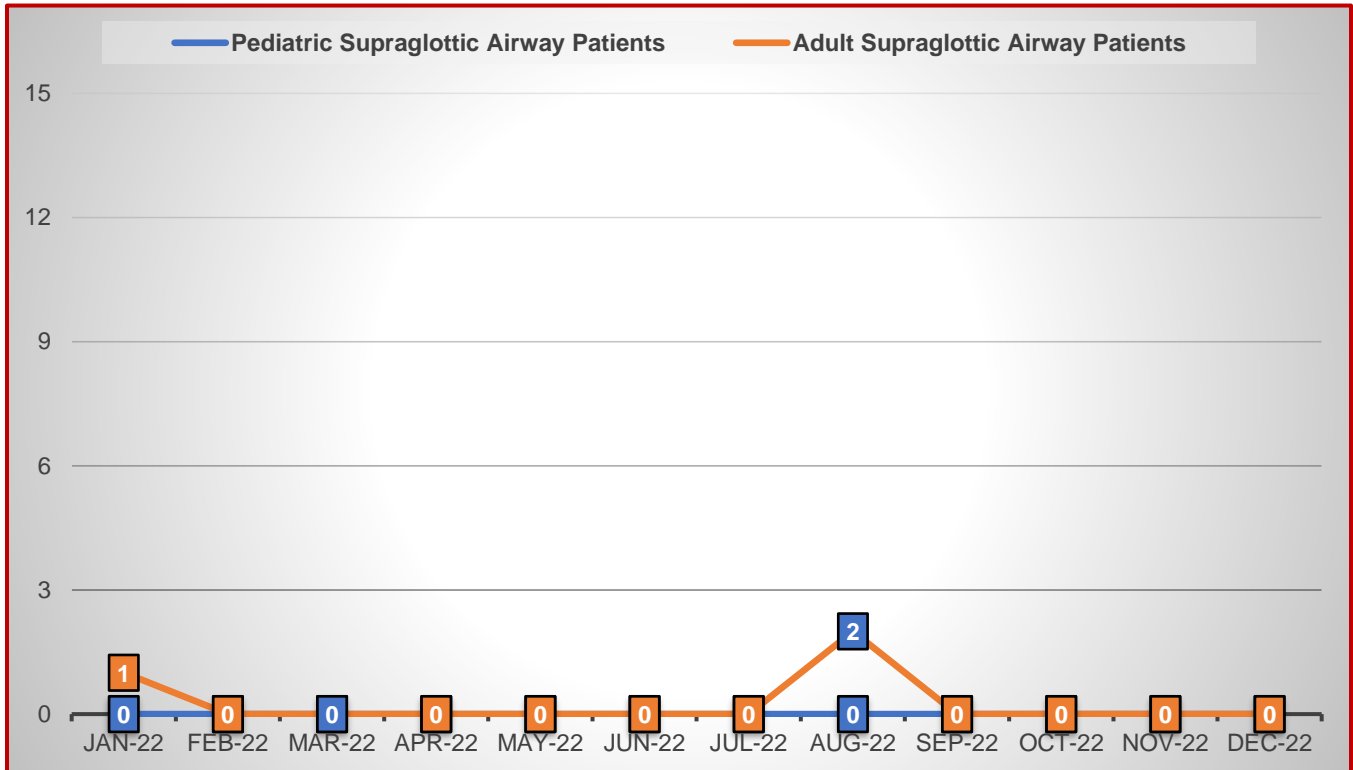
Adult Supraglottic Airway Success Rate

■ Successful ■ Unsuccessful





EMS Aircraft Supraglottic Airway Procedures



Pediatric Supraglottic Airway Success Rate

■ Successful ■ Unsuccessful

0%

Adult Supraglottic Airway Success Rate

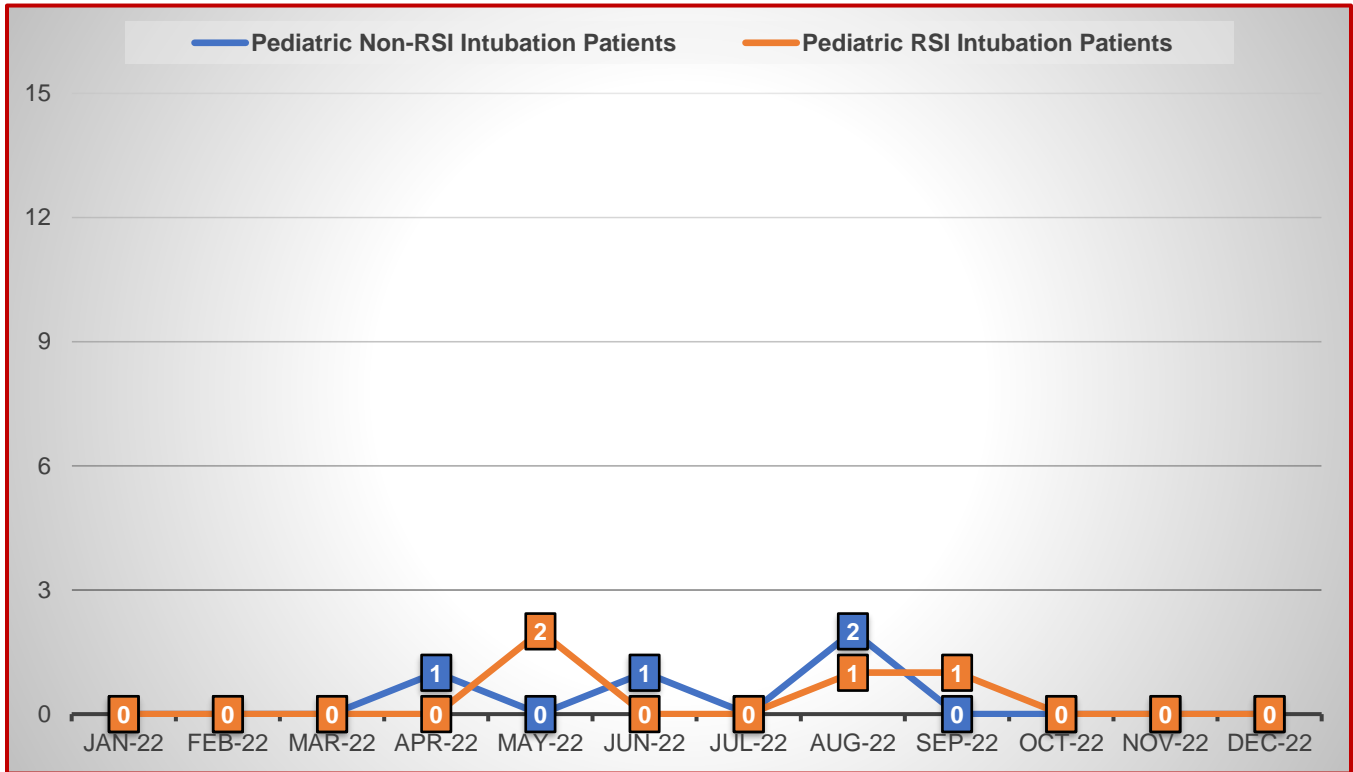
■ Successful ■ Unsuccessful

0%

100%

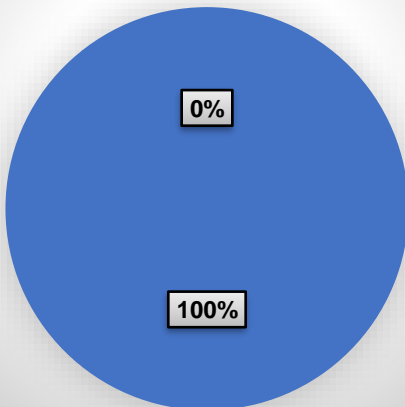


EMS Aircraft Pediatric Orotracheal Intubation Airway Procedures



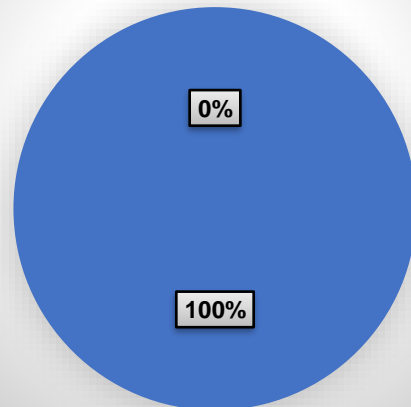
Pediatric Non-RSI Intubation Success Rate

■ Successful ■ Unsuccessful



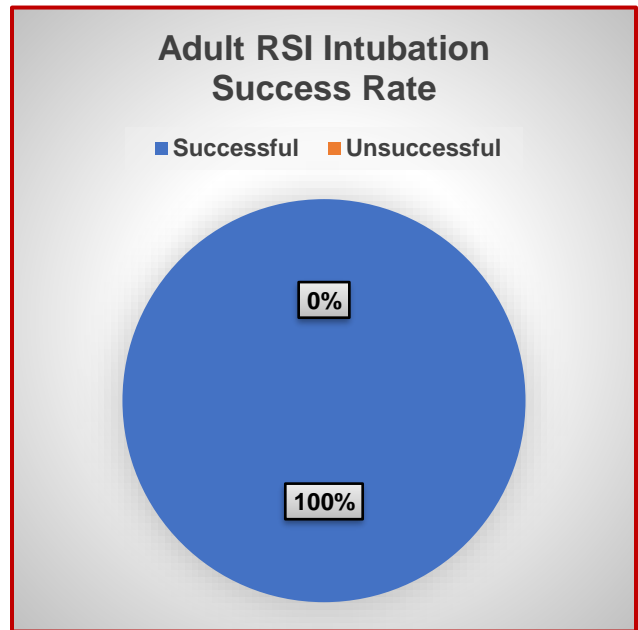
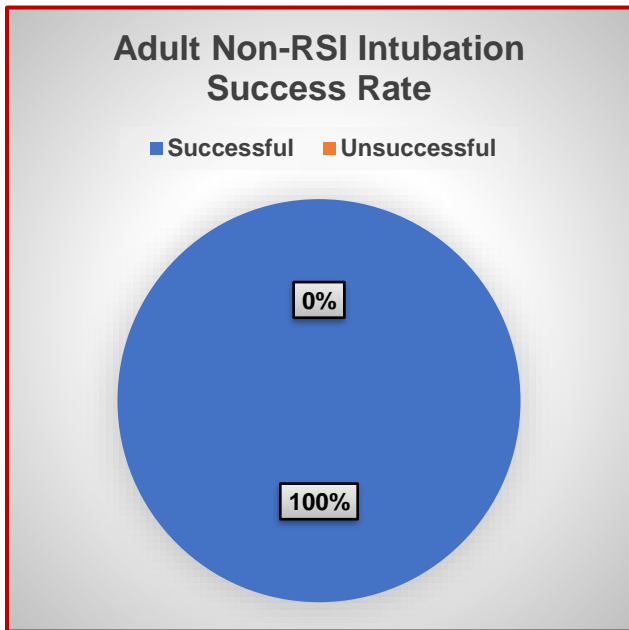
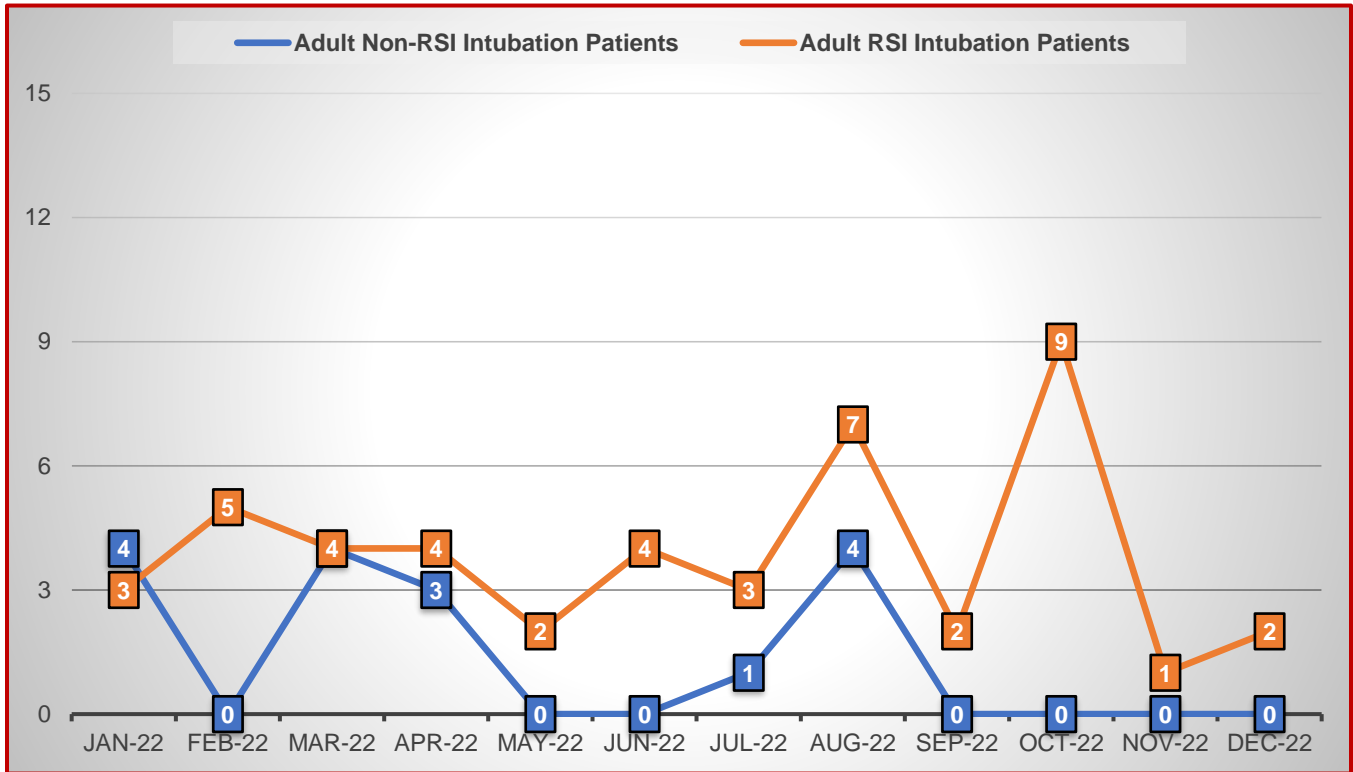
Pediatric RSI Intubation Success Rate

■ Successful ■ Unsuccessful



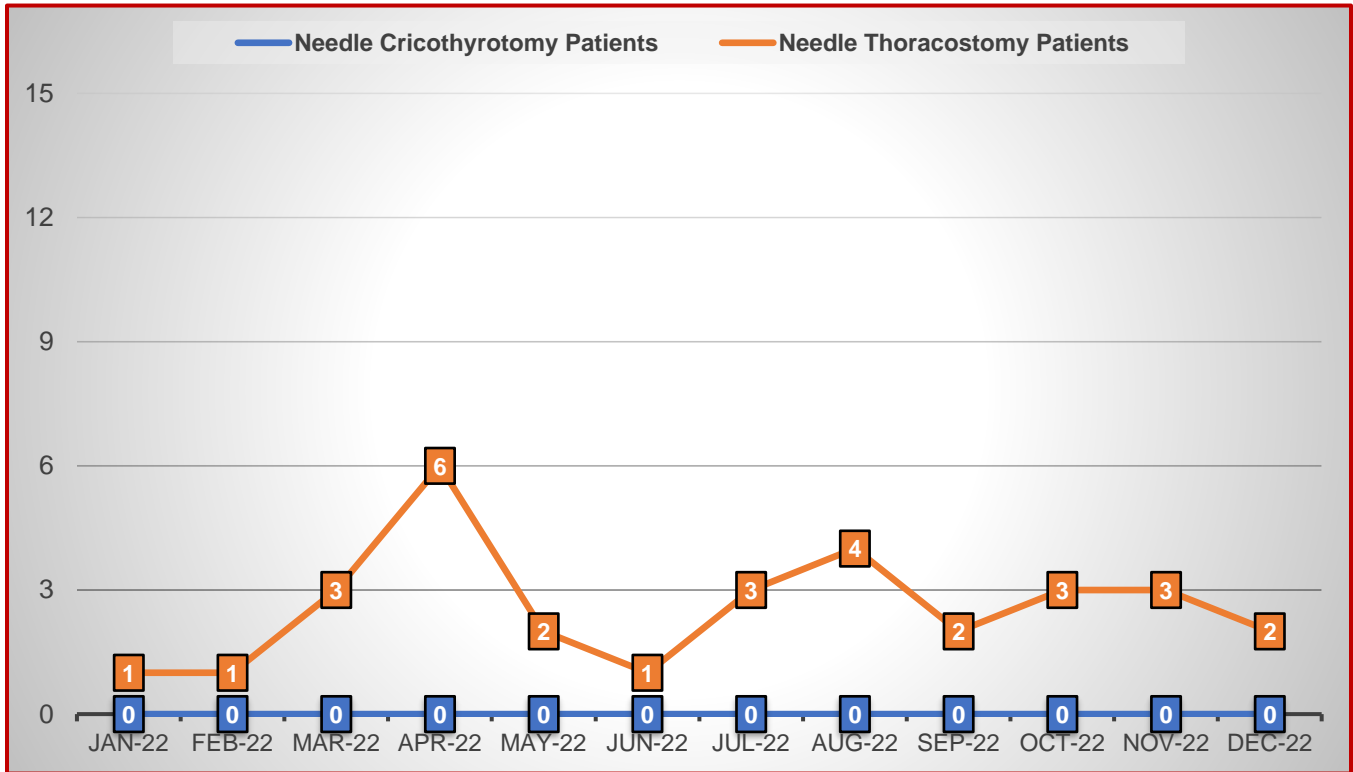


EMS Aircraft Adult Orotracheal Intubation Airway Procedures





ALS Ground Cricothyrotomy & Thoracostomy Procedures



Needle Cricotyrotomy Success Rate

■ Successful ■ Unsuccessful

0%

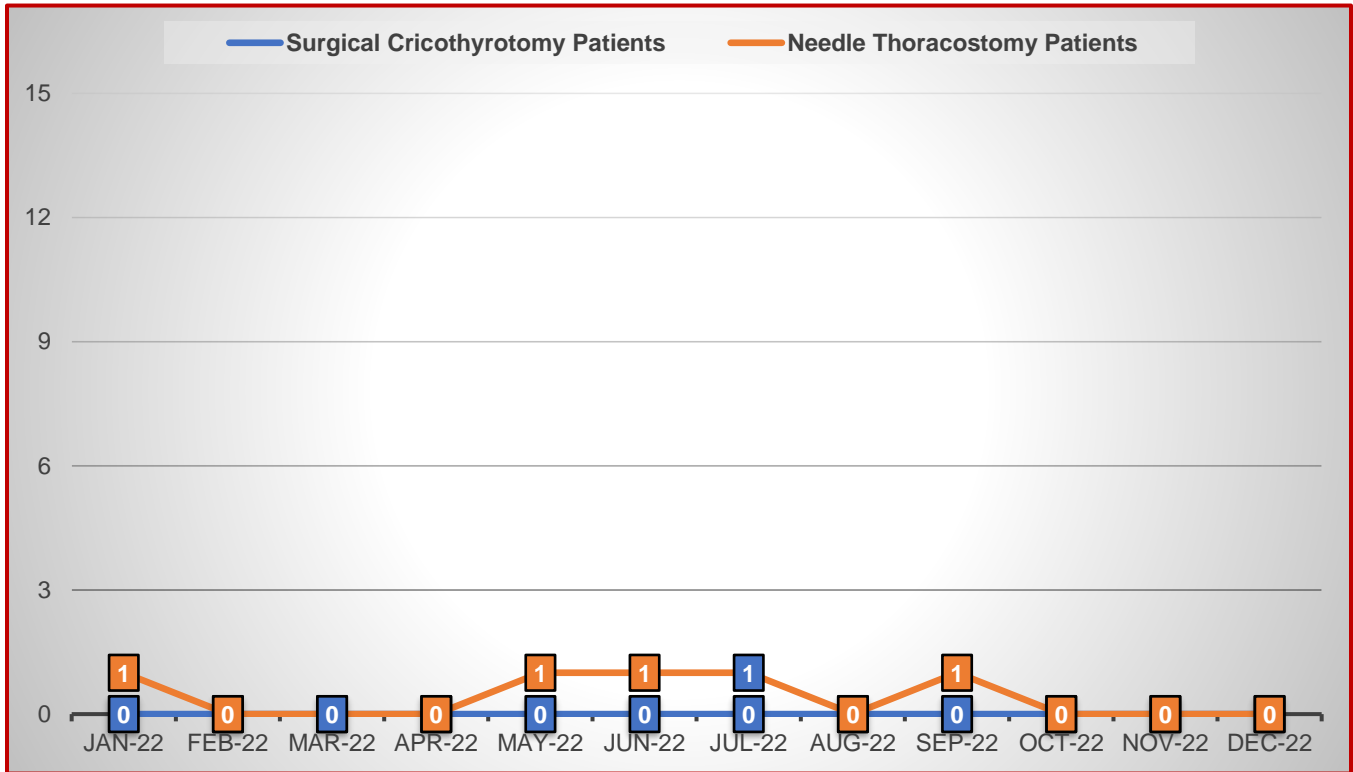
Needle Thoracostomy Success Rate

■ Successful ■ Unsuccessful

97%
3%



EMS Aircraft Cricothyrotomy & Thoracostomy Procedures



Surgical Cricothyrotomy Success Rate

■ Successful ■ Unsuccessful

0%

Needle Thoracostomy Success Rate

■ Successful ■ Unsuccessful

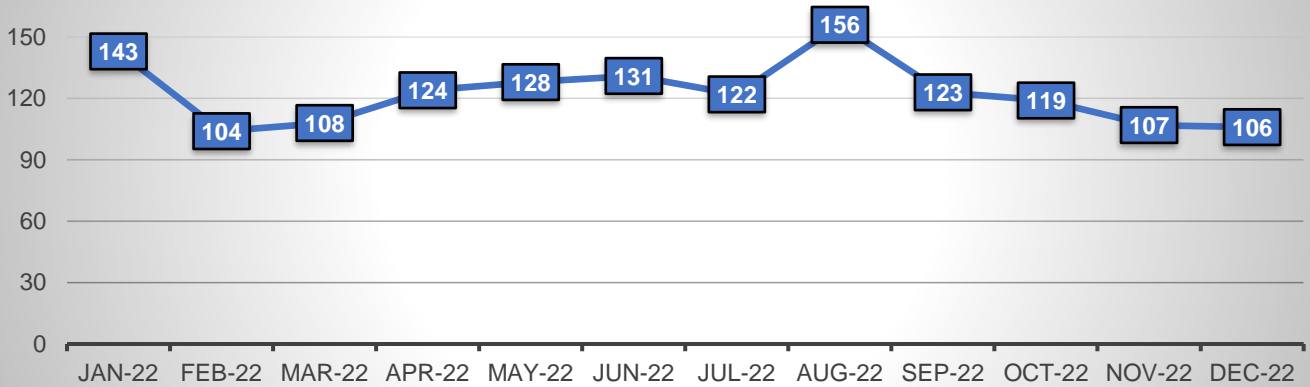
0%

100%

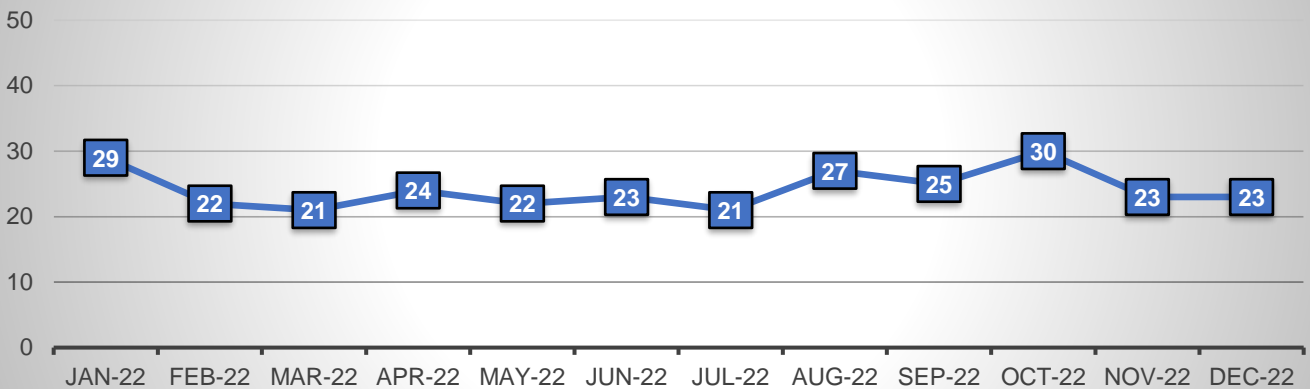


EMS Naloxone Utilization

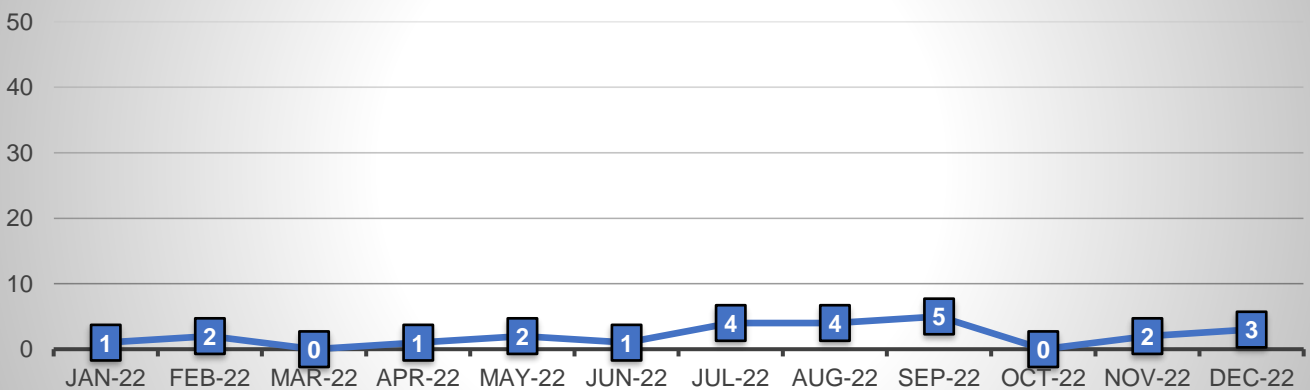
911 EMS Naloxone Administration Patients - S-SV EMS Region



911 EMS Naloxone Administration Patients - Butte County



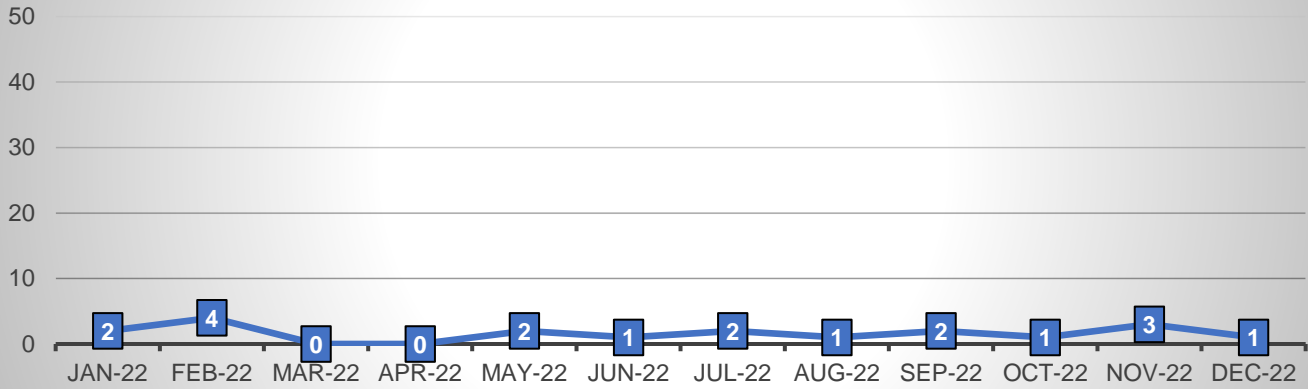
911 EMS Naloxone Administration Patients - Colusa County



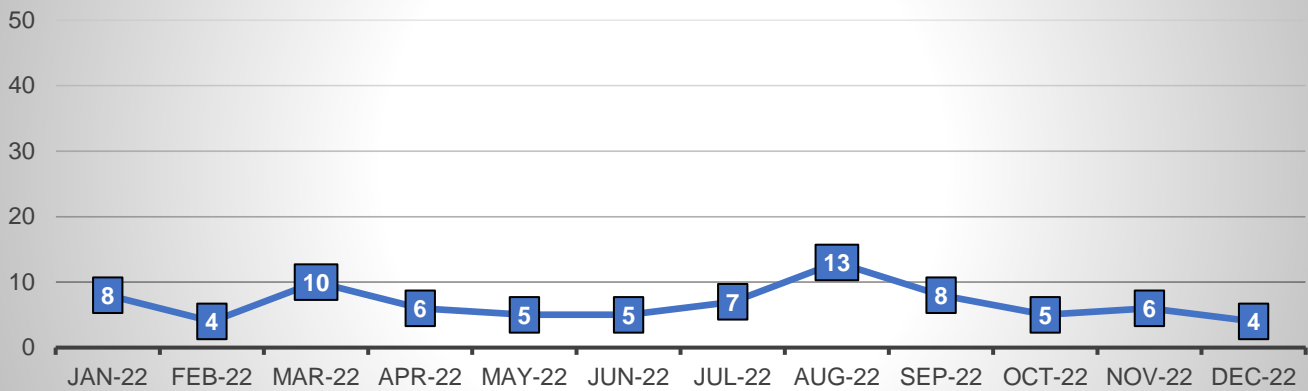


EMS Naloxone Utilization

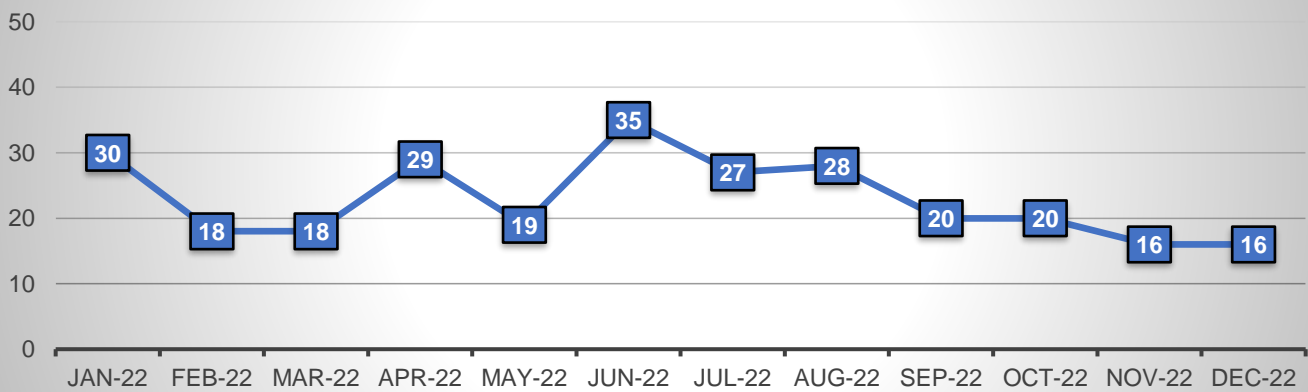
911 EMS Naloxone Administration Patients - Glenn County



911 EMS Naloxone Administration Patients - Nevada County



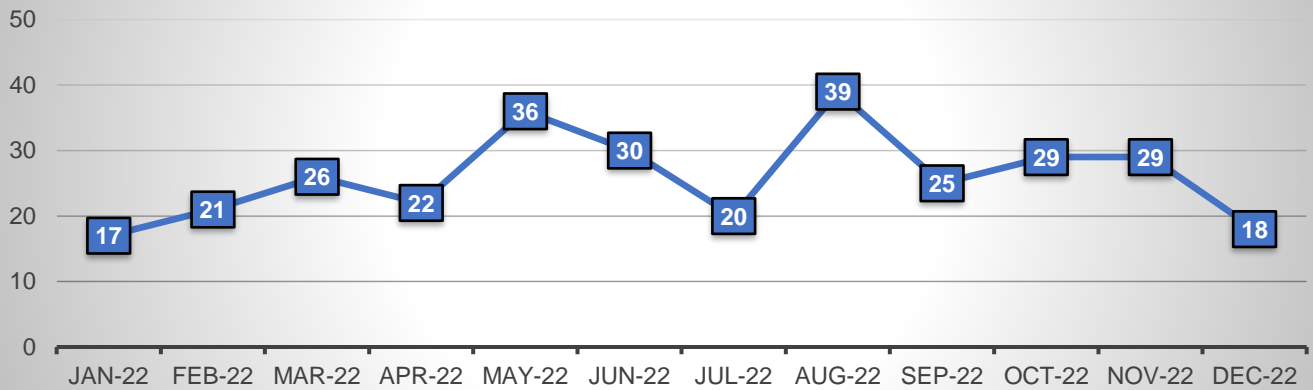
911 EMS Naloxone Administration Patients - Placer County



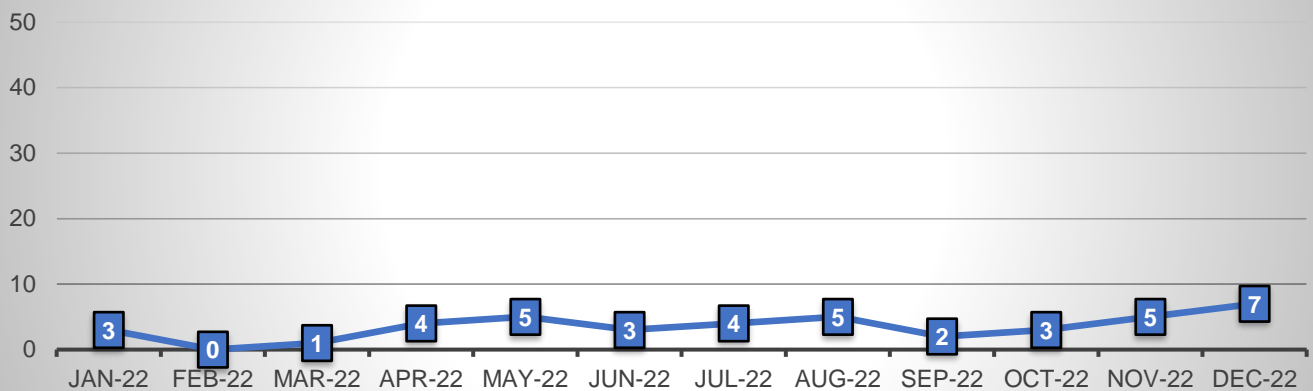


EMS Naloxone Utilization

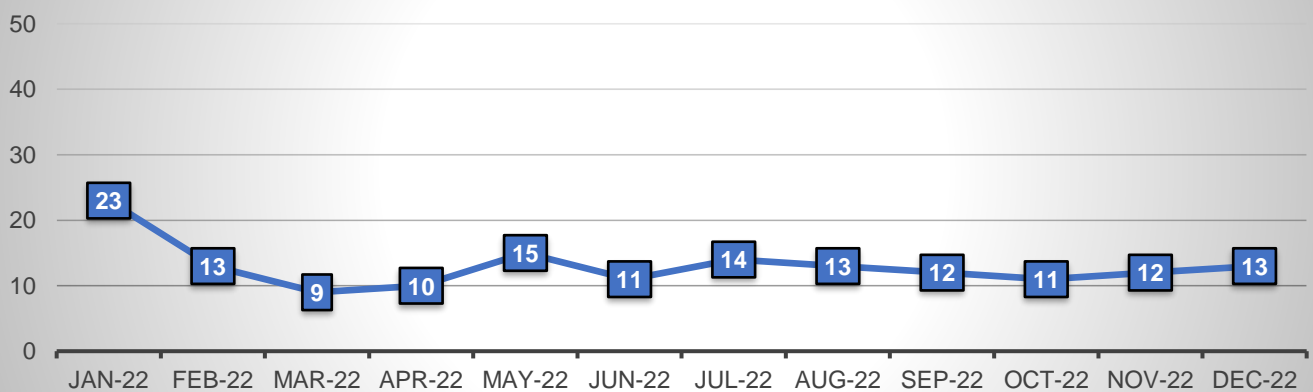
911 EMS Naloxone Administration Patients - Shasta County



911 EMS Naloxone Administration Patients - Siskiyou County



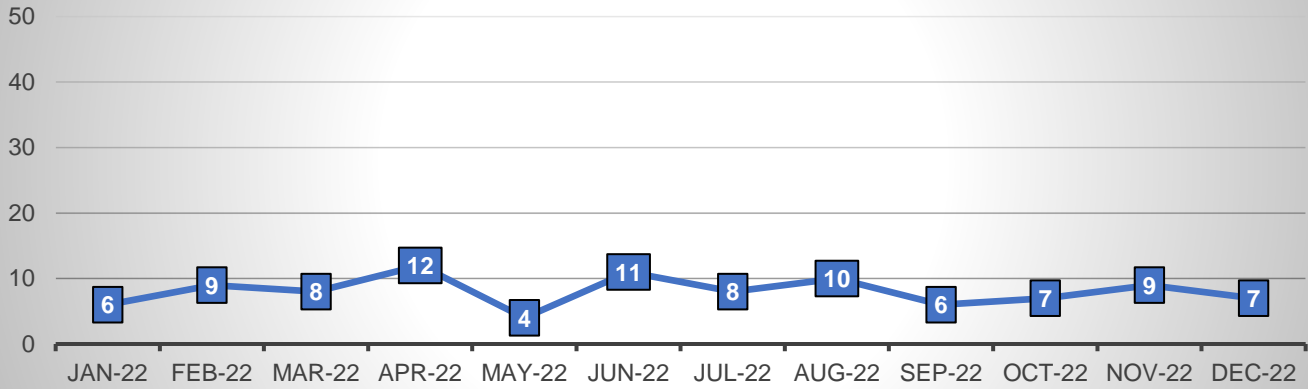
911 EMS Naloxone Administration Patients - Sutter County



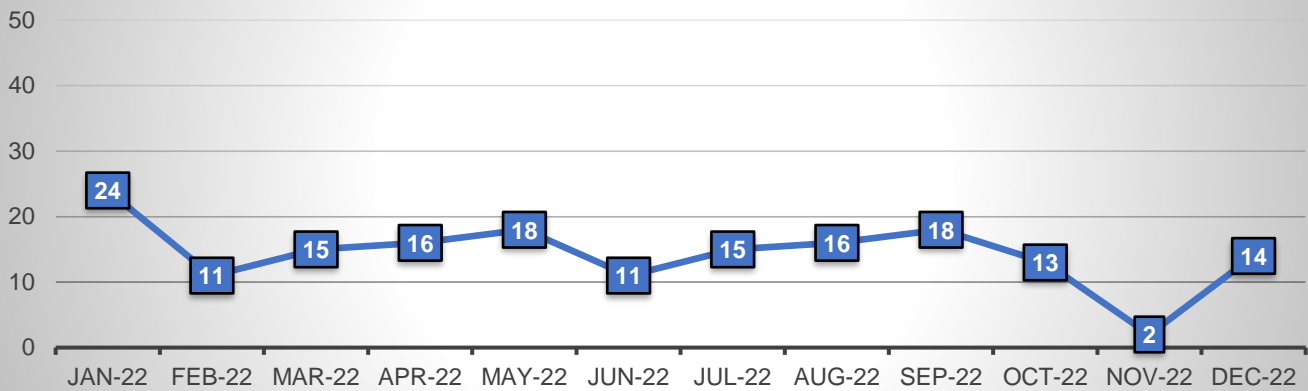


EMS Naloxone Utilization

911 EMS Naloxone Administration Patients - Tehama County



911 EMS Naloxone Administration Patients - Yuba County





Ambulance Patient Offload Time (APOT) General Information







Ambulance Patient Offload Time (APOT) Definition – The time interval between the arrival of an ambulance patient at a hospital emergency department (ED), and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the ED assumes full responsibility for care of the patient. The following NEMESIS Version 3.4 data elements, descriptions and calculations (as documented on the legal electronic patient care report by EMS personnel) are utilized to determine/report the APOT data:

NEMESIS Data Element	Data Element Description	S-SV EMS Criteria/Calculation
dAgency.03	Agency Name	All S-SV EMS 911 Transport Providers
eResponse.05	Response Type of Service Requested	911 Response (Scene)
eDisposition.12	Incident/Patient Disposition	Treated, Transported by EMS
eDisposition.01	Destination/Transferred to, Name	All S-SV EMS Jurisdiction Hospitals
eTimes.11 eTimes.12	Pt Arrived at Destination Date/Time Destination Pt Transfer of Care Date/Time	Calculation = Difference (Minutes) Between eTimes.11 & eTimes.12

APOT Measures

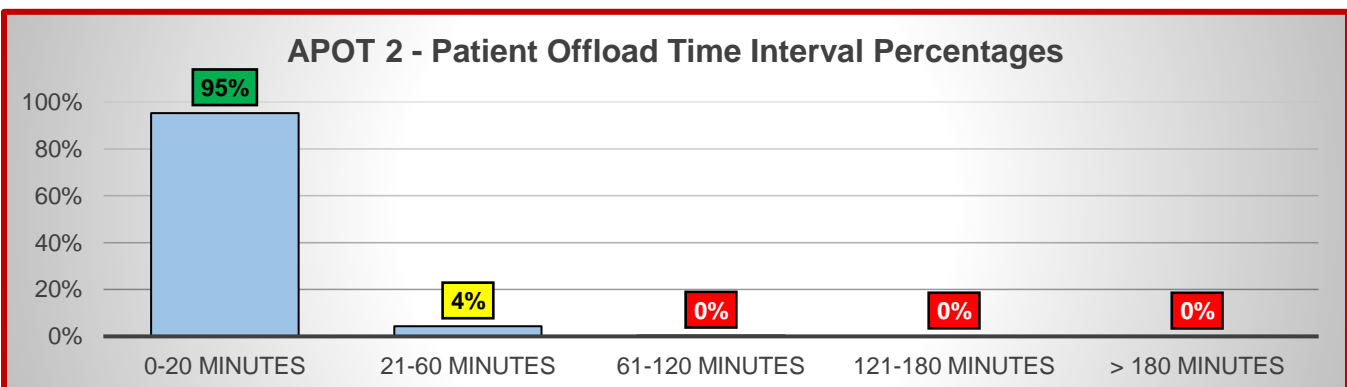
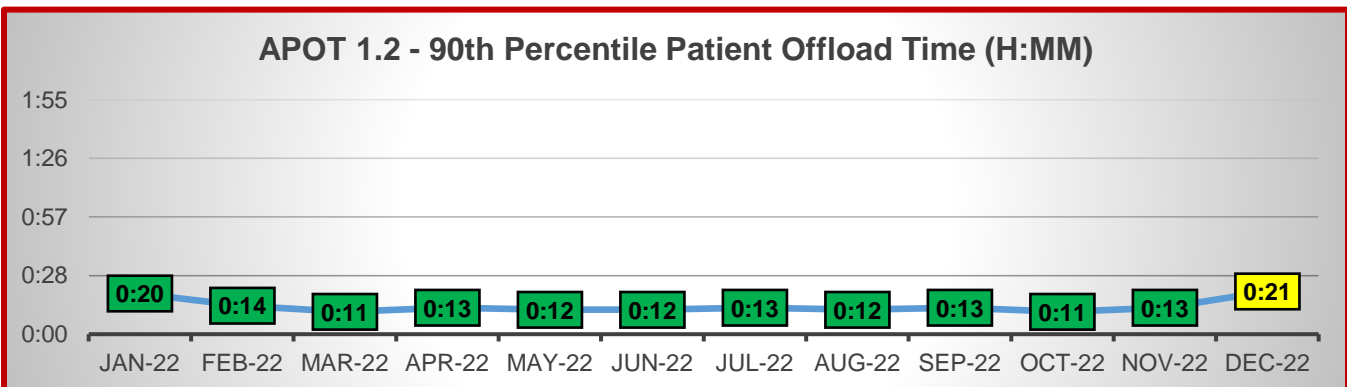
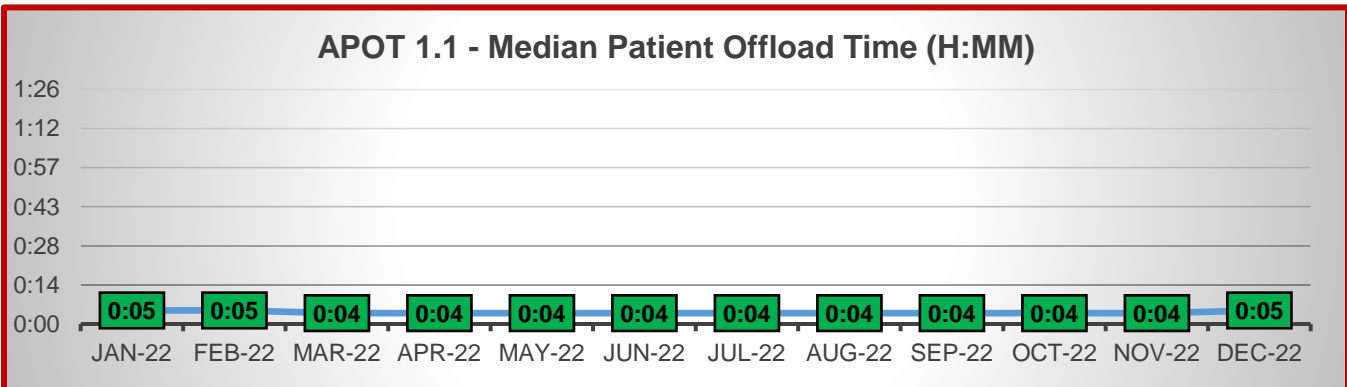
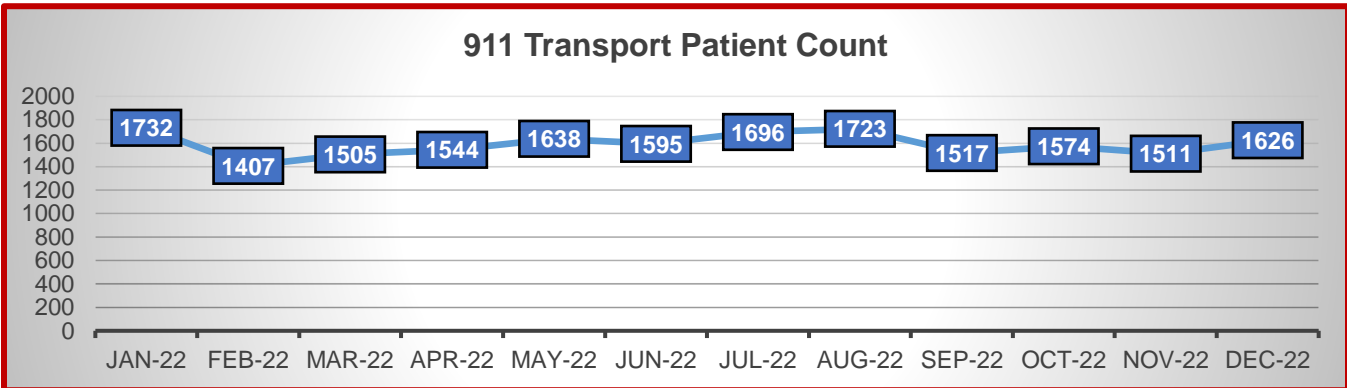
- **APOT 1.1** – An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a median.
- **APOT 1.2** – An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a 90th percentile.
- **APOT 2** – An ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patients within a 20 minute target, and exceeding that time in reference to 60, 120 & 180 minute intervals.

APOT Charts/Graphs Color Key Definitions

-  Total Number of 911 patient transports for the reporting month
-  Meets APOT Standard (All APOT measures: ≤20 minutes)
-  Exceeds APOT Standard (APOT 1.1 & 1.2: 21-30 minutes, APOT 2: 21-60 minutes)
-  Significantly Exceeds APOT Standard (APOT 1.1 & 1.2: >30 minutes, APOT 2: >60 minutes)



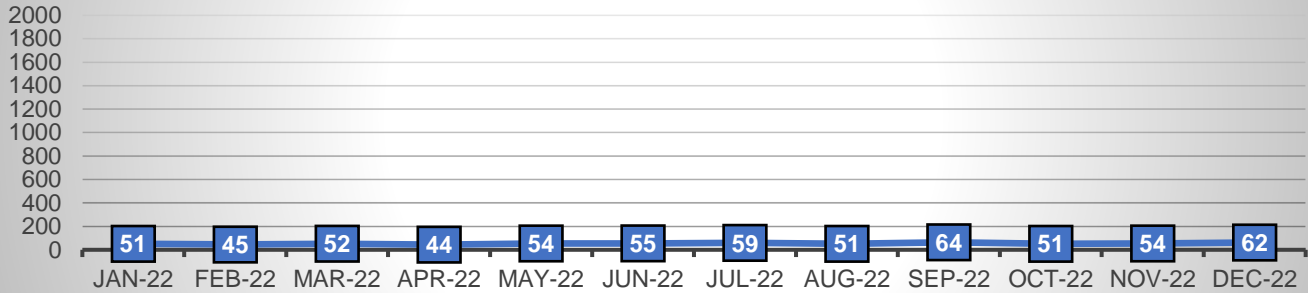
Adventist Health +Rideout APOT



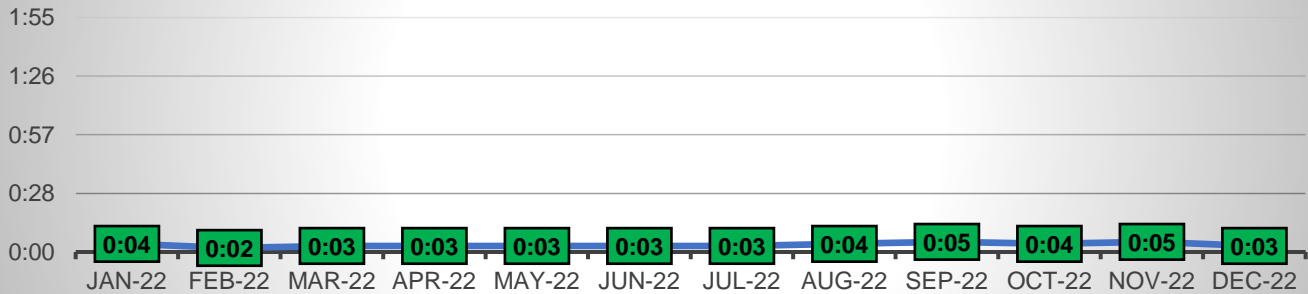


Colusa Medical Center APOT

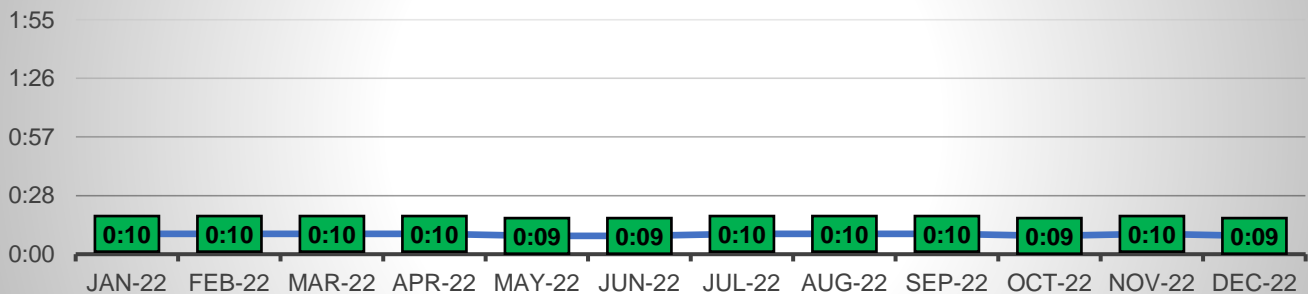
911 Transport Patient Count



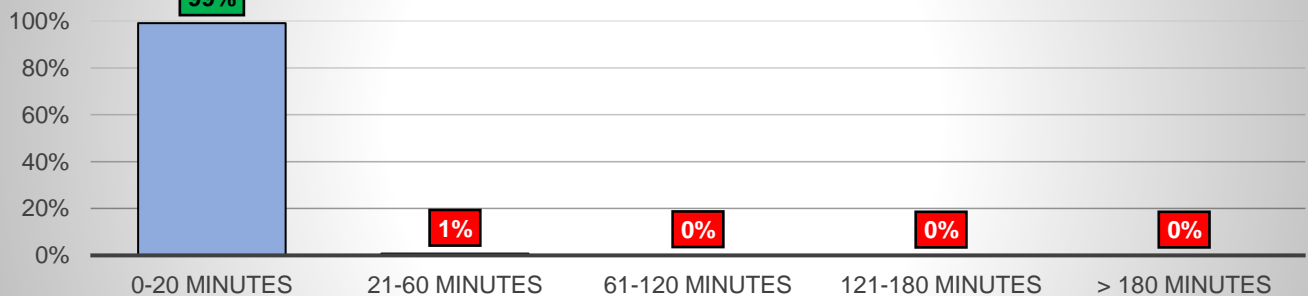
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



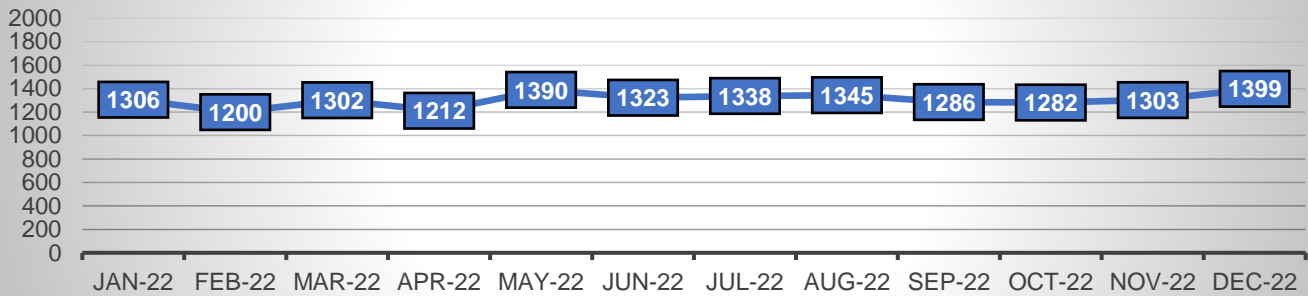
APOT 2 - Patient Offload Time Interval Percentages



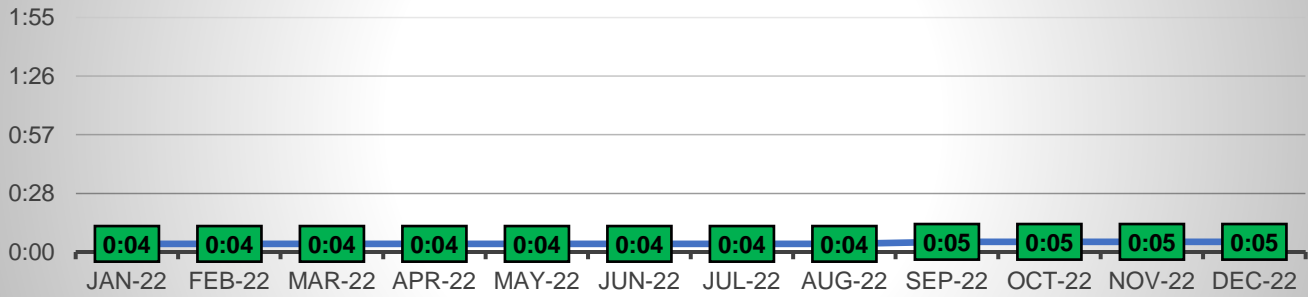


Enloe Medical Center APOT

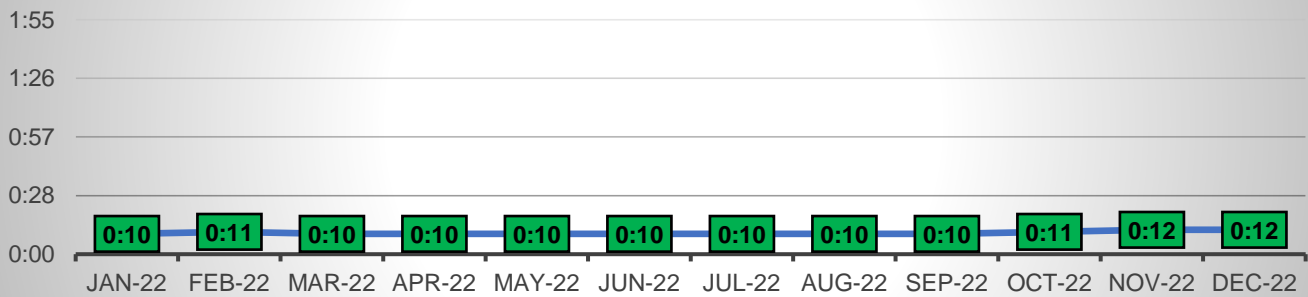
911 Transport Patient Count



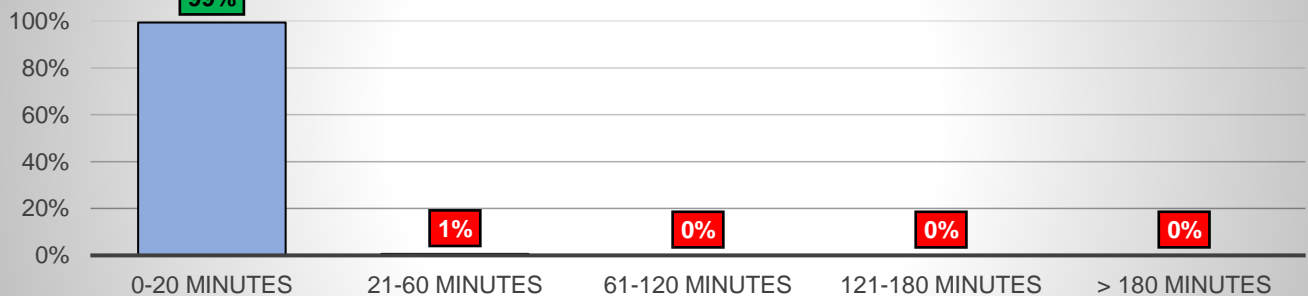
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



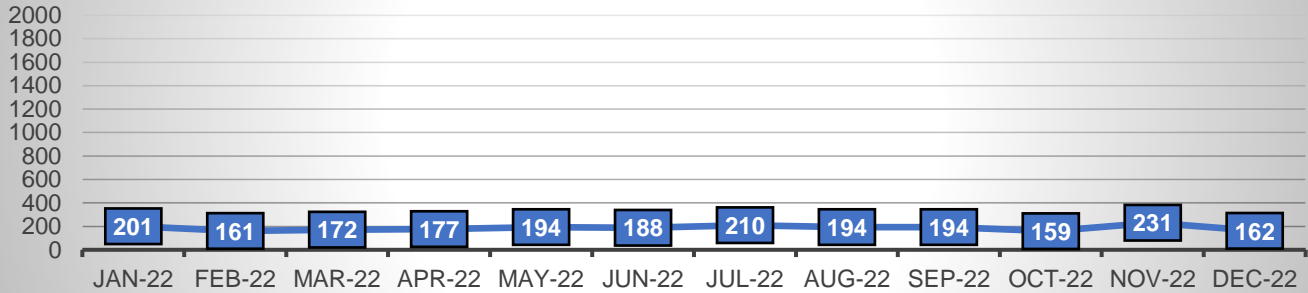
APOT 2 - Patient Offload Time Interval Percentages



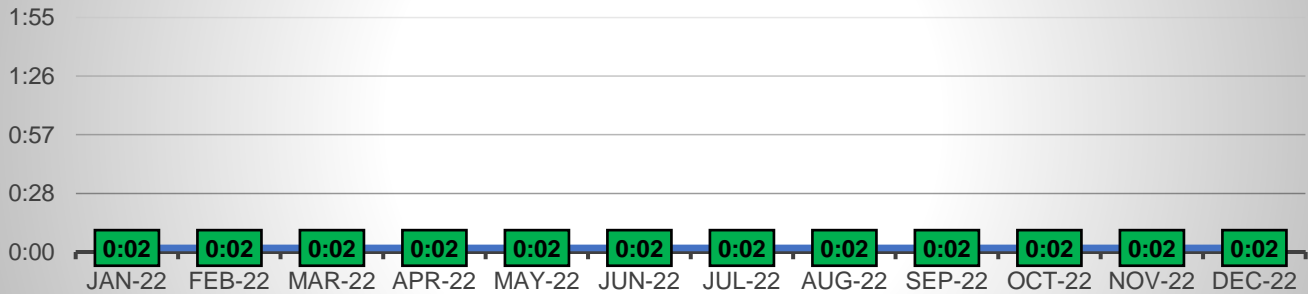


Fairchild Medical Center APOT

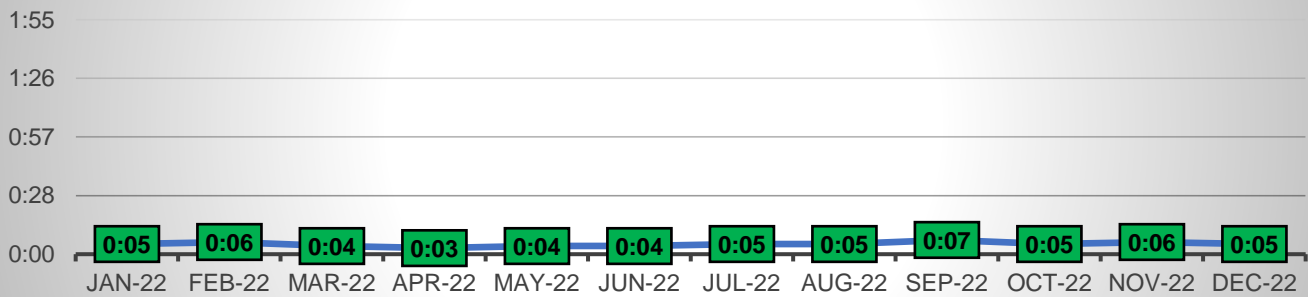
911 Transport Patient Count



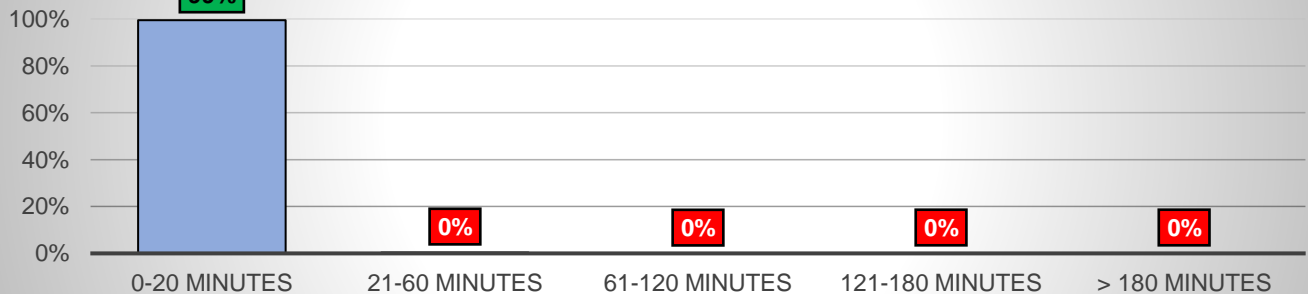
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



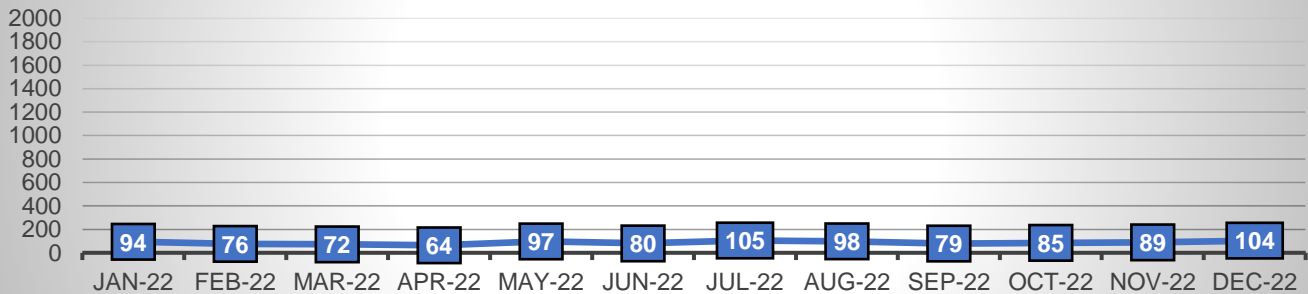
APOT 2 - Patient Offload Time Interval Percentages



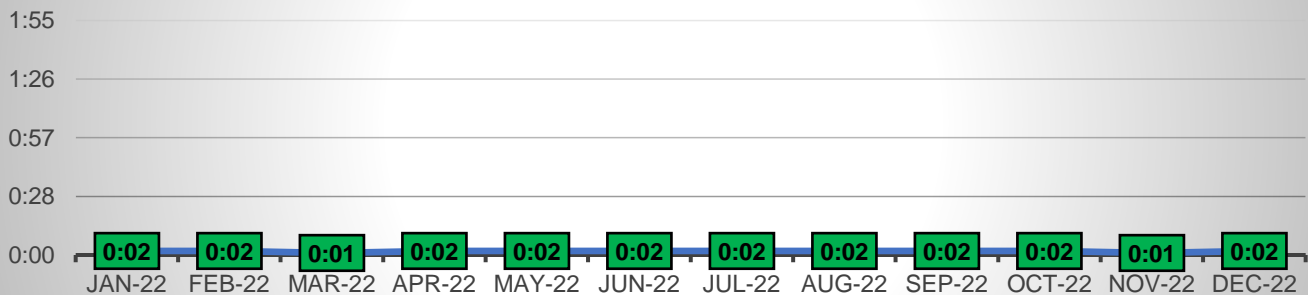


Glenn Medical Center APOT

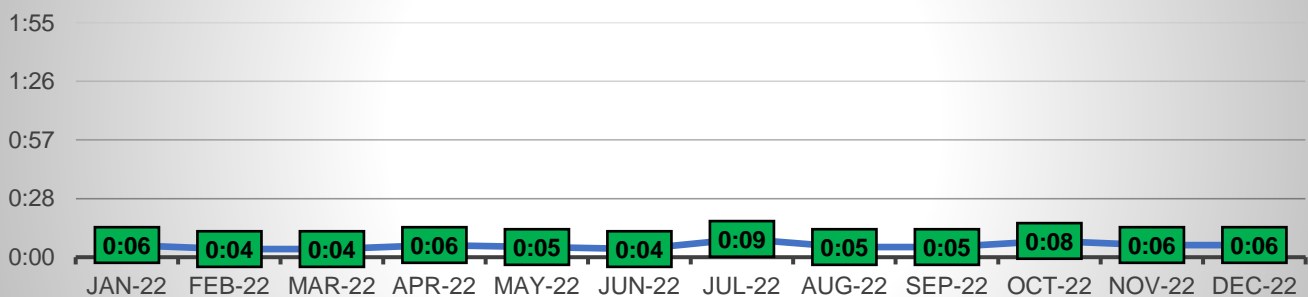
911 Transport Patient Count



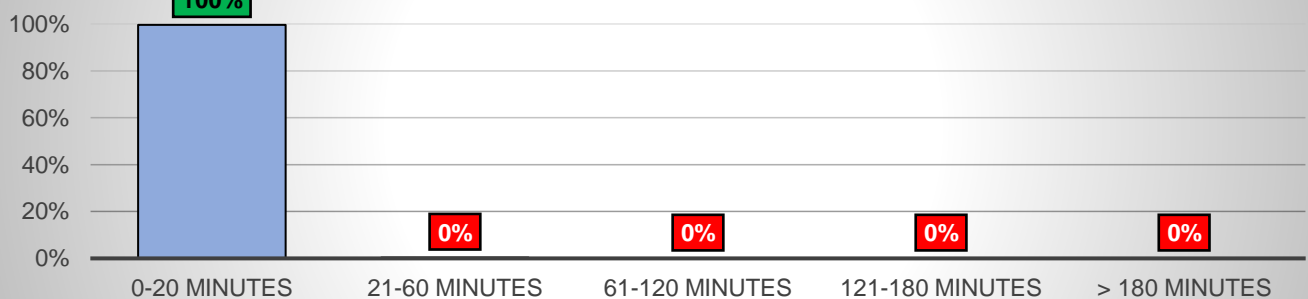
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



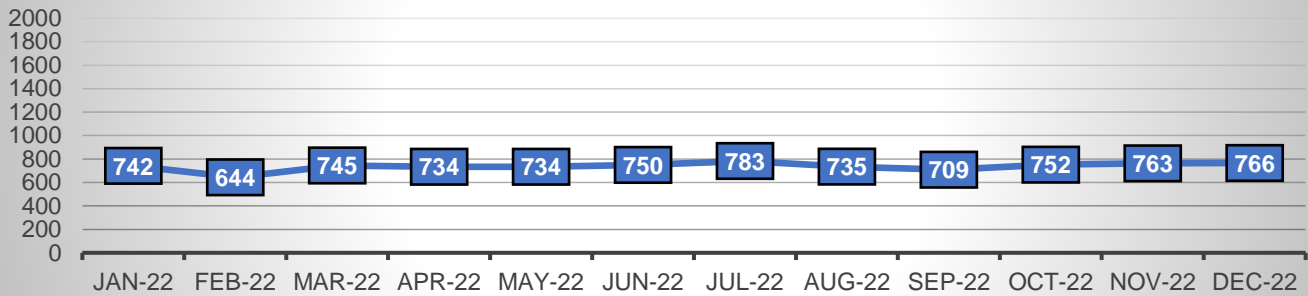
APOT 2 - Patient Offload Time Interval Percentages



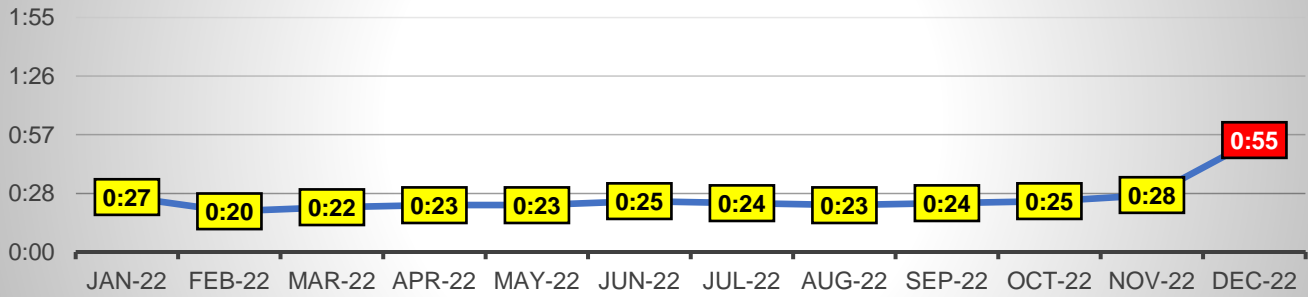


Kaiser Roseville Medical Center APOT

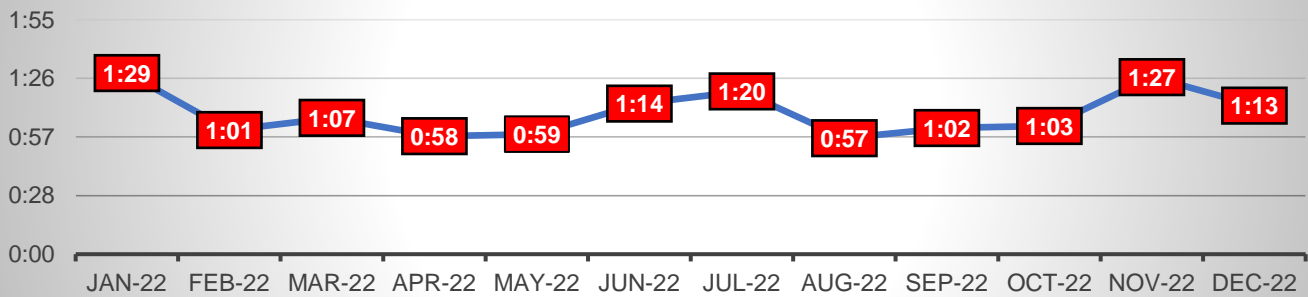
911 Transport Patient Count



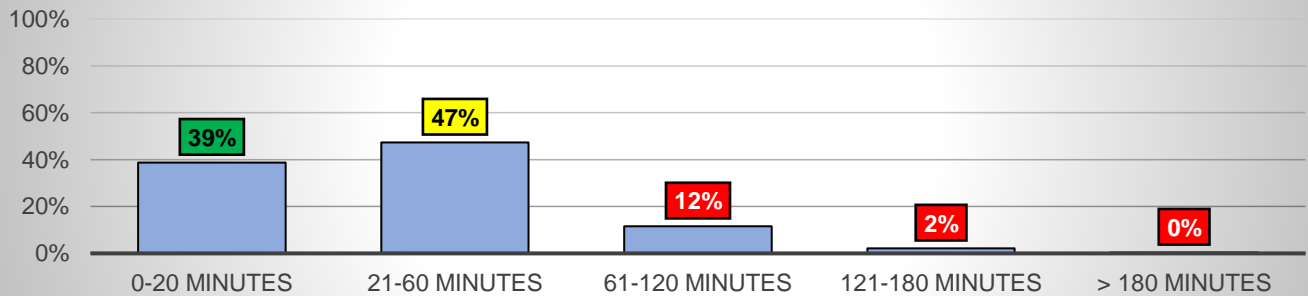
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



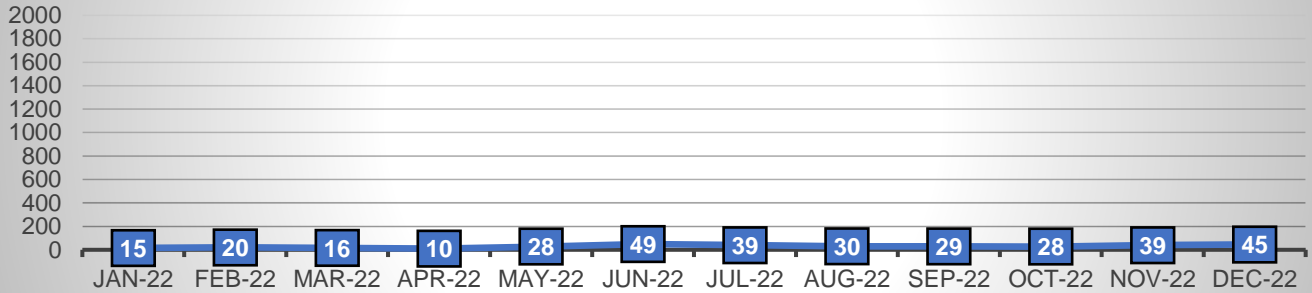
APOT 2 - Patient Offload Time Interval Percentages



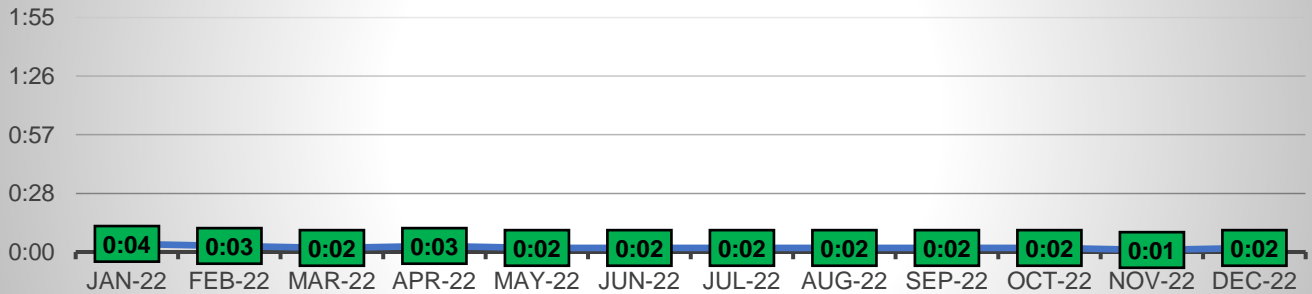


Mayers Memorial Hospital APOT

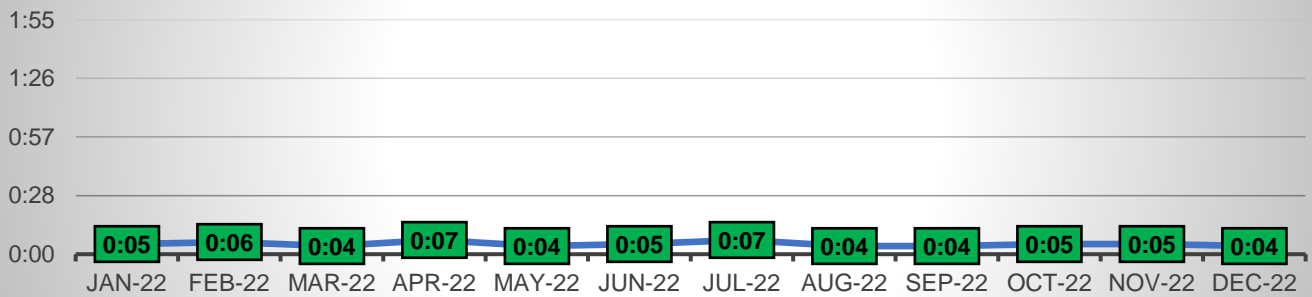
911 Transport Patient Count



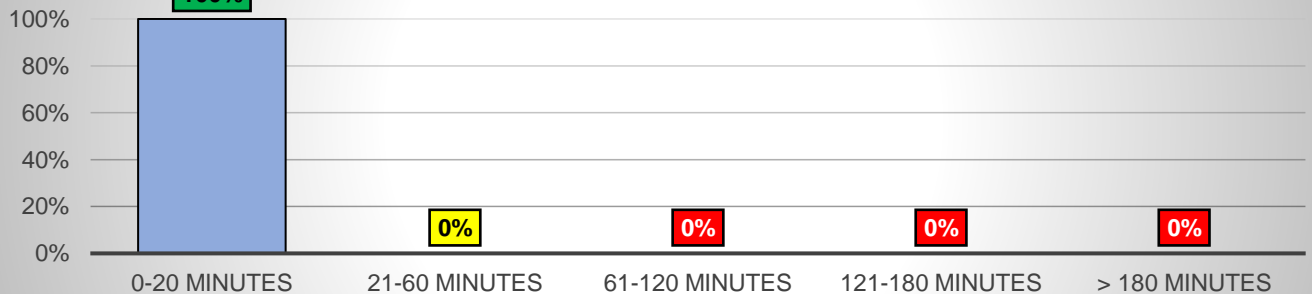
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



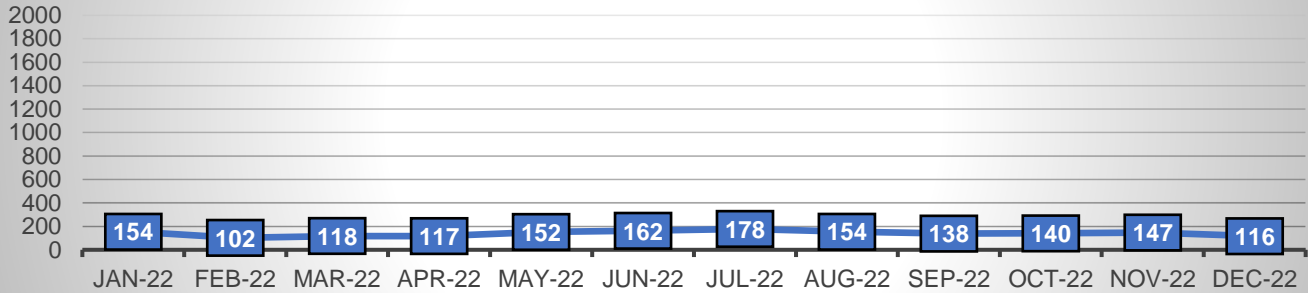
APOT 2 - Patient Offload Time Interval Percentages



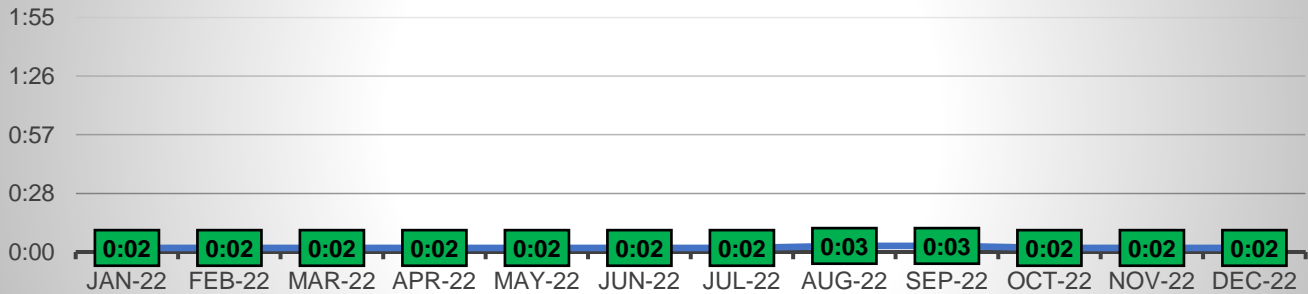


Mercy Mt. Shasta Medical Center APOT

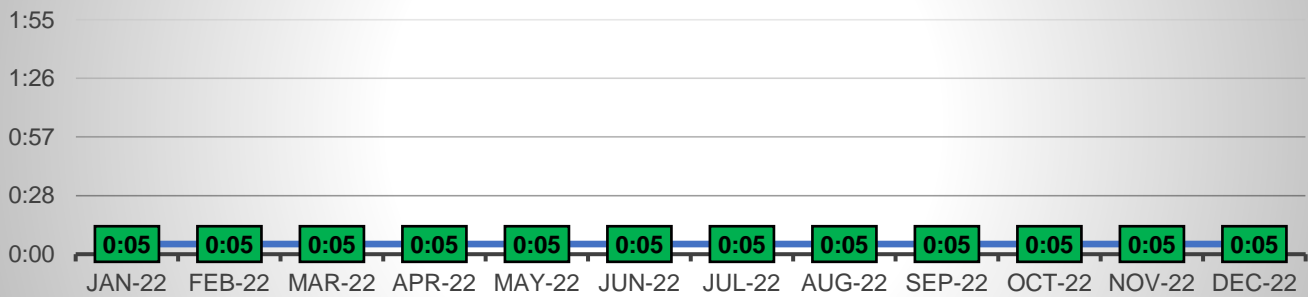
911 Transport Patient Count



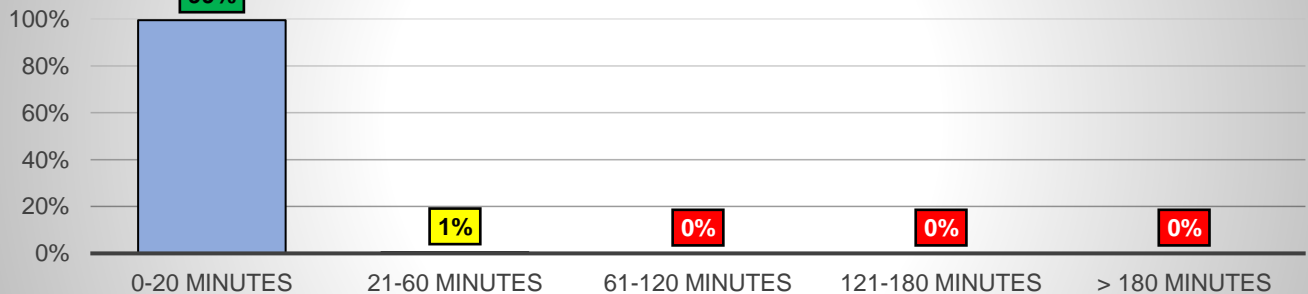
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



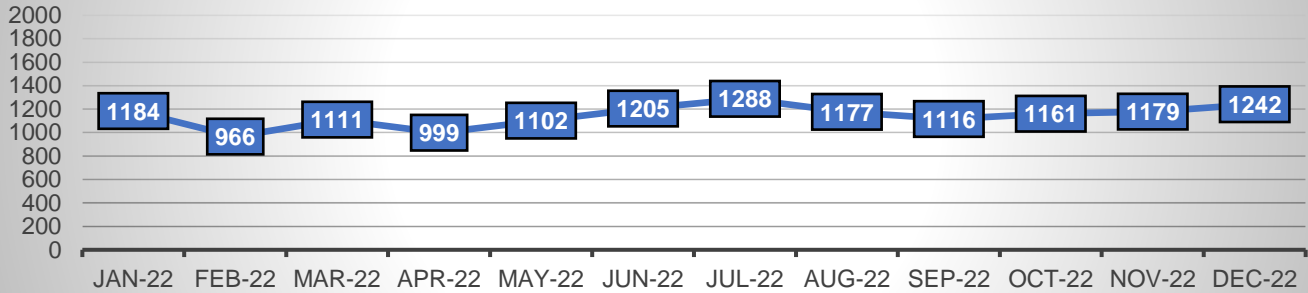
APOT 2 - Patient Offload Time Interval Percentages



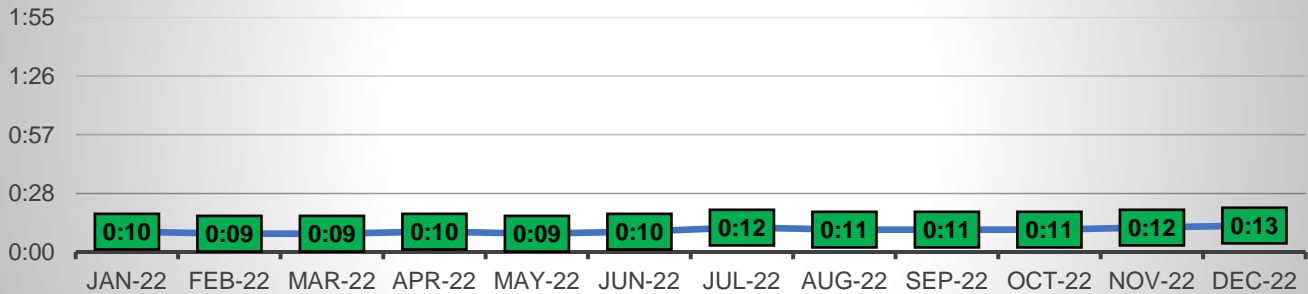


Mercy Medical Center Redding APOT

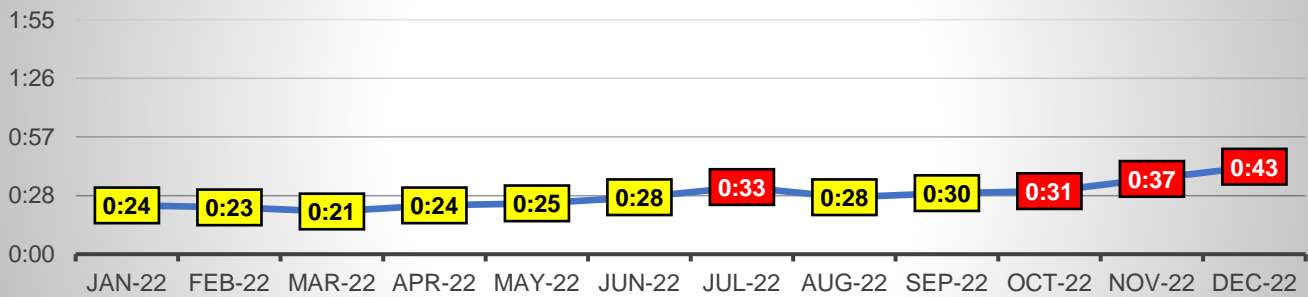
911 Transport Patient Count



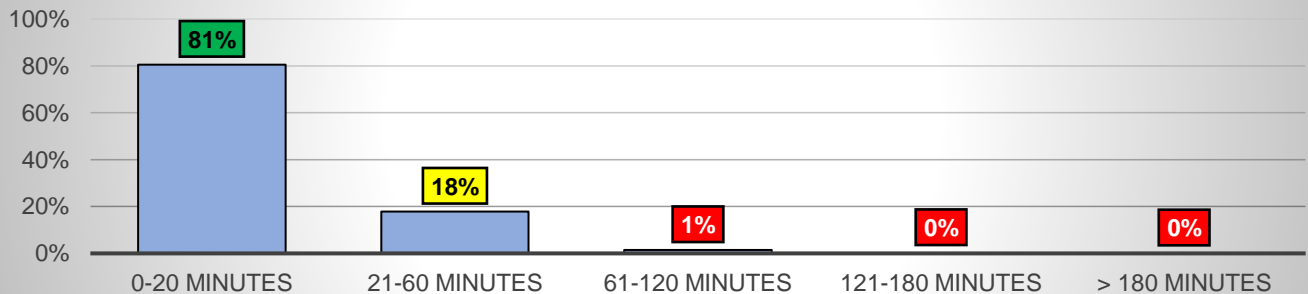
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



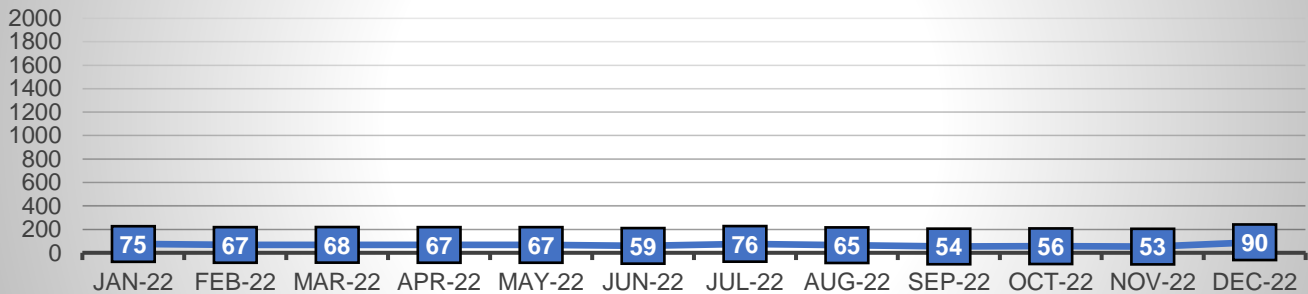
APOT 2 - Patient Offload Time Interval Percentages



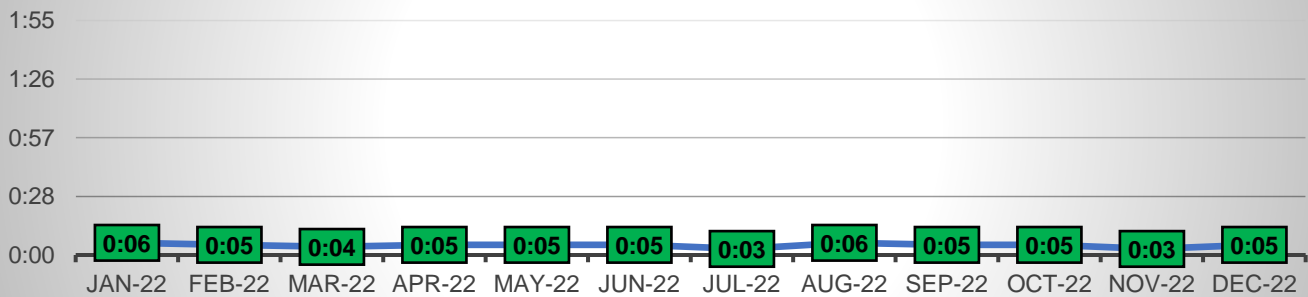


Orchard Hospital APOT

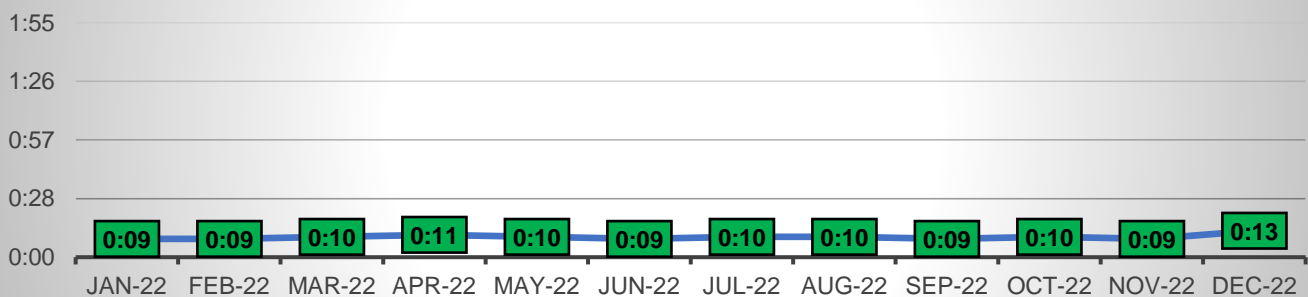
911 Transport Patient Count



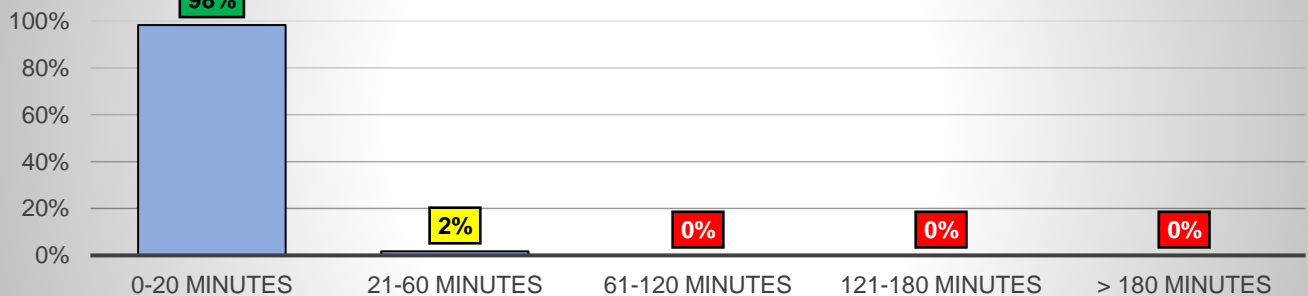
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



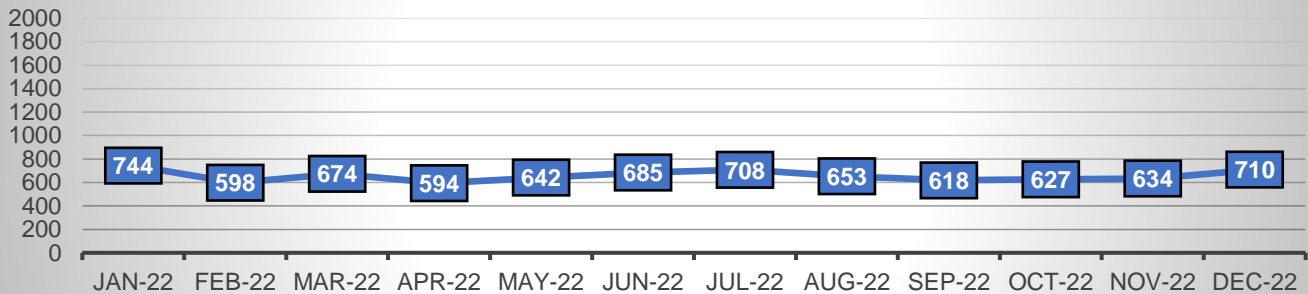
APOT 2 - Patient Offload Time Interval Percentages



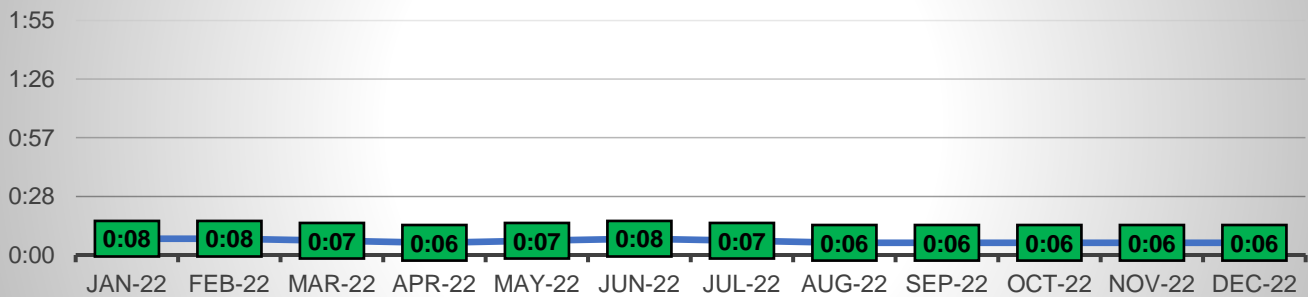


Oroville Hospital APOT

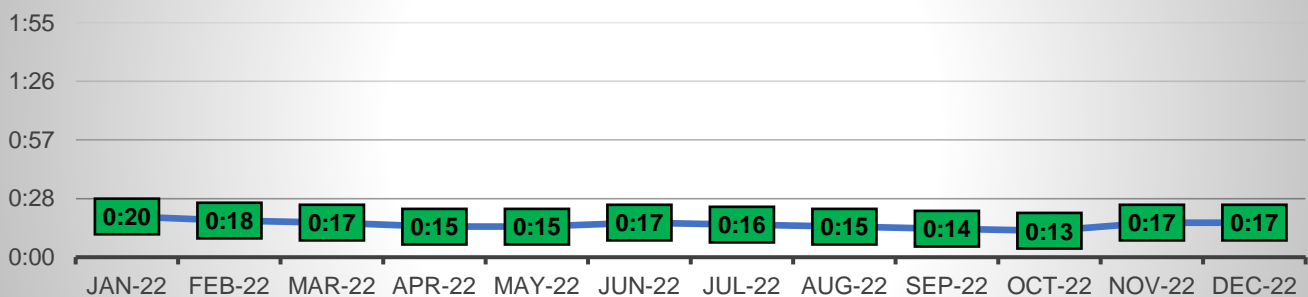
911 Transport Patient Count



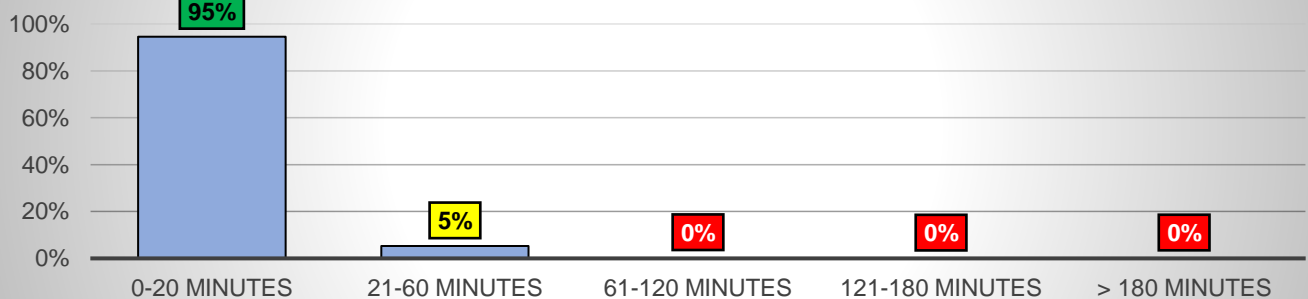
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



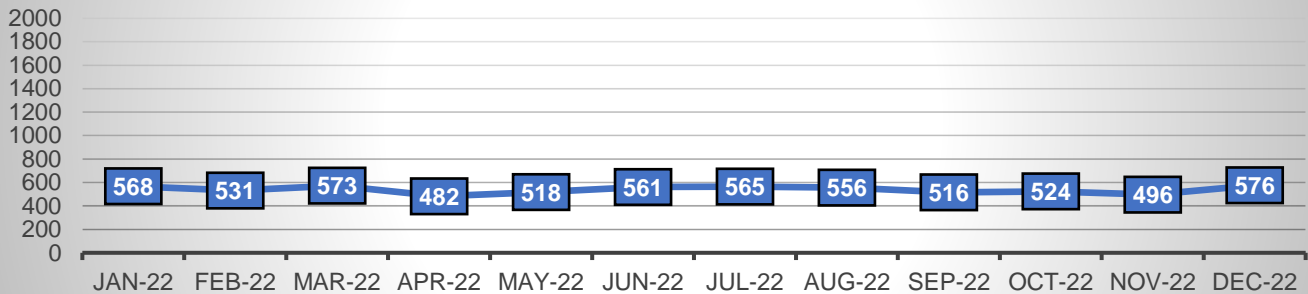
APOT 2 - Patient Offload Time Interval Percentages



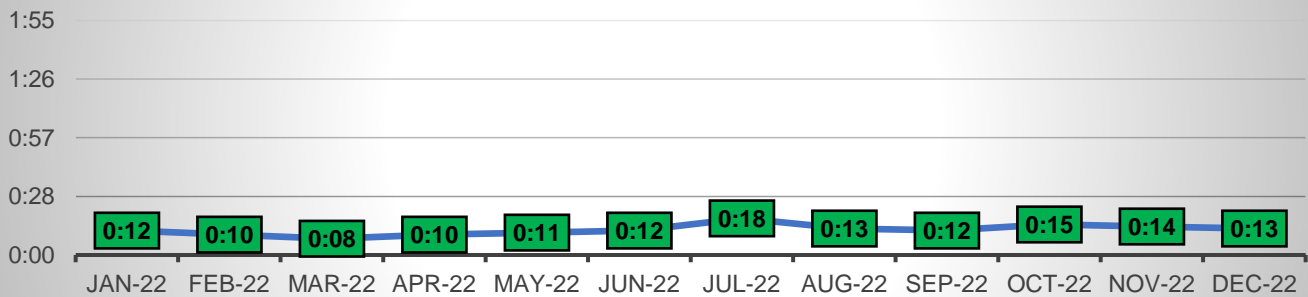


Shasta Regional Medical Center APOT

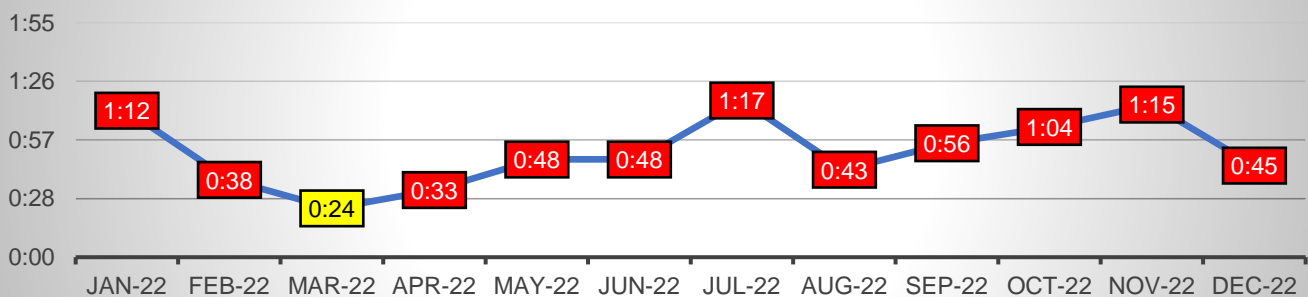
911 Transport Patient Count



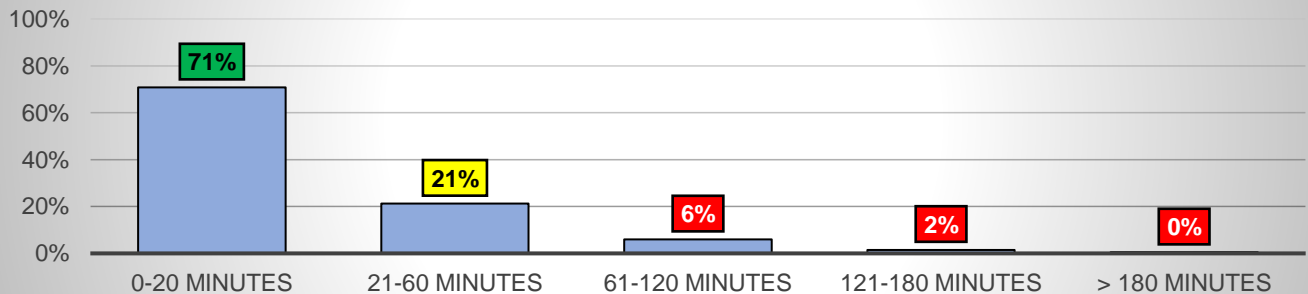
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



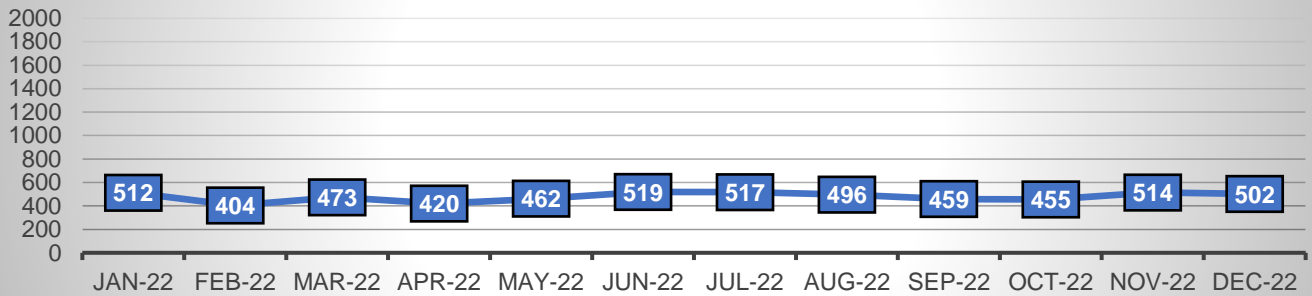
APOT 2 - Patient Offload Time Interval Percentages



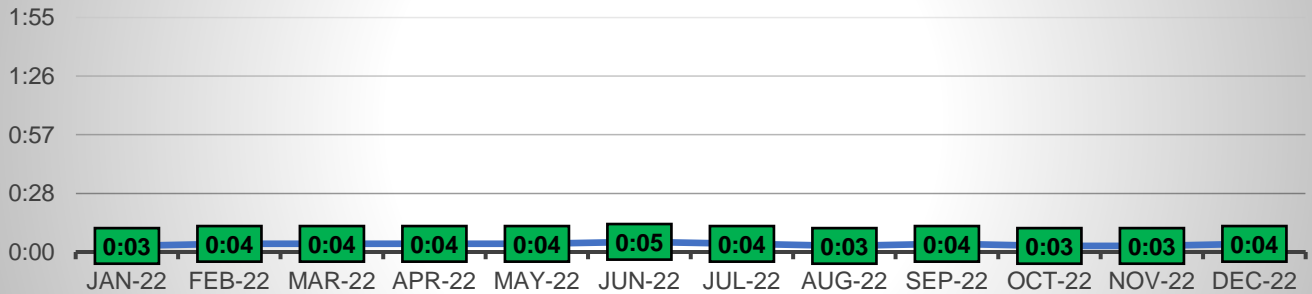


Sierra Nevada Memorial Hospital APOT

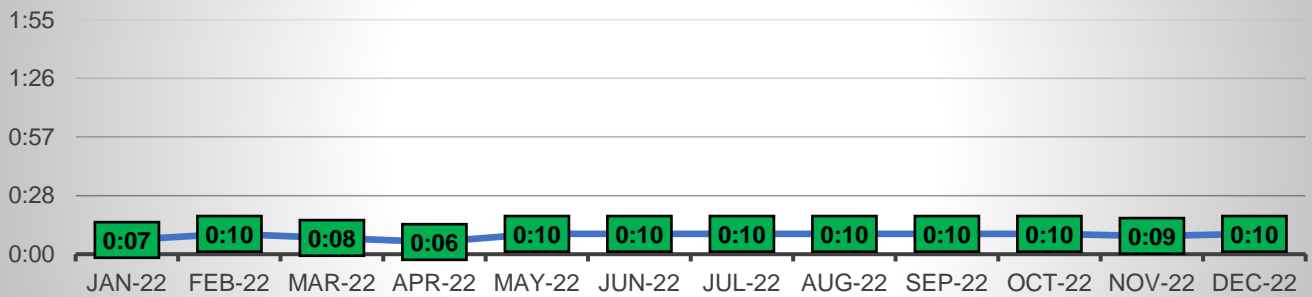
911 Transport Patient Count



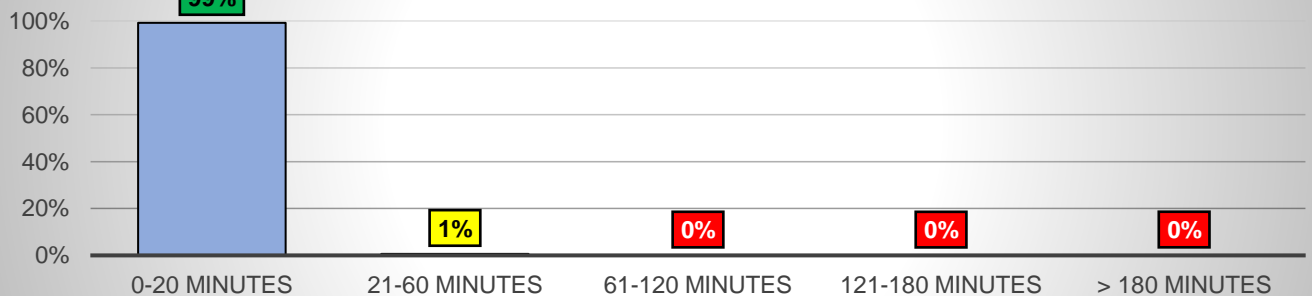
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



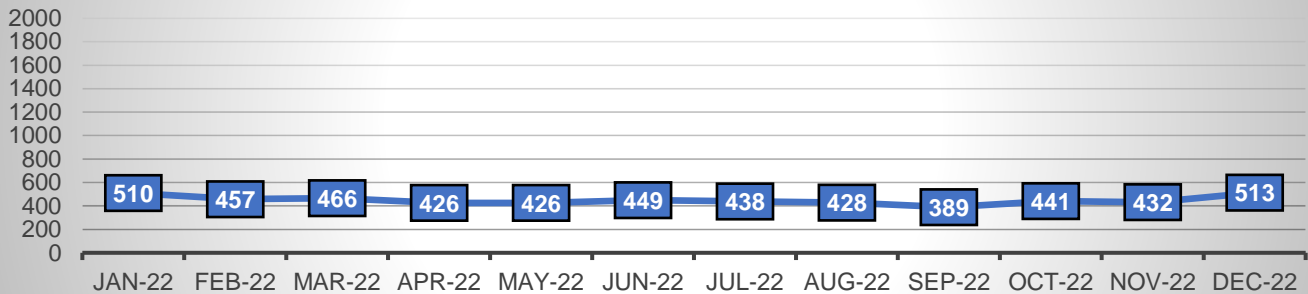
APOT 2 - Patient Offload Time Interval Percentages



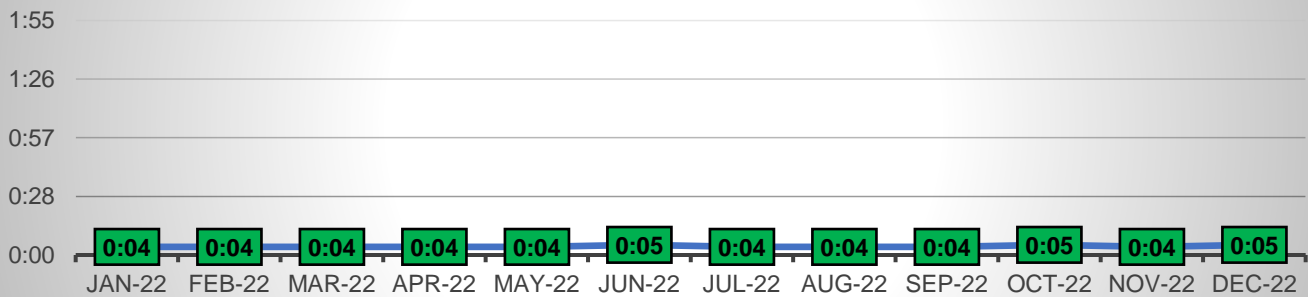


St. Elizabeth Hospital APOT

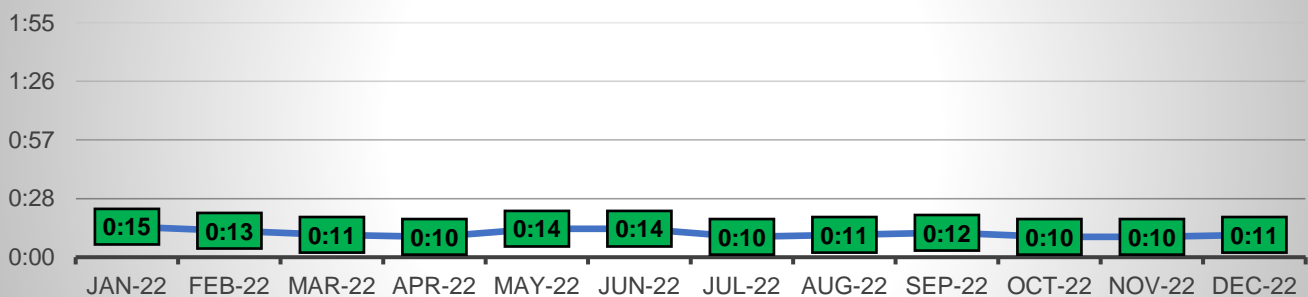
911 Transport Patient Count



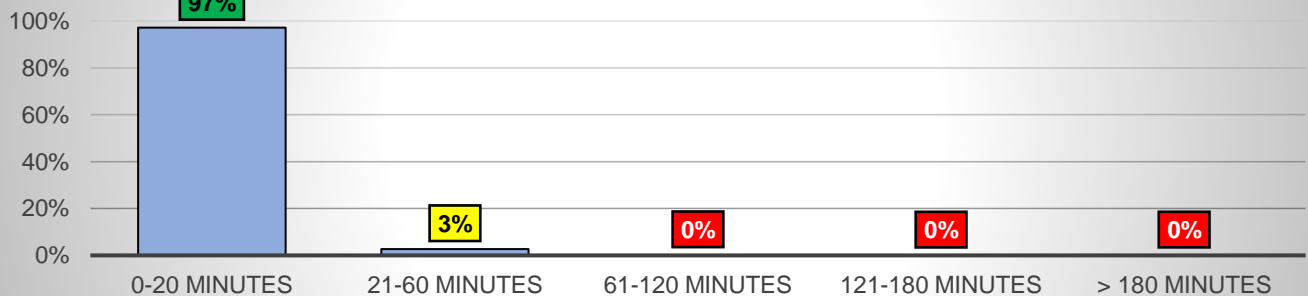
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



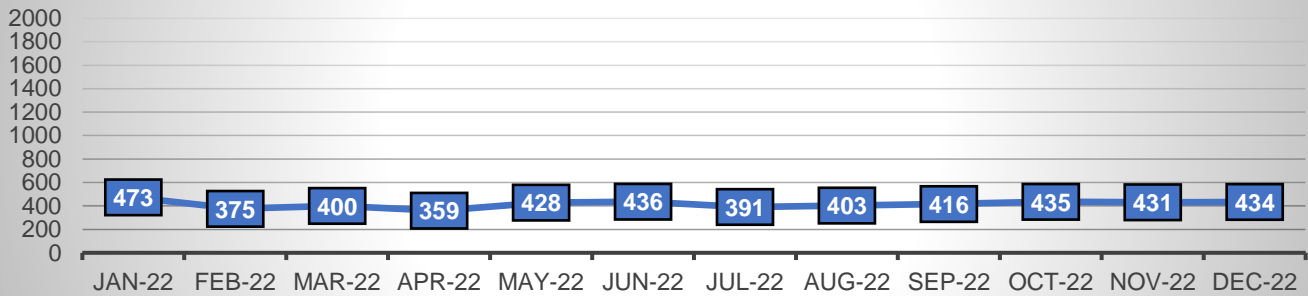
APOT 2 - Patient Offload Time Interval Percentages



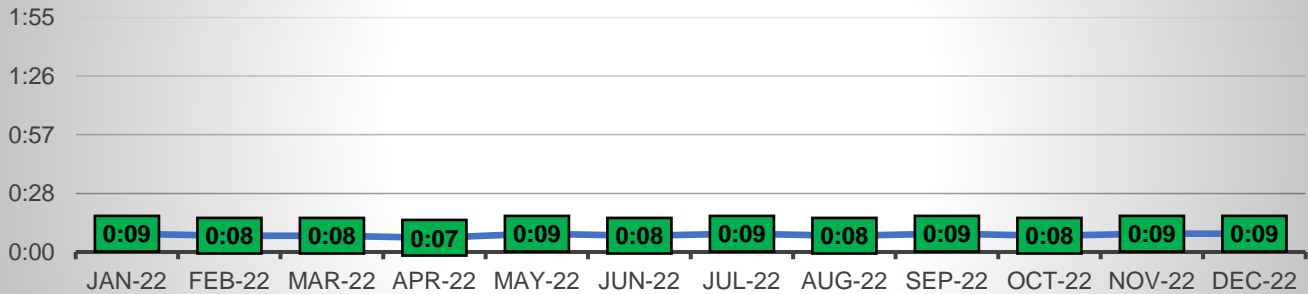


Sutter Auburn Faith Hospital APOT

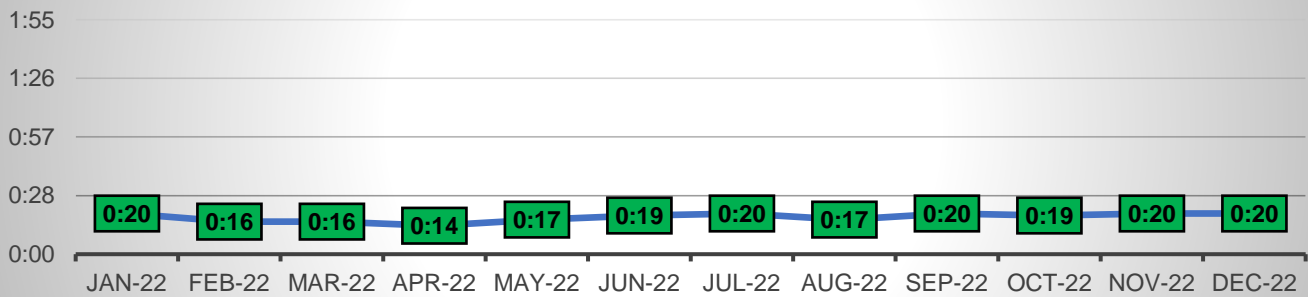
911 Transport Patient Count



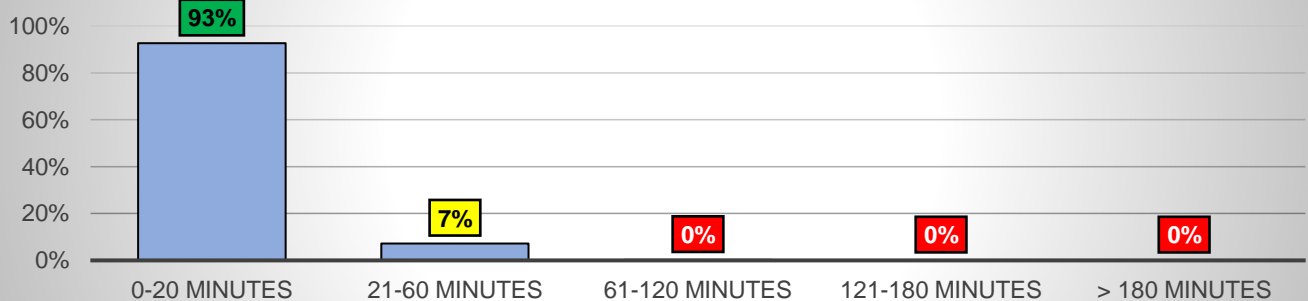
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)

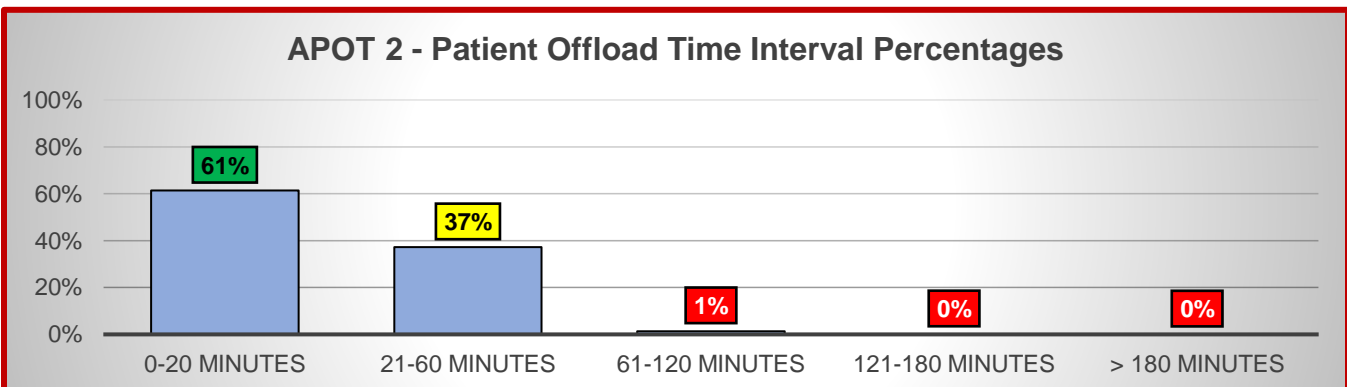
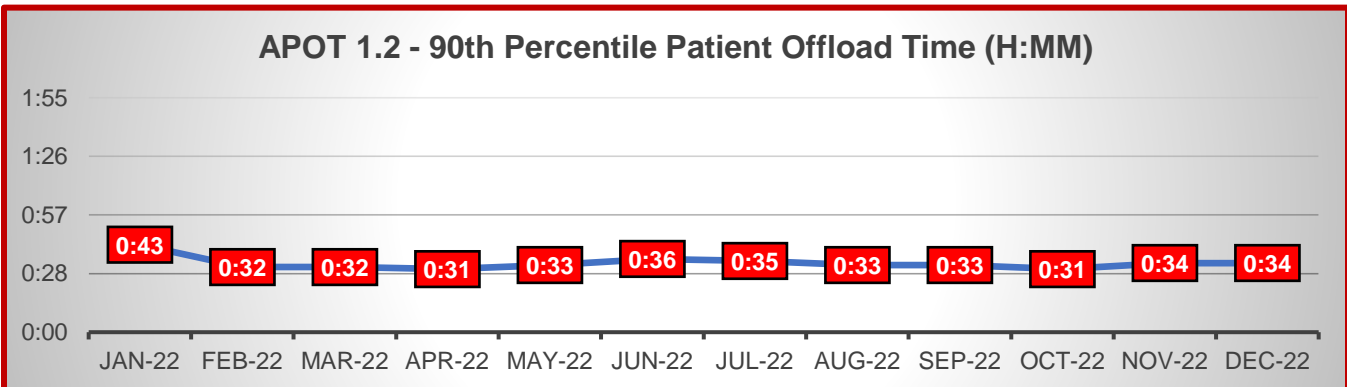
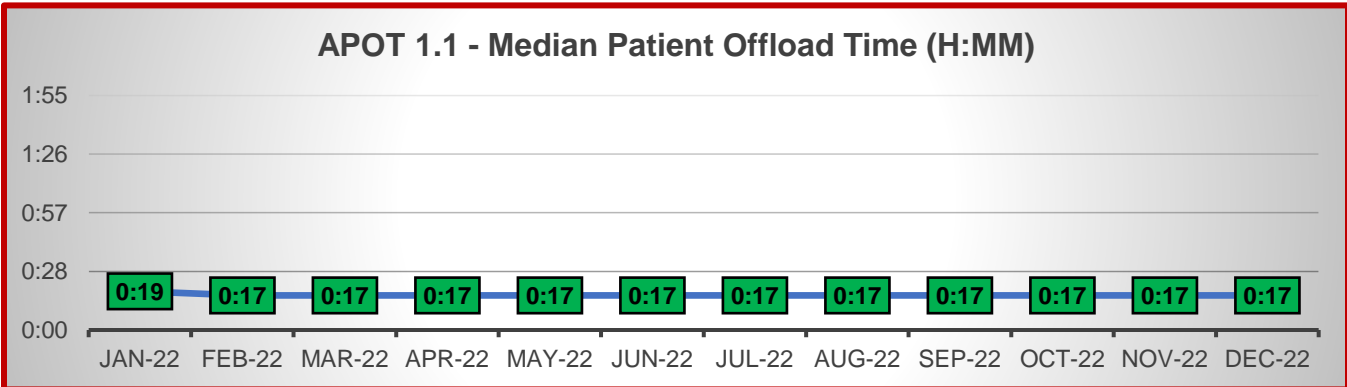
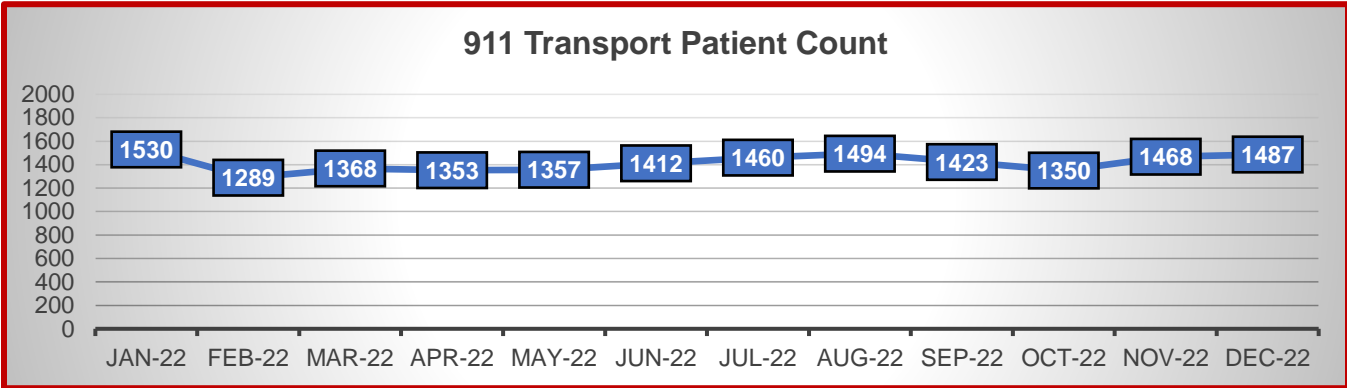


APOT 2 - Patient Offload Time Interval Percentages





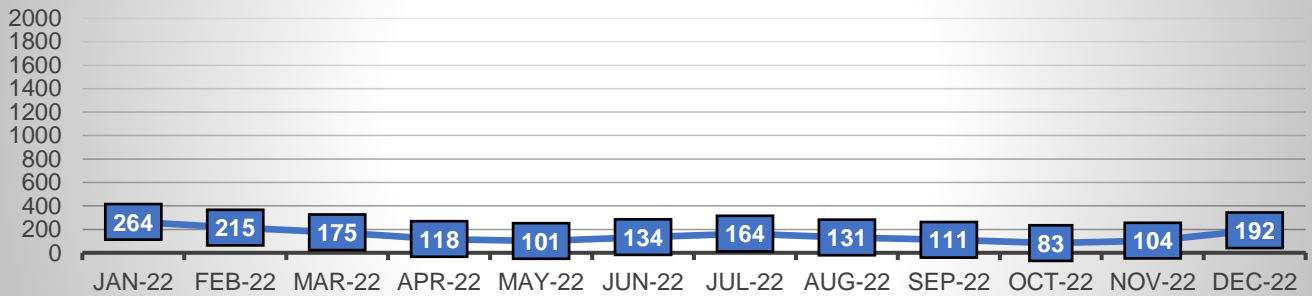
Sutter Roseville Medical Center APOT



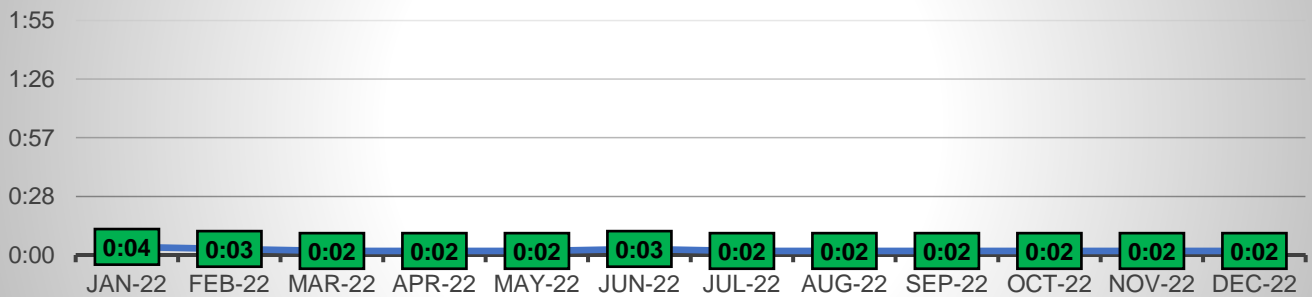


Tahoe Forest Hospital APOT

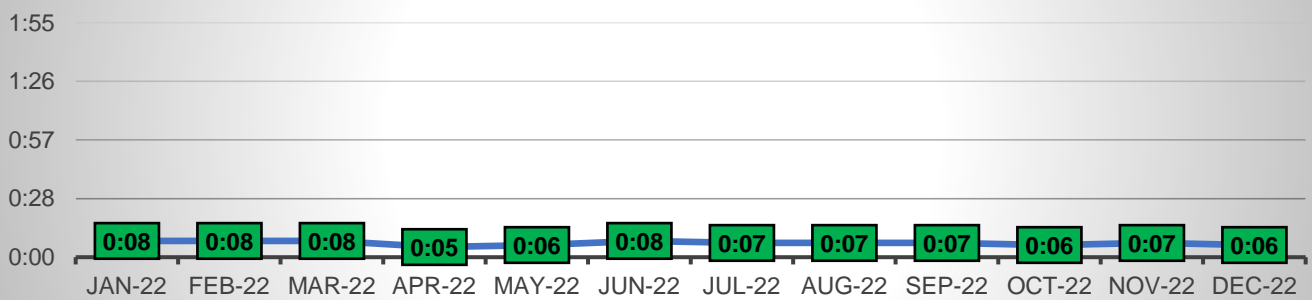
911 Transport Patient Count



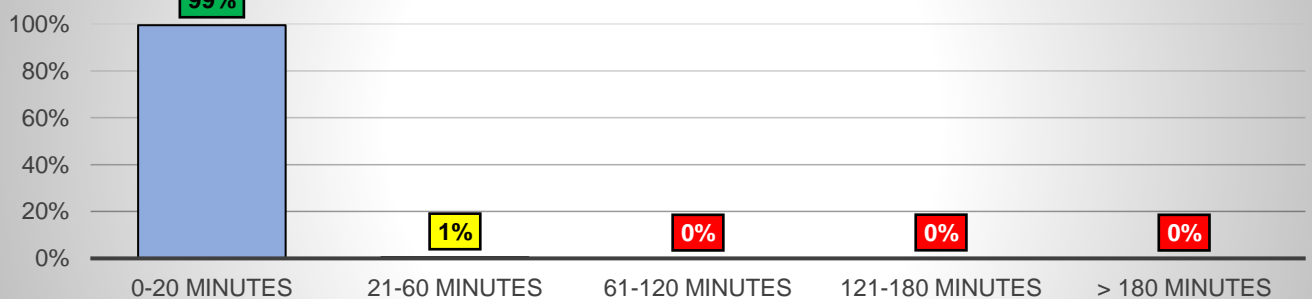
APOT 1.1 - Median Patient Offload Time (H:MM)



APOT 1.2 - 90th Percentile Patient Offload Time (H:MM)



APOT 2 - Patient Offload Time Interval Percentages



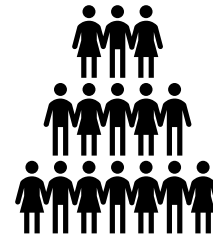


2022 S-SV EMS System Data Summary (Ground EMS)



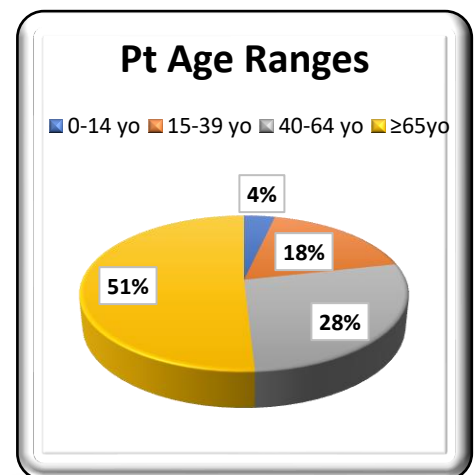
EMS System

- **911 Response's: 153,184**
 - Cancelled/Refused: 26%
 - Treated/Transported: 74%
- **Average 911 Transports/Day: 312**
- **Peak 911 EMS Service Day: Friday**
- **Peak 911 EMS Service Hours: 1100 – 1600 hours**
- **Median Ground Ambulance 911 Emergent Response Time: 7 min**
- **Interfacility/Medical Transports: 23,068**
- **Ambulance Patient Offload Time (APOT) Data**
 - 0-20 min: 84%
 - 21-60 min: 14%
 - 61-120 min: 2% (1948 patients)
 - 121-180 min: <1% (327 patients)
 - >180 min: <1% (77 patients)



Patient Information

- **Pt Gender:**
 - Female: 52%
 - Male: 48%
- **Pt Types:**
 - Medical: 78%
 - Trauma: 22%
- **EMS Documented Specialty Pts:**
 - Field Trauma Triage Criteria: 4025 pts
 - Average EMS Scene Time: 13:25 mins
 - Acute Stroke Primary Impression: 3100 pts
 - Average EMS Scene Time: 11:50 mins
 - STEMI Primary Impression: 678 pts
 - Average EMS Scene Time: 14:40 mins

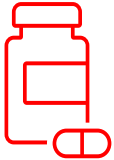




2022 S-SV EMS System Data Summary (Ground EMS)



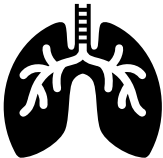
Patient Care Information



- **Total 911 Medication Administrations: 52,440**
 - Most Administered: Zofran – 10,484 (20% of all administrations)



- **Total 911 Naloxone Administrations: 1473**
 - Bystander Naloxone Administrations: 192
 - Law Enforcement Naloxone Administrations: 201
 - Fire Department Naloxone Administrations: 291
 - 10 out of 146 total zip codes in the S-SV EMS region accounted for 50% of all naloxone deployments/utilizations



- **Adult Advanced Airway Attempts/Success Rates**
 - BLS King Airways: 5 pts (80% success rate)
 - ALS King Airways: 12 pts (83% success rate)
 - BLS i-gel Airways: 430 pts (96% success rate)
 - ALS i-gel Airways: 960 pts (92% success rate)
 - Oral Intubations: 417 pts (59% success rate)



- **Total Non-Traumatic Cardiac Arrest Pts: 1289**
 - Bystander CPR: 397 pts (31% of all cardiac arrest pts)
 - EMS Manual CPR: 1046 pts
 - Prehospital Return of Spontaneous Circulation (ROSC): 221 pts (21%)
 - EMS Mechanical CPR: 243 pts
 - Prehospital Return of Spontaneous Circulation (ROSC): 59 pts (24%)



FD AED Outcome	AED Count
No AED	17
Not Applicable	13
Not Recorded	6
Yes, Applied without Defibrillation	49
Yes, With Defibrillation	27



2022 S-SV EMS System Data Summary (Ground EMS)



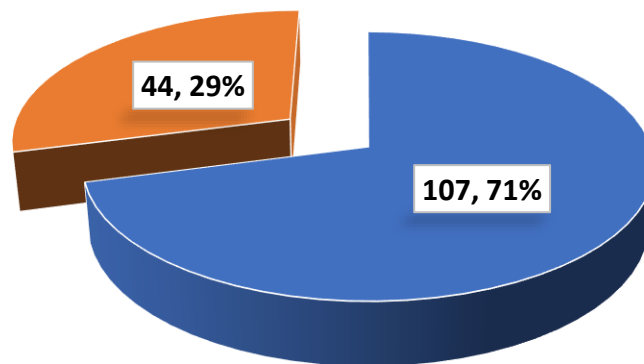
CMS Emergency Triage, Treat, and Transport (ET3) Pilot Project

- **Participating Providers:**
 - AMR Placer County
 - AMR Shasta County
- **Total Eligible Pt Encounters: 151**



S-SV EMS 2022 Regional ET3 Pt Disposition Data

- Alternative Disposition Offered - Refused - Pt Count, %
- Alternative Disposition Offered - Accepted - Pt Count, %



S-SV EMS 2021 & 2022
Regional Medical Control Advisory
Committee Meeting Agendas

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

535 MENLO DRIVE, SUITE A
ROCKLIN, CA 95765

TROY M. FALCK, MD, FACEP, FAAEM
MEDICAL DIRECTOR

WWW.SSVEMS.COM

PHONE: (916) 625-1702
FAX: (916) 625-1720

SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee



January 19, 2021

9:00 am – 10:30 am

In-Person Meeting Location

S-SV EMS Rocklin Office
535 Menlo Drive, Suite A

WebEx Remote Participant Information

WebEx Software/Application Audio and/or Video:

- Meeting link (click or copy and paste in your computer browser):
<https://ssvemsagency.my.webex.com/ssvemsagency.my/j.php?MTID=m825eb32715f2c8ed841c68c9bb7e715a>
- Meeting number (if using the WebEx desktop or mobile application): **126 926 6994**
- Meeting password (if using the WebEx desktop or mobile application): **1702**

Telephone (Audio Only):

- Telephone number: **(408) 418-9388**
- Meeting number: **126 926 6994**
- Meeting password: **1702**

Important Remote Participant Notes:

- Participants will be automatically muted upon joining, and are requested to remain on mute unless actively speaking/interacting with other meeting participants.
 - If joining through WebEx, use the mute/unmute button on your screen as needed.
 - If joining by telephone, dial *6 on your telephone keypad to unmute/re-mute your line.
- To avoid audio echo/feedback issues, please ensure that your computer audio is not connected, or muted, if you will also be using a separate telephone audio connection.
- If using a telephone, please do not put the call on hold to avoid background music or other audio sounds from inadvertently playing.

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: November 17, 2020
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)
6. New Business
 - Policy actions for final review and approval:
 - P-16 Pediatric Respiratory Distress – Stridor
 - P-18 Pediatric Allergic Reaction/Anaphylaxis
 - P-20 Pediatric Shock
 - P-22 Pediatric Overdose/Poisoning
 - P-24 Pediatric Altered Level Of Consciousness
 - P-26 Pediatric Seizure
 - N-2 Seizure
 - T-3 Suspected Moderate/Severe Traumatic Brain Injury (TBI)
 - P-28 Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI)
 - Policy actions for initial review:
 - 305 Base/Modified Base Hospital Program
 - 460 Tactical Emergency Medical Services (TEMS)
 - 505 Patient Destination

- 705 Prehospital Provider Agency Unit Inspections
- 706 Equipment & Supply Shortages
- 715 Biomedical Equipment Maintenance
- 860 Trauma Triage Criteria

7. S-SV EMS Information Update

8. Medical Directors Report

9. Next Meeting Date: March 16, 2021

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee



March 16, 2021

9:00 am – 10:00 am

South Meeting Location	North Meeting Location
<p>S-SV EMS Rocklin Office 535 Menlo Drive, Suite A</p>	<p>S-SV EMS Redding Office 1255 East Street, Suite 201</p>
WebEx Remote Participant Information	
<p>WebEx Software/Application Audio and/or Video:</p> <ul style="list-style-type: none"> Meeting link (click or copy and paste in your computer browser): https://ssvemsagency.my.webex.com/ssvemsagency.my/j.php?MTID=m825eb32715f2c8ed841c68c9bb7e715a Meeting number (if using the WebEx desktop or mobile application): 126 926 6994 Meeting password (if using the WebEx desktop or mobile application): 1702 <p>Telephone (Audio Only):</p> <ul style="list-style-type: none"> Telephone number: (408) 418-9388 Meeting number: 126 926 6994 Meeting password: 1702 <p>Important Remote Participant Notes:</p> <ul style="list-style-type: none"> Participants will be automatically muted upon joining, and are requested to remain on mute unless actively speaking/interacting with other meeting participants. <ul style="list-style-type: none"> If joining through WebEx, use the mute/unmute button on your screen as needed. If joining by telephone, dial *6 on your telephone keypad to unmute/re-mute your line. To avoid audio echo/feedback issues, please ensure that your computer audio is not connected, or muted, if you will also be using a separate telephone audio connection. If using a telephone, please do not put the call on hold to avoid background music or other audio sounds from inadvertently playing. 	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: January 19, 2021
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)
6. New Business
 - Policy actions for final review and approval:
 - 305 Base/Modified Base Hospital Program
 - 460 Tactical Emergency Medical Services (TEMS)
 - 505 Patient Destination
 - 705 Prehospital Provider Agency Unit Inspections
 - 706 Equipment & Supply Shortages
 - 715 Biomedical Equipment Maintenance
 - 860 Trauma Triage Criteria
 - Policy actions for initial review:
 - 820 Determination Of Death
 - 830 Suspected Child Abuse/Neglect Reporting
 - 832 Suspected Elder/Dependent Adult Abuse Reporting
 - 844 Transfer Of Patient Care
 - 927 EMS Incident Reporting & Investigation

- 1107 12-Lead EKG Procedure

7. S-SV EMS Information Update

8. Medical Directors Report

9. Next Meeting Date: May 18, 2021

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee

May 18, 2021

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none">• Telephone number: (408) 418-9388• Meeting number: 294 273 687 <p>Remote Participant Notes:</p> <ul style="list-style-type: none">• Please remain on mute unless actively speaking/interacting. You can use the mute button on your telephone, or dial *6 on your telephone keypad to mute/unmute your line.• Please do not put the telephone call on hold to avoid background music from playing.	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: March 16, 2021
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)
6. New Business
 - Appointment of Paramedic/Prehospital Voting Committee Representatives

- Election of Vacant Committee Vice-Chairperson Position
- Policy Actions for Final Review and Approval:
 - 820 Determination Of Death
 - 830 Suspected Child Abuse/Neglect Reporting
 - 832 Suspected Elder/Dependent Adult Abuse Reporting
 - 844 Transfer Of Patient Care
 - 927 EMS Incident Reporting & Investigation
 - 1107 12-Lead EKG Procedure
- Policy Actions for Initial Review:
 - R-1 Airway Obstruction
 - M-3 Phenothiazine/Dystonic Reaction
 - M-7 Nausea/Vomiting
 - M-8 Pain Management
 - P-34 Pediatric Pain Management
 - N-3 Suspected Stroke
 - T-2 Tension Pneumothorax
 - 1103 Needle Cricothyrotomy
 - 1007 EMS Student Field Training

7. S-SV EMS Information Update

8. Medical Directors Report

9. Next Meeting Date: July 20, 2021

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

535 MENLO DRIVE, SUITE A
ROCKLIN, CA 95765

TROY M. FALCK, MD, FACEP, FAAEM
MEDICAL DIRECTOR

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PHONE: (916) 625-1702
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Regional Medical Control Advisory Committee

September 21, 2021

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none">• Audio Telephone Number: (408) 418-9388• Access Code/Meeting Number: 2554 064 1639• Numeric Meeting Password: 1702• All attendees are automatically muted on entry. Please remain on mute unless actively speaking. Dial *6 on your telephone keypad to unmute/mute your line.	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: May 18, 2021
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)

6. New Business

- Policy Actions for Final Review and Approval:
 - R-1 Airway Obstruction
 - M-3 Phenothiazine/Dystonic Reaction
 - M-7 Nausea/Vomiting
 - M-8 Pain Management
 - P-34 Pediatric Pain Management
 - N-3 Suspected Stroke
 - T-2 Tension Pneumothorax
 - 1103 Needle Cricothyrotomy
 - 1007 EMS Student Field Training
 - 1108 Prehospital Blood Draws

- Policy Actions for Initial Review:
 - OB/G-1 Childbirth
 - 1110 ALS/LALS Annual Infrequently Used Skills Verification & Regional Training Module
 - 1110-A AEMT Infrequently Used Skills Annual Verification Tracking Sheet
 - 1110-B Paramedic Infrequently Used Skills Annual Verification Tracking Sheet
 - 1110-C Adult Endotracheal Intubation Skills Verification Checklist
 - 1110-D-1 Adult i-gel Airway Device Skills Verification Checklist
 - 1110-D-2 Pediatric i-gel Airway Device Skills Verification Checklist
 - 1110-E King Airway Device Skills Verification Checklist

- 1110-F Needle Cricothyrotomy Skills Verification Checklist
- 1110-G Needle Thoracostomy Skills Verification Checklist
- 1110-H Adult Cardioversion/Defibrillation Skills verification Checklist
- 1110-I Pediatric Cardioversion/Defibrillation Skills verification Checklist
- 1110-J Transcutaneous Cardiac Pacing Skills Verification Checklist
- 1110-K Intraosseous Infusion Skills Verification Checklist
- 1110-L Multiple Casualty Incident (MCI) Response Procedures Checklist

7. S-SV EMS Information Update

8. Medical Directors Report

9. Next Meeting Date: November 16, 2021

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee

November 16, 2021

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none">• Audio Telephone Number: (408) 418-9388• Access Code/Meeting Number: 2554 064 1639• Numeric Meeting Password: 1702• All attendees are automatically muted on entry. Please remain on mute unless actively speaking. Dial *6 on your telephone keypad to unmute/mute your line.	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: September 21, 2021
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)

6. New Business

- 2022 Meeting Calendar
- Policy Actions for Final Review and Approval:
 - OB/G-1 Childbirth
 - 1110 ALS/LALS Annual Infrequently Used Skills Verification & Regional Training Module
 - 1110-A AEMT Infrequently Used Skills Annual Verification Tracking Sheet
 - 1110-B Paramedic Infrequently Used Skills Annual Verification Tracking Sheet
 - 1110-C Adult Endotracheal Intubation Skills Verification Checklist
 - 1110-D-1 Adult i-gel Airway Device Skills Verification Checklist
 - 1110-D-2 Pediatric i-gel Airway Device Skills Verification Checklist
 - 1110-E King Airway Device Skills Verification Checklist
 - 1110-F Needle Cricothyrotomy Skills Verification Checklist
 - 1110-G Needle Thoracostomy Skills Verification Checklist
 - 1110-H Adult Cardioversion/Defibrillation Skills verification Checklist
 - 1110-I Pediatric Cardioversion/Defibrillation Skills verification Checklist
 - 1110-J Transcutaneous Cardiac Pacing Skills Verification Checklist
 - 1110-K Intraosseous Infusion Skills Verification Checklist
 - 1110-L Multiple Casualty Incident (MCI) Response Procedures Checklist
- Policy Actions for Initial Review:
 - 410 EMS Service Provider Permit

- 506 STEMI Receiving Center Designation Criteria, Requirements & Responsibilities
- 1102 Airway & Ventilation Management

7. S-SV EMS Information Update

8. Medical Director's Report

9. Next Meeting Date: January 18, 2022

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee

January 18, 2022
9:00 am – 10:00 am



In-Person Meeting Location

S-SV EMS Rocklin Office
535 Menlo Drive, Suite A

Remote Participant Information – Zoom

- <https://us02web.zoom.us/j/83661098165?pwd=c3VZUjFjUDAwZFJCbzdSZEVRdVZPd09>
- Telephone # (audio only connection): **(669) 900-9128**
- Meeting ID (if requested): **836 6109 8165**
- Passcode (if requested): **1702**
- All participants will be automatically muted on entry. Please remain on mute unless actively speaking/interacting. Telephone only callers can press *6 on their telephone keypad to unmute/mute their line.

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: November 16, 2021
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)

6. New Business

- Policy Actions for Final Review and Approval:
 - 410 EMS Service Provider Permit
 - 506 STEMI Receiving Center Designation Criteria, Requirements & Responsibilities
 - 1102 Airway & Ventilation Management
- Policy Actions for Initial Review:
 - C-2 Return of Spontaneous Circulation (ROSC)
 - C-3 Bradycardia With Pulses
 - C-4 Tachycardia With Pulses
 - C-6 Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)
 - E-1 Hyperthermia
 - E-2 Hypothermia & Avalanche Resuscitation
 - E-3 Frostbite
 - E-4 Bites/Envenomations

7. S-SV EMS Information Update

8. Medical Director's Report

9. Next Meeting Date: March 15, 2022

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

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Regional Medical Control Advisory Committee

March 15, 2022

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none">• Audio Telephone Number: (408) 418-9388• Access Code/Meeting Number: 2554 064 1639• Numeric Meeting Password: 1702• All attendees are automatically muted on entry. Please remain on mute unless actively speaking. Dial *6 on your telephone keypad to unmute/mute your line.	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: January 18, 2022
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Ambulance Patient Offload Time (APOT)
 - C-6: Chest Discomfort/Suspected Acute Coronary Syndrome (ACS) Protocol. Removed from final review and approval process to allow for review/discussion during the March 17, 2022 S-SV EMS Regional STEMI QI Committee Meeting.

6. New Business

- Proposed Committee Bylaws revision – increase term for paramedic/prehospital personnel voting members from one (1) year to two (2) years.
- Paramedic/prehospital personnel voting member nominations for proposed two (2) year term (July 1, 2022 – June 30, 2024). Appointments to take place during the May 17, 2022 meeting.
- Committee Chairperson & Vice-Chairperson nominations. Elections to take place during the May 17, 2022 meeting.
- Policy Actions for Final Review and Approval:
 - C-2 Return of Spontaneous Circulation (ROSC)
 - C-3 Bradycardia With Pulses
 - C-4 Tachycardia With Pulses
 - E-1 Hyperthermia
 - E-2 Hypothermia & Avalanche Resuscitation
 - E-3 Frostbite
 - E-4 Bites/Envenomations
- Policy Actions for Initial Review:
 - 220 S-SV EMS Agency Policy Actions
 - 461 Automatic Aid/Mutual Aid/Disaster Assistance (Including FEMP, AST & MTF Resource Requests)
 - 710 Management Of Controlled Substances
 - C-5 Ventricular Assist Device (VAD)
 - M-6 General Medical Treatment

7. S-SV EMS Information Update

8. Medical Director's Report

9. Next Meeting Date: May 17, 2022

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
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Regional Medical Control Advisory Committee

May 17, 2022

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none"> • Audio Telephone Number: (669) 900-9128 • Access Code/Meeting Number: 829 2986 4124 • Numeric Meeting Password: 1702 • All attendees are automatically muted on entry. Please remain on mute unless actively speaking. Dial *6 on your telephone keypad to unmute/mute your line. 	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of Previous Minutes: March 15, 2022
3. Approval of Agenda
4. Public Comment
5. Old Business
 - Proposed Committee Bylaws revision – increase term for paramedic/prehospital personnel voting members from one (1) year to two (2) years – for final approval.

6. New Business

- Paramedic/prehospital member appointments for July 1, 2022 – June 30, 2024 term.
- Chairperson/Vice-Chairperson appointments for July 1, 2022 – June 30, 2024 term.
- King Airway utilization phase out
- Sidestream ETCO2 utilization
- Policy Actions for Final Review & Approval:
 - 220 S-SV EMS Agency Policy Actions
 - 461 Automatic Aid/Mutual Aid/Disaster Assistance (Including FEMP, AST & MTF Resource Requests)
 - 710 Management Of Controlled Substances
 - C-5 Ventricular Assist Device (VAD)
 - C-6 Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)
 - M-6 General Medical Treatment
- Policy Actions for Initial Review:
 - 411 LALS/ALS Provider Agency Responsibilities
 - 414 911 Ambulance Provider Dispatch Requirements
 - 450 HEMS Aircraft Authorization, Classification & Operations
 - 621 HEMS Aircraft Quality Management
 - 862 HEMS Aircraft Requesting & Utilization
 - 504 Emergency Department Downgrade/Cessation
 - R-2 Respiratory Arrest
 - M-2 Shock (Note: proposed protocol deletion – incorporated Into M-6)

- M-9 CO Exposure/Poisoning
- M-11 Anxiety/Behavioral Emergencies
- N-1 Altered Level of Consciousness

7. S-SV EMS Information Update

8. Medical Director's Report

9. Next Meeting Date: September 20, 2022 (July 19, 2022 Meeting Cancelled)

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

JOHN POLAND, PARAMEDIC
REGIONAL EXECUTIVE DIRECTOR

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee

September 20, 2022

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none">• Audio Telephone Number: (669) 900-9128• Access Code/Meeting Number: 865 5838 3796• Numeric Meeting Password: 1702• All attendees are automatically muted on entry. Please remain on mute unless actively speaking. Dial *6 on your telephone keypad to unmute/mute your line.	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of May 17, 2022 Meeting Minutes
3. Approval of Agenda
4. Public Comment
5. Old Business:
 - No Old Business

6. New Business

- Policy Actions for Final Review & Approval:
 - 411 LALS/ALS Provider Agency Responsibilities
 - 414 911 Ambulance Provider Dispatch Requirements
 - 450 HEMS Aircraft Authorization, Classification & Operations
 - 621 HEMS Aircraft Quality Management
 - 862 HEMS Aircraft Requesting & Utilization
 - 504 Emergency Department Downgrade/Cessation
 - R-2 Respiratory Arrest
 - M-5 Ingestions & Overdoses
 - M-6 General Medical Treatment
 - M-9 CO Exposure/Poisoning
 - M-11 Anxiety/Behavioral Emergencies
 - N-1 Altered Level of Consciousness
 - N-2 Seizure
 - E-2 Hypothermia & Avalanche Resuscitation

- Policy Actions for Initial Review:
 - 509 Trauma Center Designation Criteria, Requirements & Responsibilities
 - T-1 General Trauma Management
 - 860 Trauma Triage Criteria (Proposed Removal)
 - 806 Unified Paramedic Optional Scope Of Practice For Qualified Transport Programs

- 812 Base/Modified Base/Receiving Hospital Contact
- 848 Reduction/Cancellation of ALS Response

7. S-SV EMS Information Update

- S-SV EMS Staff Changes/Reorganization
- Monthly EMS System Data Reports
- Proposal to combine the S-SV EMS Regional Medical Control Advisory Committee and Regional Continuous Quality Improvement Committee into a single Regional Emergency Medical Advisory Committee (REMAC) effective January 2023.

8. Medical Director's Report

- No Medical Director's Report

9. Next Meeting Date

- November 15, 2022

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

JOHN POLAND, PARAMEDIC
REGIONAL EXECUTIVE DIRECTOR

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Medical Control Advisory Committee

November 15, 2022

9:00 am – 10:30 am



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote Participant Information – Telephone Audio Only	
<ul style="list-style-type: none"> • Zoom (audio/video) computer/mobile application link: https://us02web.zoom.us/j/83522951698?pwd=WE1md3RmQWVzNlArdzIQSUZkMiBnQT09 • Telephone (audio only) information: <ul style="list-style-type: none"> ○ Telephone #: (669) 900-9128 ○ Meeting ID: 865 2295 1698 ○ Passcode: 1702 <p>Note: All attendees will be automatically muted on entry. Please remain on mute unless actively speaking/interacting. If joining by telephone, dial *6 on your keypad to unmute/mute your line.</p>	

Meeting Agenda

1. Call to Order & Introductions
2. Approval of previous meeting minutes: September 20, 2022
3. Approval of Agenda
4. Public Comment
5. Old Business:
 - Approval of bylaws to combine the S-SV EMS MCC and RCQI Committees into a single Regional Emergency Medical Advisory Committee effective January 2023.

6. New Business

- Urgency Policy Actions for Review & Discussion
 - 416 Alternate Transport Vehicles
- Policy Actions for Final Review & Approval:
 - 509 Trauma Center Designation Criteria, Requirements & Responsibilities
 - T-1 General Trauma Management
 - 806 Unified Paramedic Optional Scope Of Practice For Qualified Transport Programs
 - 812 Base/Modified Base/Receiving Hospital Contact
 - 848 Reduction/Cancellation of ALS Response
- Policy Actions for Initial Review:
 - 823 DNR, POLST & End Of Life Option Act
 - 838 Crisis Standards Of Care Procedures (Including 838-A through 838-D)
 - 913 Paramedic Accreditation (Including 913-A)
 - 836 Hazardous Materials Incidents
 - E-7 Hazardous Materials Exposure
 - E-8 Nerve Agent Treatment
 - T-5 Burns

7. S-SV EMS Information Update

- 2023 S-SV EMS Meeting & Accreditation Class Schedule

8. Medical Director's Report

9. Next Meeting Date: Regional Emergency Medical Advisory Committee – January 17, 2023

10. Adjournment

S-SV EMS 2021 & 2022
Regional QI
Committee Meeting Agendas

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

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SERVING BUTTE, COLUSA, GLENN, NEVADA, PLACER, SHASTA, SISKIYOU, SUTTER, TEHAMA & YUBA COUNTIES



Regional Continuous Quality Improvement Committee

January 19, 2021

10:30 am – 12:00 pm



In-Person Meeting Location

S-SV EMS Rocklin Office
535 Menlo Drive, Suite A

WebEx Remote Participant Information

Computer Audio &/or Video

- Meeting link (click the following link, or copy and paste it into your browser):
<https://ssvemsagency.my.webex.com/ssvemsagency.my/j.php?MTID=mf1716e511c54fa3ba0c3369e6e4e2144>
- Meeting number/access code (if using the WebEx desktop app): **126 881 1307**
- Meeting password (if using the WebEx desktop app): **1702**

Telephone Audio Only

- Telephone number: **(408) 418-9388**
- Meeting number/access code: **126 881 1307**
- Meeting password: **1702**

Important Remote Participant Notes:

- Participants are requested to remain on mute unless actively speaking/interacting with other meeting participants.
 - If joining through WebEx, use the mute/unmute button on your screen as needed.
 - If joining by telephone, dial *6 on your telephone keypad to unmute/re-mute your line.
- To avoid audio echo/feedback issues, please ensure that your computer audio is not connected, or muted, if you will also be using a separate telephone audio connection.
- If using a telephone, please do not put the call on hold to avoid background music or other audio sounds from inadvertently playing.

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes:
 - September 15, 2020 (distributed at the meeting to in-person attendees only)
3. Approval of Agenda
4. Case Reviews
 - AMR Shasta
5. Old Business
 - COVID-19 Updates
 - ALS Optional Medication Utilization
 - IV Acetaminophen
 - Ketamine
 - Ketorolac
 - TXA
 - EMS Documentation Reminders (flyer attached)
6. New Business
 - 2020 System Data Summary (flyer attached)
 - APOT
 - 2020 EMSQIP Annual Reporting
 - Focus Audits
 - Regional Training Module
 - 2021 Regional Training Module Update
 - Training Manikins
 - S-SV EMS Stroke System Update
7. Committee Member Reports
8. Next Meeting Date: May 18, 2021
9. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

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Regional Continuous Quality Improvement Committee



May 18, 2021

10:30 am – 12:00 pm

Meeting Location	
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes:
 - January 19, 2021
3. Approval of Agenda
4. Sarah Gorman from iSimulate
5. Case Reviews
 - Penn Valley
 - UCDCMC (Pt Update)
6. Old Business
 - ALS Optional Medication Utilization
 - IV Acetaminophen
 - Ketamine

- Ketorolac
- TXA
- 2020 EMSQIP
- Training Manikins
- Focus Audits: Advanced Airways

7. New Business

- Placer County VAN Trial
- 2020 CARES
- Documentation of Capnography
- Presentation Schedule

8. Committee Member Reports

9. Next Meeting Date: September 21, 2021

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
REGIONAL EXECUTIVE DIRECTOR

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Regional Continuous Quality Improvement Committee



September 21, 2021

10:30 am – 12:00 pm

Meeting Location	
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes:
 - May 18, 2021
3. Approval of Agenda
4. Case Reviews
 - Westside Ambulance
 - Butte County EMS
5. Old Business
 - ALS Optional Medication Utilization
 - IV Acetaminophen
 - Ketamine
 - Ketorolac
 - TXA

- 2020 EMSQIP
- Training Manikins

6. New Business

- 2021 EMSQIP – 5 Year Plan
- Naloxone Usage
- Street Drug Presentation by Officer Derek Anganes of Roseville PD

7. Committee Member Reports

8. Next Meeting Date: January 2022

9. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

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Regional Continuous Quality Improvement Committee



January 18, 2022

10:30 am – 12:00 pm

Meeting Locations

S-SV EMS Rocklin Office
535 Menlo Drive, Suite A

S-SV EMS Redding Office
1255 East St., Suite 201

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes:
 - September 21, 2021
3. Approval of Agenda
4. Case Reviews
 - Bi-County Ambulance
 - South Placer Fire District
5. Old Business
 - COVID-19 Updates
 - 2021 EMSQIP
 - Regional Training Module
 - 2021
 - 2022

6. New Business

- Past Year's Review
- 2022 Focus Audit Forecast
- Tourniquet Usage

7. Committee Member Reports

8. Next Meeting Date: May 17, 2022

9. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

VICKIE PINETTE, MS
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Regional Continuous Quality Improvement Committee



May 17, 2022

10:30 am – 12:00 pm

Meeting Location	
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes:
 - January 18, 2022
3. Approval of Agenda
4. Case Reviews
 - AMR Placer
 - Roseville Fire Department
5. Old Business
 - 2021 EMSQIP
 - 2022 Q2 Focus Audits: Advanced Airways

6. New Business

- Placer County Emergency Triage, Treat, and Transport (ET3)
- S-SV EMS Analgesic Utilization Data: 2021 Q1 vs. 2022 Q1
- 2022 Q3 Focus Audit

7. Committee Member Reports

8. Next Meeting Date: September 20, 2022

- Case Reviews For September 20, 2022
 - Mercy Redding Ambulance
 - Rocklin FD

9. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

JOHN POLAND
REGIONAL EXECUTIVE DIRECTOR

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Regional Continuous Quality Improvement Committee



September 20, 2022

10:30 am – 12:00 pm

Meeting Location	
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes:
 - May 17, 2022
3. Approval of Agenda
4. Case Reviews
 - Rocklin Fire Department
 - Sierra Nevada Ambulance
5. Old Business
 - None
6. New Business
 - 911 BLS Utilization

- Monthly EMS System Data Reports
- Discussion on Policy 850: Refusal of EMS Care and Law Enforcement
- Proposal to combine the S-SV EMS Regional Medical Control Advisory Committee and Regional Continuous Quality Improvement Committee into a single Regional Emergency Medical Advisory Committee (REMAC) effective January 2023.

7. Committee Member Reports

8. Next Meeting Date: TBD

9. Adjournment

S-SV EMS 2021 & 2022
Regional EMS Aircraft QI
Committee Meeting Agendas

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
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Regional EMS Aircraft Advisory



Committee March 16, 2021

10:00 am – 11:00 am

South Meeting Location	North Meeting Location
<p>S-SV EMS Rocklin Office 535 Menlo Drive, Suite A</p>	<p>S-SV EMS Redding Office 1255 East Street, Suite 201</p>
<p>Remote (WebEx) Participant Information</p>	
<p>WebEx Software/Application Audio and/or Video:</p> <ul style="list-style-type: none"> Meeting link (click or copy and paste in your computer browser): https://ssvemsagency.my.webex.com/ssvemsagency.my/j.php?MTID=m4f46b065a78b55ed759b7adab56a36f5 Meeting number (if using the WebEx desktop or mobile application): 126 881 1307 Meeting password (if using the WebEx desktop or mobile application): 1702 <p>Telephone (Audio Only):</p> <ul style="list-style-type: none"> Telephone number: (408) 418-9388 Meeting number: 126 881 1307 Meeting password: 1702 <p>Important Remote Participant Notes:</p> <ul style="list-style-type: none"> Participants will be automatically muted upon joining, and are requested to remain on mute unless actively speaking/interacting with other meeting participants. <ul style="list-style-type: none"> If joining through WebEx, use the mute/unmute button on your screen as needed. If joining by telephone, dial *6 on your telephone keypad to unmute/re-mute your line. To avoid audio echo/feedback issues, please ensure that your computer audio is not connected, or muted, if you will also be using a separate telephone audio connection. If using a telephone, please do not put the call on hold to avoid background music or other audio sounds from inadvertently playing. 	

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes: November 17, 2020
3. Approval of Agenda
4. Standing Agenda Items
 - Case Reviews
 - March 16, 2021: Enloe Flightcare
 - July 20, 2021: CHP Air Operations
 - November 16, 2021: PHI
 - Patient Care Documentation & Data
 - PCR Documentation Issues/Reminders
 - Data Submission Requirements
 - Air Ambulance Coordination
5. 2020 EMSQIP Annual Reporting
6. S-SV EMS Information Update
7. Committee Member Reports
8. Next Meeting Date: July 20, 2021
9. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

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Regional EMS Aircraft Advisory Committee
November 16, 2021
10:30 am – 12:00 pm



South Meeting Location	North Meeting Location
S-SV EMS Rocklin Office 535 Menlo Drive, Suite A	S-SV EMS Redding Office 1255 East Street, Suite 201
Remote (WebEx) Participant Information	
Telephone (Audio Only): <ul style="list-style-type: none">• Telephone number: (408) 418-9388• Meeting number: 2554 064 1639• Meeting password: 1702	
Important Remote Participant Notes: <ul style="list-style-type: none">• Participants will be automatically muted upon joining, and are requested to remain on mute unless actively speaking/interacting with other meeting participants. Dial *6 on your telephone keypad to unmute/re-mute your line.	

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes: March 16, 2021
3. Approval of Agenda
4. Case Reviews
 - a. CHP
 - b. PHI

5. Reports

- a. HEMS Key Performance Indicators/Process & Protocol Review
- b. HEMS Utilization Audit
- c. S-SV EMS System Data Report

6. S-SV EMS Information Update/Future Planning

- a. 2022 Meeting Calendar
- b. 2022 Case Review Rotation
 - i. 3/15 – REACH/CALSTAR and Careflight
 - ii. 7/19 – Enloe Flightcare and SEMSA
 - iii. 11/15 – PHI and CHP
- c. 5yr EMS QIP

7. Committee Member Reports

8. Next Meeting Date: March 15, 2022

9. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

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Regional EMS Aircraft Advisory Committee

March 15, 2022

10:30 am – 12:00 pm



SOUTH MEETING LOCATION

**S-SV EMS Rocklin Office
535 Menlo Drive, Suite A**

NORTH MEETING LOCATION

**S-SV EMS Redding Office
1255 East Street, Suite 201**

Meeting Agenda

1. Welcome & Introductions
2. Approval of Previous Minutes: November 16, 2021
3. Approval of Agenda
4. Election of Officers
 - Chair/Vice-Chair
5. Case Reviews
 - REACH/CALSTAR
 - Careflight
6. Reports
 - S-SV EMS System Data Report
 - Call Volume by County
 - HEMS Q4 2021 Procedures Review
7. S-SV EMS Information Update/Future Planning
 - Projects – Regional EMS Aircraft Resource Guide Update
 - Policy Review – Policy 862 EMS Aircraft Utilization
 - HEMS Provider Fam Presentations at Regional Trauma Centers

8. Committee Member Reports

- HEMS providers
- Trauma centers

9. Next Meeting Date: July 19, 2022

10. Adjournment

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA - SACRAMENTO VALLEY
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HEMS Advisory Committee
November 15, 2022
10:30 am – 12:00 pm



SOUTH MEETING LOCATION

S-SV EMS Rocklin Office
535 Menlo Drive, Suite A

NORTH MEETING LOCATION

S-SV EMS Redding Office
1255 East Street, Suite 201

Meeting Agenda

WELCOME AND INTRODUCTIONS

APPROVAL OF PREVIOUS MINUTES: March 15, 2021

APPROVAL OF AGENDA

CASE REVIEWS

- Enloe Flightcare
- PHI

NEW BUSINESS

- S-SV EMS 911 System Response Report
- HEMS PCR data compliance
- Red Box trauma transfers
- Required reporting – aborts/mechanical failure reports

S-SV EMS INFORMATION UPDATE/PLANNING

- Regional EMS Aircraft Resource Guide Update
- Updated HEMS Policy 862 monitoring

COMMITTEE MEMBER REPORTS

- Air ambulance provider reports
- Air Ambulance Coordination Center Report
- Rescue Aircraft Report
- Specialty Center Report

NEXT MEETING DATE: March 21, 2023, 1300-1500

ADJOURNMENT

**S-SV EMS 2021
MS Training Modules &
Annual Infrequent Skills Materials**

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

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The S-SV EMS Agency maintains an online learning management system (LMS) for EMS continuing education (CE) courses. As of the date of this annual EMSQIP update, the following courses have been developed and are currently available for EMS personnel to complete online:

- S-SV EMS Annual Regional Training Module Course (1.5 CEUs)
- MCI & Disaster Response (1.5 CEUs)
- PSFA Naloxone Administration (No CEUs)
- BLS Naloxone Administration, Epinephrine Administration & Glucometer Utilization (1.5 CEUs)
- EMS Personnel Vaccine Administration (1.5 CEUs)
- MICN Training Course (3 CEUs)
- 2022 Sutter Roseville Medical Center EMS-A-Palooza: Unit 1 (2 CEUs)
- 2022 Sutter Roseville Medical Center EMS-A-Palooza: Unit 2 (2 CEUs)
- 2022 Sutter Roseville Medical Center EMS-A-Palooza: Unit 3 (2 CEUs)

Links to all LMS courses referenced above can be located on the Education/Training page of the S-SV EMS Agency website: <https://www.ssvems.com/education/>.

Sierra – Sacramento Valley EMS Agency Program Policy			
ALS/LALS Annual Infrequently Used Skills Verification & Regional Training Module			
	Effective: 12/01/2021	Next Review: 11/2024	1110
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

- A. To identify medical procedures (skills) utilized infrequently by ALS/LALS personnel in the prehospital setting, and provide a standardized method for annual evaluation of all S-SV EMS certified AEMT's and accredited paramedic's ability to safely, efficiently and adequately perform them.
- B. To establish a standardized method of ensuring that appropriate education and training is provided to all ALS/LALS prehospital personnel in the S-SV EMS region on a regularly scheduled basis.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.214.
- B. CCR, Title 22, Division 9, § 100107, 100128, 100147, 100165, 100169, & Chapter 12

DEFINITIONS

- A. **Infrequently Used Skills** – Medical procedures that are performed rarely by ALS/LALS personnel in the prehospital setting and/or that may result in serious complications when performed incorrectly.
- B. **Regional Training Module** – A standardized training module developed by S-SV EMS in conjunction with the S-SV EMS Regional Quality Improvement Committee.

POLICY:

- A. Prehospital service provider agencies shall verify that every S-SV EMS certified AEMT and accredited paramedic affiliated with their organization has successfully performed all of the skills listed in the applicable Infrequently Used Skills Annual Verification Tracking Sheet (1110-A or 1110-B) a minimum of once during every 12-month period. Under special circumstances, an extension to the 12-month requirement may be approved by S-SV EMS upon request.

-
- B. All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (1110-C through 1110-L). A copy of the completed applicable Infrequently Used Skills Annual Verification Tracking Sheet (1110-A or 1110-B) shall be maintained in the employee's file for a period of not less than four (4) years, and shall be made available for review by S-SV EMS representatives upon request.
- C. Skills competency verification shall be conducted by one of the following:
1. Service provider's CQI coordinator or their designee.
 2. Service provider's medical director.
 3. Base/modified base hospital prehospital coordinator or their designee.
- D. Regional training modules will be developed and distributed by S-SV EMS on an annual basis. All ALS/LALS service provider agencies are required to deliver these training modules and ensure that their affiliated AEMT and paramedic personnel complete this training no later than the end of the current calendar year. BLS personnel are encouraged to complete this training as appropriate, but it is not a mandatory requirement.
- E. Any AEMT or paramedic who is determined to not have current skills verification and/or regional training module completion documentation on file shall not be allowed to function as an AEMT or paramedic in the S-SV EMS region until they complete the required skills verification and/or regional training module.



AEMT Infrequently Used Skills Annual Verification Tracking Sheet

1110-A

AEMT Name:	Calendar Year:
AEMT Certification #:	Service Provider:

Instructions: LALS prehospital service providers shall verify that each S-SV EMS certified AEMT affiliated with their organization has successfully performed all of the applicable skills listed on this sheet, a minimum of once every 12 months (note: verification is not required for skills not currently being utilized by the prehospital service provider). Under special circumstances, an extension to this requirement may be approved by S-SV EMS upon request.

All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (as indicated below). A copy of this completed tracking sheet shall be maintained in the employee's file for a period of not less than four (4) years, and be made available for review by S-SV EMS representatives upon request. The individual infrequently used skills verification checklists are not required to be maintained.

Skills competency verification shall be conducted by one of the following:

- Service provider's CQI coordinator or their designee.
- Service provider's medical director.
- Base/modified base hospital prehospital coordinator or their designee.

Description	Verification Date	Evaluator Initials
1. Adult i-gel Airway Device Skills Verification Checklist (1110-D-1)		
2. Pediatric i-gel Airway Device Skills Verification Checklist (1110-D-2)		
3. King Airway Device (1110-E)		
4. Adult Cardioversion/Defibrillation (1110-H) – <u>AEMT II ONLY</u>		
5. Pediatric Cardioversion/Defibrillation (1110-I) – <u>AEMT II ONLY</u>		
6. Intraosseous Infusion (1110-K)		
7. Multiple Casualty Incident (MCI) (1110-L)		
8. Regional Training Module		



Paramedic Infrequently Used Skills Annual Verification Tracking Sheet

1110-B

Paramedic Name:	Calendar Year:	
Paramedic License #:	Service Provider:	
<p>Instructions: ALS prehospital service providers shall verify that each S-SV EMS accredited paramedic affiliated with their organization has successfully performed all of the applicable skills listed on this sheet, a minimum of once every 12 months (note: verification is not required for skills not currently being utilized by the prehospital service provider). Under special circumstances, an extension to this requirement may be approved by S-SV EMS upon request.</p> <p>All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (as indicated below). A copy of this completed tracking sheet shall be maintained in the employee's file for a period of not less than four (4) years, and be made available for review by S-SV EMS representatives upon request. The individual infrequently used skills verification checklists are not required to be maintained. Skills competency verification shall be conducted by one of the following:</p> <ul style="list-style-type: none">• Service provider's CQI coordinator or their designee.• Service provider's medical director.• Base/modified base hospital prehospital coordinator or their designee.		
Description	Verification Date	Evaluator Initials
1. Adult Oral Endotracheal Intubation (1110-C)		
2. Adult i-gel Airway Device Skills Verification Checklist (1110-D-1)		
3. Pediatric i-gel Airway Device Skills Verification Checklist (1110-D-2)		
4. King Airway Device (1110-E)		
5. Needle Cricothyrotomy (1110-F)		
6. Needle Chest Decompression (1110-G)		
7. Adult Cardioversion/Defibrillation (1110-H)		
8. Pediatric Cardioversion/Defibrillation (1110-I)		
9. Transcutaneous Cardiac Pacing (1110-J)		
10. Intraosseous Infusion (1110-K)		
11. Multiple Casualty Incident (MCI) (1110-L)		
12. Regional Training Module		



Infrequently Used Skills Verification Checklist Adult Oral Intubation

1110-C

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications for adult oral intubation and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, adult intubation manikin, laryngoscope handle, adult laryngoscope blades, adult endotracheal tubes, malleable stylet, flex guide ETT introducer, 10 mL syringe, tape or tube holder, stethoscope, oropharyngeal airway (OPA), bag-valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment, 2% lidocaine.			
Performance Criteria: The paramedic will be required to adequately describe the indications for adult oral intubation and proficiently perform the procedure on a manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for adult oral intubation <ul style="list-style-type: none">• Cardiac arrest• Respiratory arrest or severe compromise• Sustained altered mental status with GCS \leq8 (relative indication)• Impending airway edema in the setting of respiratory tract burn or anaphylaxis (relative indication)		
3	Verbalizes the following procedures that should be utilized based on patient condition and circumstances: <ul style="list-style-type: none">• If possible, pre-oxygenate with high flow O₂ via NRM or BVM as appropriate for three (3) minutes• Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation• Position patient in a semi-recumbent or reverse trendelenburg position if possible• Continue utilizing passive oxygenation via NC during intubation attempts• Perform jaw thrust to maintain pharyngeal patency and apply airway		
4	Prepares equipment for procedure <ul style="list-style-type: none">• Ensures suction device is available and working• Ensures flex guide ETT introducer is available• Selects proper size ET tube and checks cuff for patency• Inserts stylet so end is not protruding past end of endotracheal tube• Selects appropriate laryngoscope blade, attaches to handle and checks light		
5	Places patient's head in sniffing position		
6	Instructs other rescuer to stop ventilations and removes OPA (if in place)		
7	May consider cricoid pressure or external laryngeal manipulation (ELM)		



Infrequently Used Skills Verification Checklist Adult Oral Intubation

1110-C

Step	Description	Does	Does Not
8	Inserts blade into mouth with a right to left sweeping motion while displacing tongue		
9	Applies upward lifting action with laryngoscope without using teeth as a fulcrum		
10	Visualizes glottic opening		
11	Inserts ET tube from right pharynx, passing tube through the glottic opening (intubation attempt should take no longer than 30 seconds)		
12	Removes laryngoscope		
13	Inflates cuff with sufficient volume of air and disconnects syringe		
14	Attaches BVM to ET tube and ventilates at appropriate rate and volume		
15	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and waveform capnography ETCO ₂ monitoring equipment		
16	Properly secures ET tube using tape or commercial tube holder		
17	Reevaluates tube placement after each patient movement		
18	Demonstrates proper use of the flex guide ETT introducer for difficult intubations		



Infrequently Used Skills Verification Checklist Adult i-gel Airway Device

**1110-D
(1)**

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications/contraindications for utilization of an adult i-gel airway device and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, adult airway manikin, oropharyngeal airway (OPA), appropriate sized i-gel device, water soluble lubricant, tape or i-gel airway support strap, stethoscope, bag valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, waveform capnography ETCO2 monitoring equipment.			
Performance Criteria: The individual is required to describe the indications/contraindications for placement of an adult i-gel device and proficiently perform the procedure on an adult airway manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes selection of appropriate i-gel device based on patient size: <ul style="list-style-type: none"> Size 3 – i-gel small adult device (30-60kg) Size 4 – i-gel medium adult device (50-90kg) Size 5 – i-gel large adult device (90+kg) 		
3	Verbalizes i-gel device indications: <ul style="list-style-type: none"> Patients in need of advanced airway protection and/or unable to be adequately ventilated with a BVM when orotracheal intubation is unavailable or unsuccessful Patients in need of rapid advanced airway control when orotracheal intubation is anticipated to be difficult or likely to interrupt continuous chest compressions 		
4	Verbalizes i-gel device contraindications: <ul style="list-style-type: none"> Intact gag reflex Caustic ingestion Unresolved complete airway obstruction Trismus or limited ability to open the mouth and insert the device (relative) Oral trauma (relative) Distorted anatomy that prohibits proper device placement (relative) 		
5	Verbalizes the procedures that should be utilized prior to placement of an i-gel device as patient condition and circumstances permit: <ul style="list-style-type: none"> If possible, pre-oxygenate with high flow O₂ via NRM or BVM as appropriate for three (3) minutes Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation Position patient in a semi-recumbent or reverse trendelenburg position if possible Continue utilizing passive oxygenation via NC during i-gel device placement 		



Infrequently Used Skills Verification Checklist Adult i-gel Airway Device

1110-D
(1)

Step	Description	Does	Does Not
6	Opens the package and removes the protective cradle containing the i-gel device		
7	Removes i-gel device from the protective cradle and transfers it to the palm of the same hand, supporting the device between the thumb and index finger		
8	Places a small amount of a water-based lubricant onto the middle of the smooth surface of the protective cradle		
9	Grasps i-gel device with the opposite (free) hand along the integral bite block and lubricates the back, sides and front of the cuff with a thin layer of lubricant		
10	Inspects i-gel device to confirm there are no foreign bodies of lubricant obstructing the distal opening		
11	Places i-gel device back into the protective cradle in preparation for insertion		
12	Removes i-gel device from the protective cradle and grasps the lubricated device firmly along the integrated bite block		
13	Positions i-gel device so that the cuff outlet is facing towards the chin of the patient		
14	Instructs other rescuer to stop ventilations and removes OPA		
15	Places patient's head in the 'sniffing' position and gently presses down on the chin		
16	Introduces the leading soft tip of the i-gel device into the patient's mouth in a direction towards the hard palate		
17	Glides the i-gel device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt: <ul style="list-style-type: none">• The teeth should be resting on the integral bite block• Sometimes the 'give-way' is felt before the end point resistance is met – It is important to continue to insert the device until a definitive resistance is felt• Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the device down or apply excessive force during insertion		
18	Attaches a BVM to the i-gel device and ventilates at appropriate rate and volume		
19	Confirms i-gel device patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO ₂ monitoring methods based on available equipment		
20	Properly secures i-gel device using tape or airway support strap		
21	Re-evaluates i-gel device placement after each patient movement or upon transfer of care to other prehospital or hospital personnel		



Infrequently Used Skills Verification Checklist Pediatric i-gel Airway Device

1110-D
(2)

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications/contraindications for utilization of a pediatric i-gel airway device and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, pediatric airway manikin, oropharyngeal airway (OPA), appropriate sized i-gel device, water soluble lubricant, tape or i-gel airway support strap, stethoscope, bag valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, waveform capnography ETCO ₂ monitoring equipment.			
Performance Criteria: The individual is required to describe the indications/contraindications for placement of a pediatric i-gel device and proficiently perform the procedure on a pediatric airway manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes selection of appropriate i-gel device based on patient size: <ul style="list-style-type: none">• Size 1.0 – i-gel neonate device (2-5kg)• Size 1.5 – i-gel infant device (5-12kg)• Size 2.0 – i-gel small pediatric device (10-25+kg)• Size 2.5 – i-gel large pediatric device (25-35 kg)		
3	Verbalizes i-gel device indications: <ul style="list-style-type: none">• Pediatric patients in need of advanced airway protection or unable to be adequately ventilated with a BVM.		
4	Verbalizes i-gel device contraindications: <ul style="list-style-type: none">• Intact gag reflex• Caustic ingestion• Unresolved complete airway obstruction• Trismus or limited ability to open the mouth and insert the device (relative)• Oral trauma (relative)• Distorted anatomy that prohibits proper device placement (relative)		
5	Verbalizes the procedures that should be utilized prior to placement of an i-gel device as patient condition and circumstances permit: <ul style="list-style-type: none">• If possible, pre-oxygenate with high flow O₂ via NRM or BVM as appropriate for three (3) minutes• Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation• Position patient in a semi-recumbent or reverse trendelenburg position if possible• Continue utilizing passive oxygenation via NC during i-gel device placement		
6	Opens the package and removes the cage pack containing the i-gel device		



Infrequently Used Skills Verification Checklist Pediatric i-gel Airway Device

1110-D
(2)

Step	Description	Does	Does Not
7	Opens the cage pack and transfers i-gel device into the lid of the cage		
8	Places a small amount of a water-based lubricant onto the middle of the smooth surface of the cage pack		
9	Grasps i-gel device along the integral bite block and lubricates the back, sides and front of the cuff with a thin layer of lubricant		
10	Inspects i-gel device to confirm there are no foreign bodies of lubricant obstructing the distal opening		
11	Places i-gel device back into the cage pack in preparation for insertion		
12	Removes i-gel device from the cage pack and grasps the lubricated device firmly along the integrated bite block		
13	Positions i-gel device so that the cuff outlet is facing towards the chin of the patient		
14	Instructs other rescuer to stop ventilations and removes OPA		
15	Places patient's head in the 'sniffing' position and gently presses down on the chin		
16	Introduces the leading soft tip of the i-gel device into the patient's mouth in a direction towards the hard palate		
17	Glides the i-gel device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt: <ul style="list-style-type: none">• The teeth should be resting on the integral bite block• Sometimes the 'give-way' is felt before the end point resistance is met – It is important to continue to insert the device until a definitive resistance is felt• Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the device down or apply excessive force during insertion		
18	Attaches a BVM to the i-gel device and ventilates at appropriate rate and volume		
19	Confirms i-gel device patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO ₂ monitoring methods based on available equipment		
20	Properly secures i-gel device using tape or airway support strap		
21	Re-evaluates i-gel device placement after each patient movement or upon transfer of care to other prehospital or hospital personnel		



Infrequently Used Skills Verification Checklist King Airway Device

1110-E

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications for King Airway Device utilization and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, adult intubation manikin, King Airway Device, appropriate syringe, tape or tube holder, stethoscope, oropharyngeal airway (OPA), bag-valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO ₂ monitoring equipment, 2% lidocaine (if applicable).			
Performance Criteria: The AEMT, paramedic or optional skills approved EMT will be required to adequately describe the indications for King Airway Device utilization and proficiently perform the procedure on a manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes proper King LT-D size based on patient size <ul style="list-style-type: none">• Size 3 – Between 4 and 5 feet tall• Size 4 – Between 5 and 6 feet tall• Size 5 – Over 6 feet tall		
3	Verbalizes indications for King LT-D utilization <ul style="list-style-type: none">• Cardiac arrest• Respiratory arrest or severe compromise and unable to adequately ventilate with BVM• Sustained altered mental status with GCS \leq8 (relative indication)• Impending airway edema in the setting of respiratory tract burn or anaphylaxis (relative indication)		
4	Verbalizes contraindications for King LT-D utilization <ul style="list-style-type: none">• Patients under four (4) feet tall• Responsive patient with an intact gag reflex• Patients with known esophageal disease• Patients who have ingested a caustic substance		
5	Verbalizes the following procedures that should be utilized based on patient condition and circumstances: <ul style="list-style-type: none">• If possible, pre-oxygenate with high flow O₂ via NRM or BVM as appropriate for three (3) minutes• Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation• Position patient in a semi-recumbent or reverse trendelenburg position if possible• Continue utilizing passive oxygenation via NC during King LT-D placement attempts		



Infrequently Used Skills Verification Checklist King Airway Device

1110-E

Step	Description	Does	Does Not
6	Verbalizes the following procedure for suspected head/brain injury patients (not applicable to optional skills approved EMT personnel): <ul style="list-style-type: none">• Consider administration of prophylactic lidocaine (1.5mg/kg IV/IO) three (3) minutes prior to intubation whenever possible		
7	Prepares equipment for procedure <ul style="list-style-type: none">• Ensures suction device is available and working• Selects proper King LT-D size for patient and checks cuff patency• Lubricates distal end of tube with water soluble jelly		
8	Positions head in neutral or slightly flexed position		
9	Performs tongue-jaw lift		
10	Inserts device into mouth with blue stripe near corner of mouth		
11	Advances tip behind the base of the tongue while rotating device back to midline with blue stripe facing chin of patient		
12	Advances device without undue force until base of connector is aligned with teeth or gums		
13	Inflates cuff with appropriate volume of air		
14	Attaches BVM to airway and while ventilating patient, gently withdraws device until ventilation is easy and free flowing		
15	Adjusts cuff inflation if needed to obtain device seal		
16	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ET/CO ₂ monitoring methods based on available equipment		
17	Properly secures device using tape or commercial tube holder		



Infrequently Used Skills Verification Checklist Needle Cricothyrotomy

1110-F

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications/contraindications for needle cricothyrotomy and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, cricothyrotomy manikin, antiseptic agent, tape, 10 ml syringe, 12ga or 14ga over-the-needle catheter and jet insufflation device or ENK Oxygen Flow Modulator, or Rusch QuickTrach® Emergency Needle Cricothyrotomy Kit and BVM.			
Performance Criteria: The individual will be required to describe the indications/contraindications for needle cricothyrotomy and proficiently perform the procedure on a cricothyrotomy manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for needle cricothyrotomy: <ul style="list-style-type: none">• Inability to maintain the airway with standard airway procedures. Typically involves patients with one or more of the following:<ul style="list-style-type: none">○ Airway obstruction by uncontrolled bleeding into the oral cavity and/or vomiting○ Severe maxillofacial trauma – blunt, penetrating, or associated with mandibular fracture○ Laryngeal foreign body that cannot be removed expeditiously○ Swelling of upper airway structures○ Infection (e.g., epiglottitis, Ludwig's angina)○ Allergic reaction or hereditary angioedema○ Chemical or thermal burns to the epiglottis and upper airway		
3	Verbalizes contraindications for needle cricothyrotomy: <ul style="list-style-type: none">• Age < 3 years or estimated weight <15 kg• Ability to maintain airway utilizing less invasive procedures• Conscious patient• Moving ambulance• Midline neck hematoma or massive subcutaneous emphysema		
4	Selects appropriate size catheter/device for patient size		
5	Assembles and checks the equipment: <ul style="list-style-type: none">• If using jet inflation device/ENK Oxygen Flow Modulator:<ul style="list-style-type: none">○ Attaches 10 ml syringe to 12/14ga catheter○ Connects jet insufflation device/ENK Oxygen Flow Modulator to high flow oxygen source• If using the QuickTrach Cricothyrotomy Kit, device comes pre-assembled with syringe attached		
6	Stabilizes larynx with thumb and forefinger and locates cricoid membrane		



Infrequently Used Skills Verification Checklist Needle Cricothyrotomy

1110-F

Step	Description	Does	Does Not
7	Inserts catheter/device: <ul style="list-style-type: none">• If using a 12/14 gauge catheter with jet insufflation device/ENK Oxygen Flow Modulator, inserts needle downward through the midline of the cricoid membrane at a 45° – 60° angle toward the carina while applying negative pressure to the syringe• If using the QuickTrach Cricothyrotomy Kit, punctures cricoid membrane at a 90° angle		
8	Verifies needle has entered the trachea by aspirating air into syringe		
9	Advances catheter/cannula: <ul style="list-style-type: none">• If using a 12/14 gauge catheter with jet insufflation device/ENK Oxygen Flow Modulator, advances catheter over the needle towards the carina• If using the QuickTrach Cricothyrotomy Kit:<ul style="list-style-type: none">○ Changes angle of insertion to 45° and advances to the level of the stopper○ Removes stopper (does not advance device with needle still attached)○ Slides plastic cannula into the trachea until flange rests on the neck		
10	Removes and properly disposes needle and syringe		
11	Secures catheter/cannula		
12	Provides Ventilation: <ul style="list-style-type: none">• If using Jet insufflation device/ENK Oxygen Flow Modulator, attaches oxygen supply tubing to catheter and provides ventilation using appropriate inspiratory to expiratory ratio (seconds):<ul style="list-style-type: none">○ Jet insufflation device ratio – 1:4○ ENK Oxygen Flow Modulator ratio – 4:6• If using the QuickTrach Cricothyrotomy Kit, attaches BVM to connecting tube and provides ventilation at appropriate rate		
13	Verifies proper placement by the observance of chest rise and fall (jet insufflation device and QuickTrach Cricothyrotomy Kit only), auscultation of lung sounds and the absence of subcutaneous emphysema		



Infrequently Used Skills Verification Checklist Needle Thoracostomy

1110-G

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications/contraindications for needle thoracostomy and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, thoracostomy manikin or simulated chest, Minimum 14ga x 3.25" catheter designed for needle decompression, stethoscope, stopcock or one way valve, tape, antiseptic agent, tape.			
Performance Criteria: The individual will be required to describe the indications/contraindications for needle thoracostomy and proficiently perform the procedure on a manikin or simulated chest.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for needle thoracostomy (either of the following): <ul style="list-style-type: none">• Suspected tension pneumothorax with absent or diminished breath sounds and at least one of the following:<ul style="list-style-type: none">○ Combined hypotension (SBP <90) and SpO2 <94%○ Penetrating injury to the thorax• Traumatic cardiac arrest with suspected tension pneumothorax		
3	Verbalizes minimum catheter size required for procedure (14 ga x 3.25")		
4	Verbalizes that only two (2) attempts are allowed on affected side(s) without base/modified base hospital contact		
5	Verbalizes/identifies approved needle thoracostomy sites (any of the following): <ul style="list-style-type: none">• Mid-clavicular line in the 2nd intercostal space• Mid-axillary line in the 4th or 5th intercostal space (above anatomic nipple line)• Anterior axillary line in the 5th intercostal space (above anatomic nipple line)		
6	Prepares site using aseptic technique		
7	Removes end cap from catheter and attaches empty 10 mL syringe		
8	Inserts needle with syringe attached into skin at a 90° angle just over the superior border of the rib		
9	Advances catheter until air is freely aspirated		
10	If using a 3.25" length catheter, advances catheter over the needle until catheter hub rests against the skin		
11	Removes syringe and needle and leaves catheter in place		
12	Attaches stopcock or one-way valve and secures catheter/tubing		
13	Rechecks breath sounds and closely monitors patient status		



Infrequently Used Skills Verification Checklist Adult Cardioversion/Defibrillation

1110-H

Name:		Date:	
Provider Agency:		Evaluator:	
Objective: Describe/recognize the indications for synchronized cardioversion and defibrillation on an adult patient and proficiently perform both procedures.			
Equipment: Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, adult defibrillation paddles with conductive medium or adult defibrillation electrodes.			
Performance Criteria: The AEMT II or paramedic will be required to adequately describe/recognize the indications for synchronized cardioversion and defibrillation on an adult patient and proficiently perform both procedures on a manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for synchronized cardioversion <ul style="list-style-type: none">• Persistent tachycardia causing any of the following:<ul style="list-style-type: none">○ Hypotension○ Acutely altered mental status○ Signs of shock○ Ischemic chest discomfort○ Acute Heart Failure		
3	Recognizes rhythm on the monitor requiring cardioversion		
4	Verbalizes consideration of pre-cardioversion sedation (one of the following): <ul style="list-style-type: none">• Midazolam: 5mg IV/IO• Morphine: 2 – 5 mg IV/IO• Fentanyl: 25 – 50 mcg IV/IO		
5	Correctly applies hands free defibrillation electrodes or conductive medium		
6	Ensures that 'SYNC' button on the monitor is selected and that the synchronization indicators are active on the QRS complex		
7	Selects appropriate initial cardioversion dose: <ul style="list-style-type: none">• Narrow regular: 50 – 100 J• Narrow irregular: 120 – 200 J• Wide regular: 100 J		
8	Charges defibrillator		
9	If using paddles, places them on appropriate landmarks with firm pressure		
10	Verbally states "CLEAR" and visually checks that other rescuers are clear		
11	Delivers cardioversion by holding down the 'SHOCK' button until the defibrillator discharges		
12	Reassesses and properly identifies cardiac rhythm on the monitor		



Infrequently Used Skills Verification Checklist Adult Cardioversion/Defibrillation

1110-H

Step	Description	Does	Does Not
13	Repeats cardioversion steps at least one time, increasing dose in a stepwise fashion for subsequent attempts		
AEMT II or paramedic is advised that patient has become pulseless and apneic			
14	Recognizes rhythm on the monitor requiring defibrillation		
15	Reassess patient to confirm absence of pulses		
16	Turns off 'SYNC' button and selects appropriate defibrillation dose based on manufacturer recommendation (200 j if unknown)		
17	Charges defibrillator		
18	If using paddles, places them on appropriate landmarks with firm pressure		
19	Verbally states "CLEAR" and visually checks that other rescuers are clear		
20	Delivers defibrillation		
21	Initiates CPR x 2 minutes		
22	Reassesses patient and cardiac rhythm confirming patient remains pulseless and in a rhythm requiring defibrillation		
23	Repeats defibrillation steps at least one time utilizing the appropriate subsequent dose based on manufacturer recommendation		



Infrequently Used Skills Verification Checklist Pediatric Cardioversion/Defibrillation

1110-I

Name:		Date:	
Provider Agency:		Evaluator:	
Objective: Describe/recognize the indications for synchronized cardioversion and defibrillation on a pediatric patient and proficiently perform both procedures.			
Equipment: Appropriate PPE, pediatric defibrillation manikin, length based pediatric resuscitation tape, cardiac rhythm simulator, monitor/defibrillator, pediatric defibrillation paddles with conductive medium or pediatric defibrillation electrodes.			
Performance Criteria: The AEMT II or paramedic will be required to adequately describe/recognize the indications for synchronized cardioversion and defibrillation on a pediatric patient and proficiently perform both procedures on a manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for synchronized cardioversion <ul style="list-style-type: none">• Probable SVT or VT with cardiopulmonary compromise including:<ul style="list-style-type: none">○ Hypotension○ Acutely altered mental status○ Signs of shock		
3	Verbalizes that pediatric cardioversion is a base/modified base hospital order		
4	Recognizes rhythm on the monitor requiring cardioversion		
5	Correctly applies hands free defibrillation electrodes or conductive medium		
6	Ensures that 'SYNC' button on the monitor is selected and that the synchronization indicators are active on the QRS complex		
7	Selects appropriate initial cardioversion dose: <ul style="list-style-type: none">• 0.5 – 1 J/kg (calculated using length based pediatric resuscitation tape)		
8	Charges defibrillator		
9	If using paddles, places them on appropriate landmarks with firm pressure		
10	Verbally states "CLEAR" and visually checks that other rescuers are clear		
11	Delivers cardioversion by holding down the 'SHOCK' button until the defibrillator discharges		
12	Re-assesses and properly identifies cardiac rhythm on the monitor		
13	Repeats cardioversion steps at least one time, increasing dose <ul style="list-style-type: none">• 2 J/kg (calculated using length based pediatric resuscitation tape)		



Infrequently Used Skills Verification Checklist Pediatric Cardioversion/Defibrillation

1110-I

Step	Description	Does	Does Not
AEMT II or paramedic is advised that patient has become pulseless and apneic			
14	Recognizes rhythm on the monitor requiring defibrillation		
15	Reassess patient to confirm absence of pulses		
16	Turns off 'SYNC' button and selects appropriate initial defibrillation dose <ul style="list-style-type: none">• 2 J/kg (calculated using length based pediatric resuscitation tape)		
17	Charges defibrillator		
18	If using paddles, places them on appropriate landmarks with firm pressure		
19	Verbally states "CLEAR" and visually checks that other rescuers are clear		
20	Delivers defibrillation		
21	Initiates CPR x 2 minutes		
22	Reassesses patient and cardiac rhythm confirming patient remains pulseless and in a rhythm requiring defibrillation		
23	Repeats defibrillation steps at least one time utilizing the appropriate subsequent dose <ul style="list-style-type: none">• 4 J/kg (calculated using length based pediatric resuscitation tape)		



Infrequently Used Skills Verification Checklist Transcutaneous Cardiac Pacing

1110-J

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe the indications for transcutaneous cardiac pacing and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, adult manikin, cardiac monitor with pacing capabilities, cardiac rhythm simulator, EKG and pacing electrodes, appropriate skin prep items (razor, 4x4's, etc.).			
Performance Criteria: The paramedic will be required to adequately describe the indications for transcutaneous cardiac pacing and proficiently perform the procedure on a manikin.			
Step	Description	Does	Does Not
1	States/demonstrates use of appropriate PPE		
2	States indications for transcutaneous cardiac pacing <ul style="list-style-type: none">• Persistent bradycardia causing any of the following:<ul style="list-style-type: none">○ Hypotension○ Acutely altered mental status○ Signs of shock○ Ischemic chest discomfort○ Acute Heart Failure• Atropine ineffective or not indicated• Verbalizes that pediatric transcutaneous pacing is a base/modified base hospital order		
3	Recognizes rhythm on the monitor requiring transcutaneous cardiac pacing		
4	Explains procedure to patient/family and informs that discomfort may occur as a result of nerve stimulation or muscle contraction		
5	Verbalizes consideration of sedation (one of the following): <ul style="list-style-type: none">• Midazolam: 2 – 5 mg IV/IO• Morphine: 2 – 5 mg IV/IO• Fentanyl: 25 – 50 mcg IV/IO		
6	Properly places EKG electrodes on patient's chest, far enough away from pacing electrodes to ensure a clear signal – ensures EKG electrodes remain attached during pacing therapy		
7	Properly places pacing electrodes on patient's chest		
8	Selects pacing mode on the cardiac monitor		
9	Selects initial pacing rate of 60/min		
10	Sets initial current at 10 mA and increases by 10 mA increments while assessing for mechanical capture		



**Infrequently Used Skills Verification Checklist
Transcutaneous Cardiac Pacing**

1110-J

Step	Description	Does	Does Not
11	Describes confirmation of pacing capture <ul style="list-style-type: none">• Recognizes electrical capture on the EKG• Recognizes mechanical capture by evaluation of patient cardiac output, pulses, increased BP and improved circulatory status		
12	Once pacing is initiated (mechanical capture), properly adjusts rate based on patient's clinical response (60 – 70/min)		
13	Monitor's/re-evaluates patient as needed and increases current as necessary to maintain mechanical capture		



Infrequently Used Skills Verification Checklist Intraosseous (IO) Infusion

1110-K

Name:		Date:	
Provider Agency:		Evaluator:	
Objective: Describe the indications/contraindications for powered IO device utilization and demonstrate the ability to proficiently perform the procedure.			
Equipment: Appropriate PPE, IO manikin, S-SV EMS approved powered IO device/needle, needle securing supplies, antiseptic agent, 10 mL syringe, flush solution or prefilled syringe, IV extension set, IV administration set, IV solution, blood pressure cuff or pressure bag, 2% lidocaine.			
Performance Criteria: The AEMT (pediatric only) or paramedic (pediatric and adult patients) will be required to adequately describe the indications/contraindications for powered IO device utilization and proficiently perform the procedure on an IO manikin.			
Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for IO infusion <ul style="list-style-type: none">• Weight ≥ 3 kg and unable to achieve IV access rapidly (within 60 – 90 seconds) in a patient with one or more of the following:<ul style="list-style-type: none">○ Cardiac arrest○ Hemodynamic instability (SBP < 90 and signs of shock)○ Imminent respiratory failure○ Status epilepticus with prolonged seizure activity < 10 minutes○ Toxic conditions requiring immediate IV access for antidote		
3	Verbalizes contraindications for IO infusion (any of the following) <ul style="list-style-type: none">• Fracture or suspected vascular compromise in targeted bone• Excessive tissue or absence of adequate anatomic landmarks• Infection at area of insertion site• Previous significant orthopedic procedure at site (e.g., prosthetic limb)• IO access in targeted bone within past 48 hours		
4	Verbalizes/selects appropriate adult IO site (paramedic only) <ul style="list-style-type: none">• Proximal Tibia: Approximately 3 cm (2 finger widths) below the patella and approximately 2 cm (1 finger width) medial, along the flat aspect of the tibia• Distal Tibia: Approximately 3 cm (2 finger widths) proximal to the most prominent aspect of the medial malleolus• Humerus: On the most prominent aspect of the greater tubercle, 1 – 2 cm above the surgical neck		
5	Verbalizes/selects appropriate pediatric IO site (AEMT & paramedic) <ul style="list-style-type: none">• Proximal Tibia: Just below patella, approximately 1 cm (1 finger width) and slightly medial, approximately 1 cm along the flat aspect of the tibia• Distal Tibia: approximately 1-2 cm (1 finger width) proximal to the most prominent aspect of the medial malleolus• Distal Femur: Just proximal to the patella (maximum 1 cm) and approximately 1 – 2 cm medial to midline		



Infrequently Used Skills Verification Checklist Intraosseous (IO) Infusion

1110-K

Step	Description	Does	Does Not
6	Prepares equipment for procedure <ul style="list-style-type: none">• Primes extension set with normal saline (if patient unresponsive to pain) or 2% lidocaine (if patient responsive to pain)• Assembles IV bag, IV tubing and pressure infuser• Fills 10 mL syringe with normal saline flush solution (or uses prefilled syringe)• Assembles 2% lidocaine if necessary (patients responsive to pain)• Selects appropriate size needle or device (based on manufacturer)• Attaches needle to driver (based on manufacturer)		
7	Preps IO site using aseptic technique		
8	Inserts IO needle according to manufacturer specific instructions		
9	Stabilizes needle, removes stylet from catheter and places in sharps container		
10	If using manufacturer supplied stabilizer device, place prior to attaching extension set (or at appropriate time per manufacturer instructions)		
11	Attaches primed extension set to IO catheter		
12	Secure IO needle per manufacturer instructions		
13	For patients unresponsive to pain <ul style="list-style-type: none">• Administers rapid flush of 10 mL of normal saline For patients responsive to pain: <ul style="list-style-type: none">• Slowly administers 2% lidocaine over 120 seconds<ul style="list-style-type: none">○ Adult – 40 mg○ Pediatric – 0.5 mg/kg (maximum 40 mg)• Allows lidocaine to dwell in IO space 60 seconds• Administers rapid flush of 10 mL of normal saline• Slowly administers a subsequent ½ dose of 2% lidocaine over 60 seconds<ul style="list-style-type: none">○ Adult – 20 mg○ Pediatric – ½ the initial dose (maximum 20 mg)		
14	Connects fluids to extension set using IV tubing and administers fluid by applying pressure to the fluid bag if necessary to achieve desired rate		
15	Dresses site and secures tubing		
16	Checks administration rate and IO site for infiltration		



Multiple Casualty Incident (MCI) Response Procedures Checklist

1110-L

Name:	Date:		
Provider Agency:	Evaluator:		
Objective: Describe/demonstrate the procedures for managing EMS aspects of an MCI.			
Equipment: MCI identification vests, S-SV EMS approved triage tags, S-SV EMS MCI Checklist and Medical Branch Organizational Chart (837-A), S-SV EMS Prehospital Patient Tracking Worksheet (837-B).			
Performance Criteria: Prehospital personnel will be required to adequately describe/demonstrate the criteria for declaring an MCI, the procedures for managing an MCI and the appropriate utilization of triage tags. Performance criteria may be assessed through instructor led training, or by participation in a tabletop or full scale MCI exercise.			
Step	Description	Does	Does Not
1	Verbalizes MCI definition/criteria: <ul style="list-style-type: none">• An incident which requires more emergency medical resources to adequately deal with victims than those available during routine responses, including an incident that meets any of the following criteria:<ul style="list-style-type: none">○ Five (5) or more IMMEDIATE and/or DELAYED patients, or○ Ten (10) or more MINOR patients, irrespective of the number of IMMEDIATE and/or DELAYED patients, or○ At the discretion of prehospital or hospital providers		
2	Describes the roles/functions of the Control Facility (CF), the requirement/importance of early CF notification/utilization (including a pre-alert when possible), and identifies the appropriate CF to notify/utilize based on the incident location: <ul style="list-style-type: none">• Enloe Medical Center – Butte, Colusa & Glenn counties• Rideout Regional Medical Center – Sutter & Yuba counties• Sutter Roseville Medical Center – Western slope of Nevada & Placer counties• Tahoe Forest Hospital – Tahoe & eastern slope of Nevada & Placer counties• Mercy Medical Center Redding – Shasta, Siskiyou & Tehama counties		
3	Verbalizes/demonstrates the most appropriate method of CF communication during an MCI (telephone, radio – including channel, etc.) based on local procedures		
4	Verbalizes/demonstrates requirement to check in with or establish Incident Command (IC) and/or Medical Command upon arrival at scene		
5	Verbalizes/demonstrates required roles/functions during an MCI (Triage, Treatment & Transportation), and describes a basic understanding of these roles/functions		
6	Describes/demonstrates MCI identification vest utilization		
7	Describes/demonstrates the ordering process for additional transport/medical resources (all additional resources must be ordered through the IC)		
8	Demonstrates appropriate utilization of triage tags and verbalizes/demonstrates the use of triage tags on all patients prior to transport		



Multiple Casualty Incident (MCI) Response Procedures Checklist

1110-L

Step	Description	Does	Does Not
9	<p>Describes/demonstrates triage procedures/considerations:</p> <ul style="list-style-type: none">• Initial triage should take no longer than 30 – 60 seconds per patient• Treatment prior to triage of all patients shall be restricted to airway establishment and hemorrhage control, to include the use of tourniquets and/or hemostatic dressings• CPR generally should not be initiated unless an overabundance of ALS personnel, equipment, transport units, and immediate receiving facilities exist• Any patient who has a tourniquet or hemostatic dressing applied to control hemorrhage shall be deemed an 'IMMEDIATE' regardless of the START triage algorithm• Patients placed in spinal motion restriction and/or unaccompanied pediatric patients must be categorized as 'DELAYED' at a minimum, as these patients require an ED room/bed upon arrival at the receiving hospital		
10	<p>(OPTIONAL) – Describes/demonstrates appropriate utilization of a colored ribbon patient triage system if utilized by the EMS provider</p>		
11	<p>Describes/demonstrates appropriate CF communication requirements/procedures:</p> <ul style="list-style-type: none">• The Patient Transportation Unit Leader/Medical Communications Coordinator will contact the CF and provide patient information and total number of transport resources available• Patient information provided to the CF will be limited to age, gender, triage category, triage tag number, primary injury type and any special considerations (pregnancy, burns, etc.)• The Patient Transportation Unit Leader/Medical Communications Coordinator will work collaboratively with the CF to ensure appropriate patient distribution based on patient conditions and available transportation resources		
12	<p>Describes/demonstrates appropriate utilization of the S-SV EMS Prehospital Patient Tracking Worksheet (837-B)</p>		
13	<p>Describes/demonstrates notification of the CF when all patients have been transported and the incident has ended</p>		

S-SV EMS 2022 EMS Plan Table 8 Provider Resource Directory Issues

- **Butte County:**
 - **Gridley Fire** – Provider no longer exists, part of Butte County Fire Department.
 - **Oroville City Fire** – Provider no longer exists, part of Butte County Fire Department.
 - **Paradise Fire** – Provider no longer exists, part of Butte County Fire Department.
- **Colusa County:**
 - **CAL FIRE – Colusa (LNU)** – A resource directory form was not included with the original 2022 EMS Plan submission by mistake. A current resource directory form is attached.
- **Nevada County:**
 - **Donner Summit Water District & Truckee Fire-Donner Summit** – It is unknown why several resource directory forms for the same provider were previously submitted. All referenced areas are serviced by a single provider – Truckee Fire Protection District. Our EOA Agreement for the Donner Summit area is with the “Truckee Fire Protection District at Donner Summit”. The remaining service areas covered by the Truckee Fire Protection District are non-exclusive. Please advise if you would like different resource directory forms for the different areas covered by the Truckee Fire Protection District, or if the previously submitted resource directory form for this provider is sufficient.
 - **49er Fire** – Provider no longer exists, part of the Nevada County Consolidated Fire District.
 - **REMSA CareFlight (ALS)** – This is an air ambulance provider and was listed under Table 8, Section 12 ‘EMS Aircraft Providers’ in the 2022 EMS Plan document previously submitted. Please see the attached resource directory form for this provider.
 - **Squaw Valley Fire** – This provider was previously (incorrectly) listed as a Nevada County provider. They are a Placer County provider. Additionally, this provider recently changed their name to Olympic Valley Fire Department as the ‘Squaw Valley’ name was determined to be insensitive. The resource directory form for this provider (Olympic Valley Fire Department) was included in the 2022 EMS Plan under Placer County.
- **Placer County:**
 - **Dutch Flat Fire** – This provider no longer exists, part of Placer County Fire Department.
 - **Placer County Fire Department** – This is in fact an ALS non-transport provider and was mis-documented as not having a written contract in error. The corrected resource directory form for this provider is attached.
- **Shasta County:**
 - **CalFire Shasta** – This is the same provider as Shasta County Fire Department – not a separate department. It is unknown why separate resource directory forms were previously submitted for this single provider.
 - **Fall River Mills Fire** – This provider/department previously closed but recently re-opened as the ‘Fall River Valley Fire Protection District’. A resource directory form for this new provider is attached.
 - **Mayers Memorial Hospital Ambulance** – This provider no longer exists. Current provider is ‘Sierra Medical Services Alliance (SEMSA)’ – already submitted.
 - **Shasta County Fire Department** – This is in fact an ALS non-transport provider and was mis-documented as not having a written contract in error. The corrected resource directory form for this provider is attached.

S-SV EMS 2022 EMS Plan Table 8 Provider Resource Directory Issues

- **Tehama County:**
 - **Capay Fire** – The previously submitted Glenn County Table 8 resource directory form for 'Capay Valley Fire Protection District' is incorrect and should be deleted/discarded. The correct resource directory form for the correct provider 'Capay Fire Protection District', which covers portions of both Tehama and Glenn counties is attached. This is the only fire district provider we have in our region that covers portions of 2 different counties. Please advise if you would like a resource directory form for this provider for each County (Glenn & Tehama).
 - **Gerber Volunteer Fire Department** – The provider no longer exists, part of the Tehama County Fire Department.

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Colusa **Provider:** CAL FIRE - Colusa (LNU) **Response Zone:** _____

Address: 1199 Big Tree
St Helena, CA 94574

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-994-2441

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> Transport</td> <td style="width:25%;"><input type="checkbox"/> ALS</td> <td style="width:25%;"><input checked="" type="checkbox"/> 9-1-1</td> <td style="width:25%;"><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																
<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input type="checkbox"/> IFT																	

<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Nevada County Zone 1 & Zone 4

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

1700 Total number of responses
1500 Number of emergency responses
200 Number of non-emergency responses

1100 Total number of transports
1000 Number of emergency transports
200 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Nevada County Base) **Provider:** CAREFLIGHT **Response Zone:** N/A

Address: 10356 Truckee Airport
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

97 _____ Total number of responses
31 _____ Number of emergency responses
66 _____ Number of non-emergency responses

97 _____ Total number of transports
31 _____ Number of emergency transports
66 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Olympic Valley Fire Department **Response Zone:** N/A

Address: 305 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-583-6111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Placer **Provider:** Placer County Fire Department **Response Zone:** N/A

Address: 13760 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4904

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Fall River Valley Fire Protection District **Response Zone:** _____

Address: 444283 Hwy 299 E.
McArthur, CA 96056

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-336-5026

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input 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
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 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: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Shasta **Provider:** Shasta County Fire Department **Response Zone:** N/A

Address: 875 Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-224-2460

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama & Glenn **Provider:** Capay Fire Protection District **Response Zone:** _____

Address: 50 4th Ave
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-2070

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports