

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



March 10, 2023

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

Dear Ms. Stone,

This letter is in response to Northern California Emergency Medical Services (EMS) Agency's 2021 & 2022 EMS, Trauma, and Quality Improvement (QI) Plan submissions to the EMS Authority on January 24, 2023.

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, and QI plans, based on compliance with Chapters 7 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. Northern California 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 10, 2024. Concurrently with the EMS plan, please submit an annual Trauma and QI plan.

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

Sincerely,

*Tom McGinnis*

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

Enclosure  
AW: rd

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EXECUTIVE SUMMARY  
Reporting Year 2021 (FY 2020-2021)  
Reporting Year 2022 (FY 2021-2022)  
EMS PLANS

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

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

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

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

All transport agencies and non-transport agencies providing AED, Air Ambulance, BLS and ALS services maintain Provider Agreements with the agency. There are 16 transport agencies, 3 air providers and 46 non-transport provider agencies with agreements. Additionally the agency has base hospital, alternative base station or receiving hospital agreements with each of the seven acute care facility in the region and three out of area Base Hospital agreements. Contract renewals are tracked by means of a data base providing information of those contracts due for renewal. Currently, there are no stroke, stemi or EMSC facilities in our Region.

The agency conducted its annual Northstate Prehospital Conference in April of 2019. At each conference registrants are asked for their suggestions for future topics. This exercise has been in place at each conference as a part of the conference evaluation form. The suggestions have guided the planning committee in the selection of future topics. Typically 150 to 200 individuals are in attendance at the conference. A conference was scheduled for April 2020 but due to the COVID-19 pandemic, the conference was rescheduled to October 2020 then subsequently cancelled due to ongoing COVID challenges. The next Northstate Prehospital Conference is scheduled for April, 2023.

The agency is periodically asked for information and availability of classes. In response to these inquiries the agency puts the individual or agency requesting information together with programs offering the needed training. In addition, the agency's website provides a calendar that identifies information on upcoming courses.

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

In addition, the agency offers training and continuing education through its website. There are 34 free continuing education units available on the agency website.

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

There are currently 644 certified or accredited personnel in the Nor-Cal EMS region.

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

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

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

The agency has maintained an approved Trauma Plan since 1988. The two Level IV Trauma Centers have recently provided notice that they are not able to redesignate as a Level IV due to staffing and even insurance reimbursement challenges. The agency will continue efforts to again achieve Level IV designations in the Nor-Cal EMS region.



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

Within the Nor-Cal EMS region there are two providers utilizing EMDs. Plumas county utilizes a Public Service Answering Point (PSAP) that transfers calls to the Regional Emergency Medical Services Authority (REMSA) located in Washoe County, Nevada. Lassen county utilizes Susanville Interagency Fire Center (SIFC) that transfers call to Riggs Ambulance Service in Merced, California. In-person site visits will be scheduled within the next fiscal year. Nor-Cal EMS has Policy #3301 located at [norcalems.org](http://norcalems.org) addressing Emergency Medical Dispatch Program Requirements.

Communication is also addressed in Nor-Cal EMS Policy #4101 and Policy #3202 available at [norcalems.org](http://norcalems.org).

It is the understanding of Nor-Cal EMS, that Communication requirements as written in the following statutes and regulations, are being met.

HSC 1797.223, 1798.8,

Title 22 Ch. 4 Section 100170 (c)(2)

Title 22 Ch. 5 Section 100306 Article 5

The Nor-Cal EMS Specialist fulfills the duties of the MHOAC designee. The EMS Specialist works closely with the RDMHC, RDMHS, OES, Public Health for OES Region III by attending regular meetings, phone calls and ZOOM/TEAMS meetings in addition to attending conferences, participating in drills, and training exercises throughout Region III.



Northern California EMS, Inc.

2021 (FY 2020-2021)

2022 (FY 2021-2022)

Combined EMS Plans

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

Submitted to: Angela Wise

Date: 1/24/2023

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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Reporting Year 2022 (FY 2021-2022)  
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## TABLE 1

### MINIMUM STANDARDS/RECOMMENDED GUIDELINES SYSTEM ASSESSMENT FORMS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2021 EMS PLAN (FY 2020-2021)**  
**2022 EMS PLAN (FY 2021-2022)**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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



TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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

# SYSTEM ASSESSMENT FORMS

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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## GENERAL:

A System Assessment Form is required to be submitted as follows:

- Full five-year plan. Submit every standard (1.01 through 8.19).
- Annual plan update. Submit an individual standard when there has been a major change in the system from the previous five-year plan submission.

## INSTRUCTIONS:

Next to the "Current Status," indicate if the current status meets or does not meet the minimum standard.

Include a description of the System below the "Current Status" as it relates to the individual standard The system description should clearly demonstrate how the minimum standard is met, and should include information such as:

1. Who is involved.
2. Contractual agreements in place.
3. References to policy acknowledging policies/protocols in place.
4. Efforts to coordinate resources and/or services with other EMS agencies.  
(Only required for those standards identified on Table 1 with an asterisk.)

If the Minimum Standard is not met, indicate the Needs, Objective, and Timeframe for Meeting the Objective.

Ensure the information on Table 1 (Minimum Standards/Recommended Guidelines) coincides with the information documented in the System Assessment Forms.



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD**

THE BOARD COMPOSITION INCLUDES A SUPERVISOR REPRESENTATIVE FROM EACH CONTRACTING COUNTY, A HOSPITAL REPRESENTATIVE, AN AMBULANCE REPRESENTATIVE AND TWO MEMBERS-AT-LARGE POSITIONS. THE CEO IS HIRED AND REPORTS TO THE BOARD OF DIRECTORS. THE CEO HIRES THE MEDICAL DIRECTOR (CONTRACTUAL POSITION).

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.02 LEMSA MISSION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

EMS SYSTEM EVALUATION IS ONGOING THROUGH A NUMBER OF METHODS INCLUDING BROAD DIRECTION FROM THE BOARD OF DIRECTORS, THE MEDICAL ADVISORY COMMITTEE AND SPECIFIC QI REVIEWS. THE AGENCY HAS RECENTLY IMPLEMENTED FULL PARTICIPATION IN EPCR SYSTEMS BY EACH TRANSPORT PROVIDER AND IS PREPARING DATA PERTINENT TO THE CORE MEASURES.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.03 PUBLIC INPUT

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD**

The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.04 MEDICAL DIRECTOR

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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#### MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

#### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

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

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.05 SYSTEM PLAN

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

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#### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

#### **RECOMMENDED GUIDELINES:**

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This Standard is being met by the completion and submittal of this plan.

#### **OBJECTIVE**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.06 ANNUAL PLAN UPDATE

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

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#### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The plan is formally updated when requested by the Authority.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.07 TRAUMA PLANNING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

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

##### CURRENT STATUS: **SHORT RANGE/LONG RANGE GOALS**

The agency has had an approved Trauma Plan since 1988. Nor-Cal EMS has recently received notice from both of its Level IV Trauma Centers that they will not be moving forward with redesignation due to staffing and medical insurance reimbursement challenges.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.08 ALS PLANNING

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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#### MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

The agency maintains agreements with each ALS service in the area. This includes both transport and non-transport agencies. Each agreement is reviewed every two years to determine the continuation of the agreement.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.09 INVENTORY OF RESOURCES

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

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#### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Inventories are updated as site inspections are periodically conducted, as prehospital updates are requested by EMSA and as resource capabilities change.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.10 SPECIAL POPULATIONS

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

#### RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: **MEETS MINIMUM STANDARD**

The agency works closely with many rural providers to recognize and work towards special populations needs.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.11 SYSTEM PARTICIPANTS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

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

Agreements with providers describe the roles of the system participants.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.12 REVIEW AND MONITORING

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

**MINIMUM STANDARDS:**

Each local EMS agency shall provide for review and monitoring of EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

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

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.13 COORDINATION

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

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

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.14 POLICY & PROCEDURES MANUAL

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.15 COMPLIANCE WITH POLICIES

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Medical Advisory Committee and others. Ambulance services, non-transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statutes. We are made aware of needed actions by the review of QI reports, patient care forms or complaints.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.16 FUNDING MECHANISM

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

THE REGIONAL AGENCY HAS BEEN SUCCESSFUL IN BEING APPROVED FOR A BUDGETE AUGMENTATION. THIS WILL BE CRITICAL AS THERE HAS NOT BEEN A FUNDING INCREASE FOR 20 YEARS.

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.17 MEDICAL DIRECTION

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

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

#### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.18 QA/QI

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

#### RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

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

QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals, and providers. A skills usage form is utilized in addition to data retrievable from ePCRs. The core Measures will provide further QI activities.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.19 POLICIES, PROCEDURES, PROTOCOLS

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

#### RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post-dispatch instructions.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

The Policy and Procedure Manual has been reviewed and updated. As regulations change, policies are updated.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.20 DNR POLICY

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Nor-Cal EMS has a DNR Policy. It is located within the Policy and Procedures Manual, on our website and policy ap.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.21 DETERMINATION OF DEATH

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

Nor-Cal EMS has a Determination of Death Policy. It is located within the Policy and Procedures Manual, on our website and policy ap.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.22 REPORTING OF ABUSE

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

**MINIMUM STANDARDS:**

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Nor-Cal EMS has a Reporting of Abuse Policy. It is located within the Policy and Procedures Manual, on our website and policy ap.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.23 INTERFACILITY TRANSFER

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

Nor-Cal EMS has an Interfacility Transfer Policy. It is located within the Policy and Procedures Manual, on our website and policy ap.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.24 ALS SYSTEMS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

#### **RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

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

Written Agreements are maintained and regularly reviewed by Nor-Cal EMS.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.25 ON-LINE MEDICAL DIRECTION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

##### RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

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

Utilizing physicians and MICNs, the Nor-Cal EMS region has seven acute care facilities providing medical control.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.26 TRAUMA SYSTEM PLAN

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **SHORT RANGE/LONG RANGE**

The Nor-Cal EMS Trauma Plan was first approved in 1990. The Trauma Plan has been updated and submitted with this EMS Plan. Nor-Cal EMS has recently received notice from both of its Level IV Trauma Centers that they will not be moving forward with redesignation due to staffing and medical insurance reimbursement challenges.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.27 PEDIATRIC SYSTEM PLAN

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.

**NEED(S):**

#### **OBJECTIVE:**

Determine opportunities for pediatric care enhancement that include training and equipment deployment.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.28 EOA PLAN

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency has two EOAs in the region; one grandfathered EOA in Plumas County and an EOA in Lassen County.

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.01 ASSESSMENT OF NEEDS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall routinely assess personnel and training needs.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT basic course. The agency has developed online capabilities for extended opportunities for EMS education.

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.02 APPROVAL OF TRAINING

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

All EMS education programs in the region, including PSFA, EMT, AEMT, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.03 PERSONNEL

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.04 DISPATCH TRAINING

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: **DOES NOT MEET MINIMUM STANDARD**

As previously reported where EMD programs exist that serve the area, those programs are based out of area and are linked to large volume providers in area. The handicap in implementation is the financial obligation for initial and ongoing training. For a small rural county this is a major barrier.

In the recent past, the agency contacted each PSAP in the area and asked them to complete a survey. The survey asked if they had implemented EMD and if not, are they planning to implement EMD. The survey asked what the barriers were to implementation and the response was not surprising. Implementation and ongoing costs were the barriers.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.05 FIRST RESPONDER TRAINING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

##### RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.06 RESPONSE

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency has contracts with providers. Education opportunities are available and updated often within the Nor-Cal EMS website. The Northstate Prehospital Conference offers a great opportunity for CEs and networking with EMS personnel in the in-person atmosphere.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.07 MEDICAL CONTROL

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherences to policies are not followed.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.08 EMT-I TRAINING

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

#### RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

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

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.09 CPR TRAINING

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.10 ADVANCED LIFE SUPPORT

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

#### RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.11 ACCREDITATION PROCESS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.12 EARLY DEFIBRILLATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Regulations require Public Safety personnel to be trained in CPR. Current CPR training includes the use of AEDs; our policies reinforce this.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.13 BASE HOSPITAL PERSONNEL

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use. Currently there are no approved MICN training programs in the region

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

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

The agency works in conjunction with the County EMCC/County officials to ensure frequency coordination. Communication policies permit the use of satellite and cellular phones which is critical given the repeater coverage issues in our mountainous areas.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.02 RADIOS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

#### **RECOMMENDED GUIDELINES:**

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

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

Vehicle to hospital and vehicle to vehicle communications capabilities exist throughout the area. Often this communication is permitted by means of alternate systems.

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.03 INTERFACILITY TRANSFER

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.04 DISPATCH CENTER

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.05 HOSPITALS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### **RECOMMENDED GUIDELINES:**

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

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

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.06 MCI/DISASTERS

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

THE AGENCY WORKS IN CONJUNCTION WITH COUNTY EMCC/COUNTY ADVISORY GROUPS TO PROVIDE AN OPPORTUNITY TO REVIEW COMMUNICATIONS ISSUES INCLUDING MULTI-CASUALTY EVENTS. .

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.07 9-1-1 PLANNING/COORDINATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

##### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.08 9-1-1 PUBLIC EDUCATION

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

#### **RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.09 DISPATCH TRIAGE

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.10 INTEGRATED DISPATCH

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

##### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan

**COORDINATION WITH OTHER EMS AGENCIES: WE WORK CLOSELY WITH OUR ALLIED AGENCIES**

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.02 MONITORING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

##### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.03 CLASSIFYING MEDICAL REQUESTS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.04 PRESCHEDULED RESPONSES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.05 RESPONSE TIME STANDARDS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

##### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

##### CURRENT STATUS: **SHORT TERM GOAL**

These response time standards must take into consideration certain exemptions such as calls which go off road and off pavement, weather considerations and availability due to primary and secondary cars in service. The agency will work with its Medical Advisory Committee to develop appropriate very rural response times.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.06 STAFFING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.07 FIRST RESPONDER AGENCIES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

NOR-CAL EMS SUPPORTS THE PARTICIPATION OF FIRST RESPONDER AGENCIES INTO THE EMS SYSTEM AND FACILITATES THEIR PARTICIPATION THROUGH APPROVAL OF FIRST RESPONDER INSTRUCTORS, CERTIFICATION OF COURSE GRADUATES AND DEVELOPMENT OF PROVIDER AGREEMENTS.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.08 MEDICAL & RESCUE AIRCRAFT

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

##### COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.09 AIR DISPATCH CENTER

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The region is served by two air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.10 AIRCRAFT AVAILABILITY

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Air operators have an agreement with the agency outlining operational requirements and reporting of data. Each operator is an active participant on the agency's Air operations Committee.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.11 SPECIALTY VEHICLES

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

These resources are called into use by local agencies when typical vehicles cannot be used and are often used in search and rescue events..

#### **COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.12 DISASTER RESPONSE

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

The agency utilizes the OES Region III MCI Plan and works closely with the RDMHS, OES, and County Public Health agencies to ensure this capability.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.13 INTERCOUNTY RESPONSE

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

##### RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.14 INCIDENT COMMAND SYSTEM

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.15 MCI PLANS

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.16 ALS STAFFING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

##### RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

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

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.17 ALS EQUIPMENT

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

**MINIMUM STANDARDS:**

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.18 TRANSPORT COMPLIANCE

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.19 TRANSPORTATION PLAN

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD**

Exclusive operating areas exist in Lassen, Plumas and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc and Plumas County's EOAs through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.20 "GRANDFATHERING"

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This has been done and accepted in Modoc and Plumas Counties

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.21 EOA COMPLIANCE

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.22 EOA EVALUATION

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

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**MINIMUM STANDARDS:**

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.01 ASSESSMENT OF CAPABILITIES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

##### RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

THE AGENCY PERIODICALLY ASSESSES AND REASSESSES THE EMS CAPABILITIES OF VARIOUS ACUTE CARE FACILITIES AS A PART OF THE DESIGNATION OF TRAUMA CENTERS, BASE HOSPITALS AND ALTERNATIVE BASE STATIONS. WRITTEN AGREEMENTS EXIST BETWEEN THE AGENCY AND THESE FACILITIES, WHICH REQUIRE ADHERENCE TO LOCAL POLICIES AND STATE REGULATION.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.02 TRIAGE & TRANSFER PROTOCOLS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

These protocols have recently been redesigned and distributed to hospitals.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.03 TRANSFER GUIDELINES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

As reported above the recently revised policies have been developed based upon communication with local hospitals.

The agency works in conjunction with Public Health and RDMHS to assist with distribution of patients.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.04 SPECIALTY CARE FACILITIES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

The agency has designated receiving hospitals, which are monitored through a variety of visits, audits and QI activities. This has been implemented through the designation of trauma centers. The agency during the report period has two Level IV Trauma Centers.

Nor-Cal EMS has recently received notice from both of its Level IV Trauma Centers that they will not be moving forward with redesignation due to staffing and medical insurance reimbursement challenges.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.05 MASS CASUALTY MANAGEMENT

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

##### RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD**

Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises and promotes HEICS. The agency works closely with area hospitals and Public Health and RDMHS in the coordination of HAvBED exercises from the region.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.06 HOSPITAL EVACUATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Much of this work has been accomplished through the agency's participation in the Hospital Preparedness Project as it assumes the Local EMS Agency responsibilities..

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.07 BASE HOSPITAL DESIGNATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

Each hospital in the region maintains a role in the EMS system and as a result each maintains an agreement with the agency defining their role.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.08 TRAUMA SYSTEM DESIGN

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

THE TRAUMA PLAN ADDRESSES ALL REQUIRED ELEMENTS.

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.09 PUBLIC INPUT

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.10 PEDIATRIC SYSTEM DESIGN

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

In our extremely rural system this will likely not result in Pediatric Center Designation but rather the adherence to transfer guidelines that assist in the identification of patients that need expedient transport to definitive levels of care and the facilities that can care for those patients.

This Standard has been recently addressed with the development of Interfacility Transfer Guidelines that address the appropriate transfer of patients both for patients that need immediate transfer and those whose needs are not immediate. The latter situation is critical in our rural area in order to not deplete resources that respond to 911 calls.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.11 EMERGENCY DEPARTMENTS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

##### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Nor-Cal EMS works closely with our Critical Access Hospitals to ensure adequate training occurs, and interfacility transfers are handled appropriately.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.12 PUBLIC INPUT

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

We have been attending the RTCC meeting for Region III. It remains our recommendation that pediatric trauma be a sub-committee of the Region III RTCC meeting.

We also participated in the summit of Pediatric Trauma and Access to Care that was held in 2011. We remain in support the recommendation of the California Trauma Pediatric Network and would support a statewide pediatric trauma system.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.13 SPECIALTY SYSTEM DESIGN

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Because each of the hospitals in agency's area is a rural small hospital and each has been designated as a Critical Access Hospital, specialty care hospitals have not been designated with the exception of Level IV Trauma Centers. Nor-Cal EMS has recently received notice from both of its Level IV Trauma Centers that they will not be moving forward with redesignation due to staffing and medical insurance reimbursement challenges.

In order to best accommodate the appropriate movement of patients to the proper definitive care, an Interfacility Transfer Policy has been developed. The policy calls for hospitals to develop written policies governing transfers, develop written transfer agreements with facilities offering resources and specialty services not available internally and that the accepting facility has the capacity to care for the patient and has consented to accept the patient.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.14 PUBLIC INPUT

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

##### RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

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

Lead by the agency's Medical Director and EMS Systems Specialist, the program involves the spectrum of EMS system participants. With continued implementation of area-wide usage of ePCR systems QI activities will be improved for both the agency and providers.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.02 PREHOSPITAL RECORDS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Clinical staff regularly reviews data. Case reviews are presented within the Medical Advisory Committee Meeting and Air Medical Advisory Meeting.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.03 PREHOSPITAL CARE AUDITS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

##### RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

##### NEEDS:

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.04 MEDICAL DISPATCH

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

This Standard has been met. We customarily in the course of investigating an Unusual Occurrence Report, work closely with medical dispatch to analyze the timeliness and appropriateness of medical response and the information provided.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.05 DATA MANAGEMENT SYSTEM

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

##### RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency is examining alternatives to the electronic PCR system currently in place, as well as the trauma data system. Any alternatives to be considered must be CEMSIS compliant. The agency continues to provide both prehospital and trauma data to EMSA. The CEO is a member of the State Electronic Data Advisory Group.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEEDS:

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.06 SYSTEM DESIGN EVALUATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

The agency remains the best means of improving its evaluation program including the exploration of improved data systems.

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.07 PROVIDER PARTICIPATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

All transport agencies now utilize an ePCR system that is CEMSIS compliant.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.08 REPORTING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.

##### NEEDS:

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.09 ALS AUDIT

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

**MINIMUM STANDARDS:**

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

**RECOMMENDED GUIDELINES:**

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.10 TRAUMA SYSTEM EVALUATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD**

Through the CEMSIS System, trauma data provides opportunities to measure system compliance and determine system improvements. This is constantly evaluated with core measures data. The agency CEO is a member of the State Trauma Advisory Group.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.11 TRAUMA CENTER DATA

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

##### RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS Specialist. Data is also received from non-trauma centers.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.01 PUBLIC INFORMATION MATERIALS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

##### RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

The agency works closely with county EMCC and HPP programs.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.02 INJURY CONTROL

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

##### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

The agency is involved in the injury and illness prevention effort. We began Virtual Conferences on a quarterly basis that cover a myriad of subject matters.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.03 DISASTER PREPAREDNESS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

##### RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.04 FIRST AID & CPR TRAINING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

##### RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Nor-Cal EMS has developed online PSFA to assist.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

The agency staff has been very active in participating in and coordinating exercises that involve region wide Public Health/OES/RDMHS and local provider agencies. Much of this activity has come about as a result of the agency's participation in the Hospital Preparedness Project in fulfilling the Local EMS Agency role.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.02 RESPONSE PLANS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

#### **RECOMMENDED GUIDELINES:**

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.03 HAZMAT TRAINING

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.04 INCIDENT COMMAND SYSTEM

NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

#### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

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

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.05 DISTRIBUTION OF CASUALTIES

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

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

This standard is met via the Region III OES MCI Plan designation of Control Facilities.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.06 NEEDS ASSESSMENT

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

#### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

#### **CURRENT STATUS:**

**MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES**

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.07 DISASTER COMMUNICATIONS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This is addressed through the development of disaster protocols and procedures as well as individual county and EMCC policy development.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.08 INVENTORY OF RESOURCES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

##### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.09 DMAT TEAMS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

##### RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This is met through the activities of the Hospital Preparedness Project.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.10 MUTUAL AID AGREEMENTS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This is met through the activities of the Hospital preparedness project.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.11 CCP DESIGNATION

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS:

**MEETS MINIMUM STANDARD**

This is met through participation as the Local EMS Agency in the Hospital Preparedness projects.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.12 ESTABLISHMENT OF CCP

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

This activity has occurred in conjunction with HPP projects.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.13 DISASTER MEDICAL TRAINING

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

##### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.14 HOSPITAL PLANS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

##### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.15 INTERHOSPITAL COMMUNICATIONS

**NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)**

---

**MINIMUM STANDARDS:**

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.16 PREHOSPITAL AGENCY PLANS

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

##### RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.17 ALS POLICIES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.18 SPECIALTY CENTER ROLES

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.19 WAIVING EXCLUSIVITY

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

---

##### MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

## TABLE 2

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

Reporting Year 2021 (FY 2020-2021)

Reporting Year 2022 (FY 2021-2022)

## TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: Reporting Year 2021 (FY 2020-2021)

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

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

County: Lassen

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

County: Modoc

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

County: Plumas

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

County: Sierra

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

County: Trinity

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

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

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

Reporting Year 2021 (FY 2020-2021)

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ 312,106.71
Contract Services (e.g. medical director)	46,000.00
Operations (e.g. copying, postage, facilities)	83,629.98
Travel	10,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	36,018.39
Dispatch center operations (non-staff)	N/A
Training program operations	Include in numbers above
Other: Misc. Contractual	15,068.00
Other: Legal	2,000.00
Other: Contingency	41,986.59
<b>TOTAL EXPENSES</b>	<b>\$ 546,809.67</b>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	287,114.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	135,430.40
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	18,063.52

**TABLE 2:        SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	35,583.35
Contributions	N/A
EMS Fund (SB 12/612)	39,340.11
Other grants: _____	N/A
Other fees:     Interest/Misc. Inc.	4,600.00
Other (specify): Conference, Advertising, Continuing Education	8,000.00
<b>TOTAL REVENUE</b>	<b>\$ 550,131.38</b>

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

Both Revenue and Expenses equal \$510,791.27 for the 2020-2021 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2020-2021 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass-through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2020-2021. This is why the Revenue and Expenses show slightly different numbers on this report only.

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

\_\_\_\_\_ We do not charge any fees

☒ Our fee structure is:

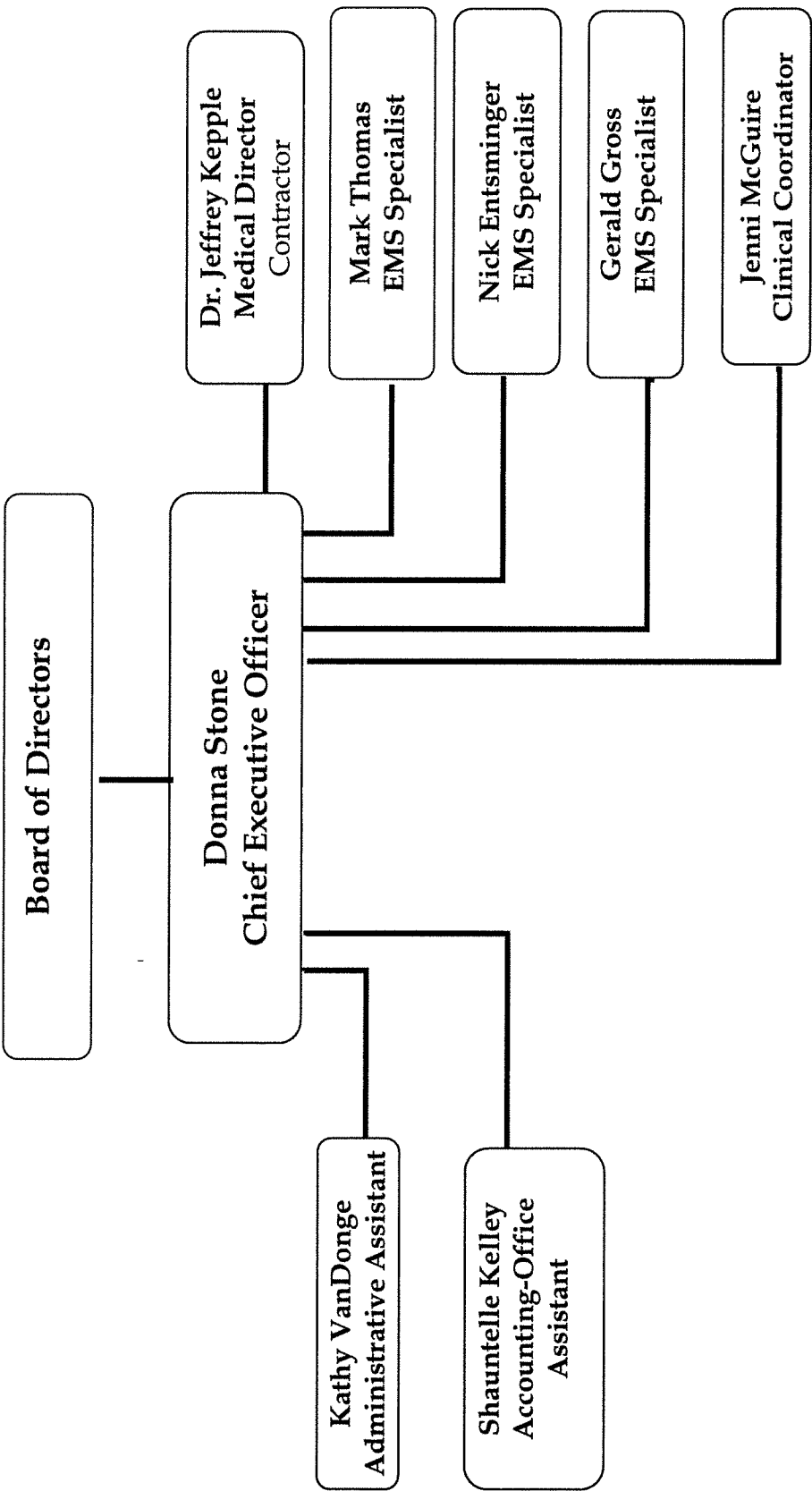
EMR certification	\$ 35.00
EMS dispatcher certification	N/A
EMT-I certification	45.00
EMT-I recertification	28.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	45.00
AEMT recertification	28.00
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized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

**Northern California EMS, Inc. (Nor-Cal EMS)**  
**General Fund Personnel Detail**  
**Fiscal Year 2020-2021**

<b>Classification</b>	<b>General Fund Salary</b>	<b>FTE</b>	<b>State Funded</b>	<b>Locally Funded</b>
Chief Executive Officer	80,779.50	95.00%	76,740.53	4,038.98
Administrative Assistant	20,149.50	20.00%	0.00	20,149.50
EMS Specialist	29,506.41	56.00%	29,506.41	0.00
Director of Information Technology	50,574.29	80.00%	37,930.71	12,643.57
Administrative Assistant	34,564.40	100.00%	32,836.17	1,728.23
Clerical Assistant	10,948.00	26.00%	9,579.50	0.00
Project Coordinator	24,375.00	20.00%	24,375.00	0.00



Northern California EMS, Inc.  
Organizational Chart - 2021



**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year:        Reporting Year 2022 (FY 2021-2022)

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

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

County: Lassen

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

County: Modoc

A. Basic Life Support (BLS)	10%
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C. Advanced Life Support (ALS)	90%

County: Plumas

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

County: Sierra

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

County: Trinity

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

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

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

## 5. EXPENSES

Salaries and benefits (All but contract personnel)	341,375.51
Contract Services (e.g. medical director)	59,496.00
Operations (e.g. copying, postage, facilities)	85,025.98
Travel	8,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	30,806.37
Dispatch center operations (non-staff)	N/A
Training program operations	Include in numbers above
Other: Misc. Contractual	15,068.00
Other: Legal	6,000.00
Other: Contingency	30,196.79
<b>TOTAL EXPENSES</b>	<b>\$ 575,968.64</b>

## 6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	287,085.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	135,430.40
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	18,063.52

**TABLE 2:        SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	26,983.35
Contributions	N/A
EMS Fund (SB 12/612)	34,188.38
Other grants: _____	N/A
Other fees:     Interest/Misc. Inc.	49,600.00
Other (specify): Conference, Advertising, Continuing Education	6,000.00
<b>TOTAL REVENUE</b>	<b>\$ 579,350.65</b>

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

Both Revenue and Expenses equal \$545,162.27 for the 2021-2022 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2021-2022 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass-through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2021-2022. This is why the Revenue and Expenses show slightly different numbers on this report only.

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

\_\_\_\_\_ We do not charge any fees

☒ Our fee structure is:

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

**Northern California EMS, Inc. (Nor-Cal EMS)**

**General Fund Personnel Detail**

**Fiscal Year 2021-2022**

<b>Classification</b>	<b>Salary</b>	<b>FTE</b>	<b>State Funded</b>	<b>Locally Funded</b>
Chief Executive Officer	88,753.47	100.00%	71,002.78	17,750.69
Administrative Assistant	2,030.91	20.00%	0.00	2,030.91
EMS Specialist	20,019.20	32.00%	15,014.40	5,004.80
EMS Specialist	17,725.29	27.00%	13,293.97	4,431.32
Clinical Coordinator	12,510.00	21.00%	7,506.00	5,004.00
Director of Information Technology	60,936.72	80.00%	45,702.54	15,234.18
Administrative Assistant	35,251.58	100.00%	28,201.26	7,050.33
Clerical Assistant	9,775.00	20.00%	7,331.25	2,443.75
Project Coordinator	19,550.00	40.00%	14,662.50	4,887.50

Northern California EMS, Inc.  
Organizational Chart - 2022

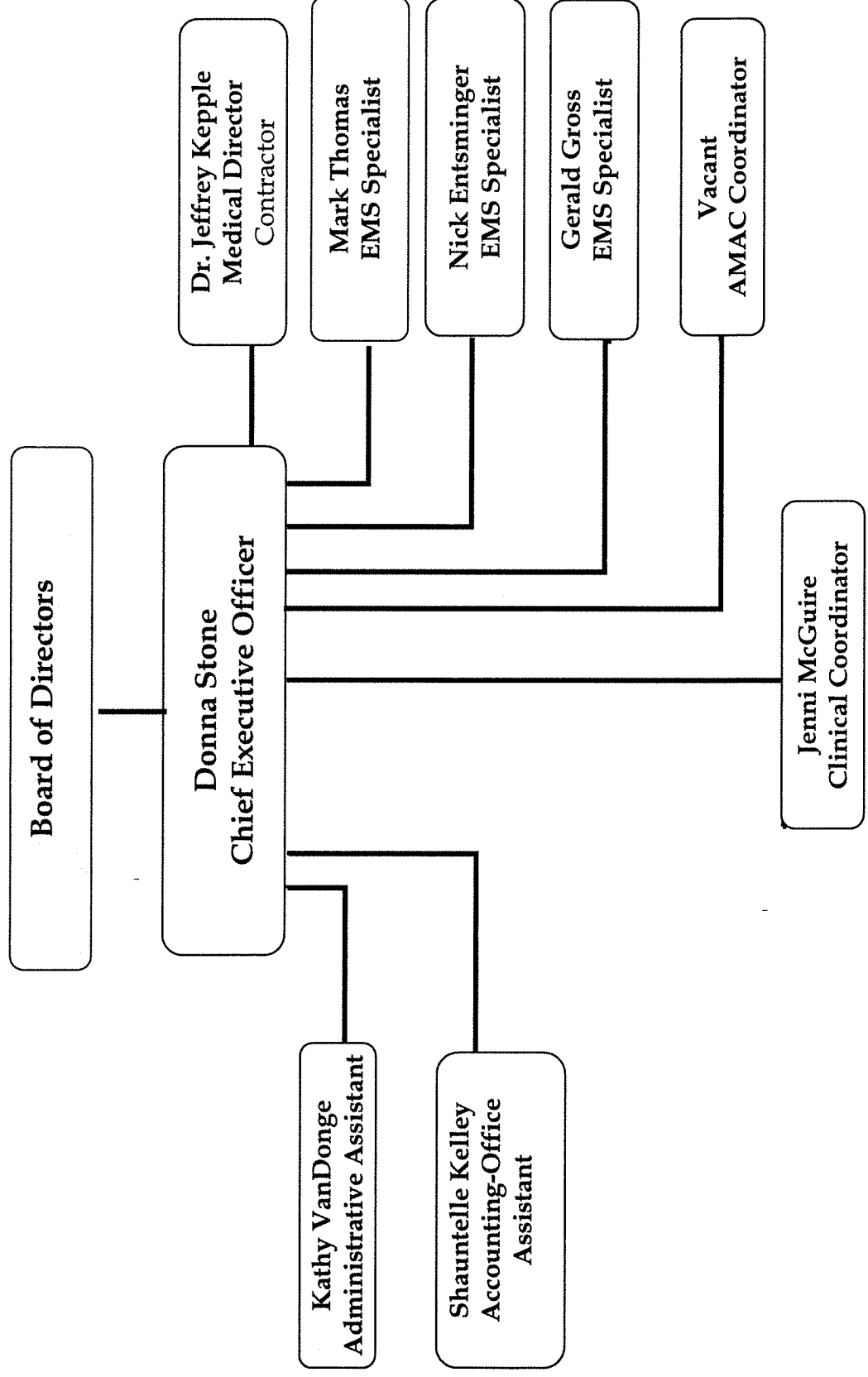




TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

## TABLE 3

### STAFFING AND TRAINING

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

**TABLE 3: STAFFING/TRAINING**

Reporting Year: Reporting Year 2021 (FY 2020-2021)

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

	EMTs	AEMTs	PARAMEDICS	MICN
Total Certified	178	10		4
Number newly certified this year	43	6		0
Number recertified this year	135	4		4
Total number of accredited personnel on July 1 of the reporting year			58	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	1			
c) suspensions	0			
d) revocations	0			
e) denials	1			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

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

444  
333

2. Do you have an EMR training program

☒ yes ☐ no

**TABLE 3: STAFFING/TRAINING**

Reporting Year: Reporting Year 2022 (FY 2021-2022)

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

	EMTs	AEMTs	Paramedics	MICN
Total Certified	173	19		2
Number newly certified this year	34	3		0
Number recertified this year	139	16		2
Total number of accredited personnel on July 1 of the reporting year			52	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	1			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

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

444  
333

2. Do you have an EMR training program

☒ yes ☐ no

## TABLE 4

### COMMUNICATIONS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

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

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Modoc

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

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

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



**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Sierra

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

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Northern California EMS, Inc. Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

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

## TABLE 5

### RESPONSE – TRANSPORTATION

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

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

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 14 (AED Providers), 4(ALS NT), 13 (ALS T), 31 (BLS NT), (3 BLS T)

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

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	See Note Below	See Note Below
Early defibrillation responder	No data available	No data available	No data available	No data available
Advanced life support responder	N/A	No data available	See Note Below	See Note Below
Transport Ambulance	N/A	See Note Below	See Note Below	See Note Below

Notes: N/A - Not Applicable

Nor-Cal EMS is in the process of securing a contract that will provide support and training to new agency staff to instruct and build reports containing data for trauma and other areas within the region's data collection system. The reports will be used for agency growth (ie: evaluation, CQI, policy advancements).

## TABLE 6

### FACILITIES – CRITICAL CARE

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

## TABLE 6: FACILITIES/CRITICAL CARE

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

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

#### NOTE:

Nor-Cal EMS is in the process of securing a contract that will provide support and training to new agency staff to instruct and build reports containing data for trauma and other areas within the region's data collection system. The reports will be used for agency growth (ie: evaluation, CQI, policy advancements).

### Emergency Departments

Total number of emergency departments

1. Number of referral emergency services
2. Number of standby emergency services
3. Number of basic emergency services
4. Number of comprehensive emergency services

### Receiving Hospitals

1. Number of receiving hospitals with written agreements
2. Number of base hospitals with written agreements

#### NOTE:

The agency contracts with seven acute care facilities in the region.

Nor-Cal EMS is in the process of securing a contract that will provide support and training to new agency staff to instruct and build reports containing data for trauma and other areas within the region's data collection system. The reports will be used for agency growth (ie: evaluation, CQI, policy advancements).

TABLE 7

DISASTER – MEDICAL

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Lassen

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

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

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

2. CISD

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

3. Medical Response Team

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

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

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

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

4. Hazardous Materials

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

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

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

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

### OPERATIONS

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

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

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

a. real event? ☐ Yes ☒ No

b. exercise? ☒ Yes ☐ No



**TABLE 7: DISASTER MEDICAL (cont.)**

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Modoc

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

### SYSTEM RESOURCES

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

### OPERATIONS

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

**TABLE 7: DISASTER MEDICAL (cont.)**

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Plumas

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

### SYSTEM RESOURCES

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

### OPERATIONS

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

**TABLE 7: DISASTER MEDICAL (cont.)**

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Sierra

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

### SYSTEM RESOURCES

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

### OPERATIONS

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

**TABLE 7: DISASTER MEDICAL (cont.)**

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Trinity

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

### SYSTEM RESOURCES

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

### OPERATIONS

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



**TABLE 7: DISASTER MEDICAL (cont.)**

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

## TABLE 8

### RESPONSE – TRANSPORTATION – PROVIDERS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Lassen

Address: 711-45 Center Road  
Susanville, CA 96127  
Phone Number: 530-257-2181

Provider: California Correctional Center/High Desert State Prison Fire Dept (S64-51224)

Response Zone: Inside Zone 1

Number of Ambulance Vehicles in Fleet:

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

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

Transporting Agencies

6	Total number of responses	4	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
6	Number of non-emergency responses	4	Number of non-emergency transports

Air Ambulance Services

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

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

**Phone Number:** 530-832-9915

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

Total number of responses		
Number of emergency responses		
Number of non-emergency responses		
381	Total number of responses	367
253	Number of emergency responses (SCENE)	243
128	Number of non-emergency responses (IFT)	124

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: **Plumas**      Provider: **Chester Fire (S64-50284)**      Response Zone: **P1**

Address: **P O Box 177**      Number of Ambulance Vehicles in Fleet: **1**

**Chester, CA 96020**

Phone Number: **530-258-3456**      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: **1**

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

Transporting Agencies

290	Total number of responses	258	Total number of transports
229	Number of emergency responses	197	Number of emergency transports
61	Number of non-emergency responses	61	Number of non-emergency transports

Air Ambulance Services

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

	REPORTING YEAR 2021 (FY 2020-2021)	REPORTING YEAR 2022 (FY 2021-2022)
1. <b>Revenue</b>		
2. <b>Operating Expenses</b>		
3. <b>Operating Income</b>		
4. <b>Non-Operating Income</b>		
5. <b>Income Before Income Taxes</b>		
6. <b>Income Tax Expense</b>		
7. <b>Net Income</b>		
8. <b>Other Comprehensive Income</b>		
9. <b>Comprehensive Income</b>		
10. <b>Retained Earnings</b>		
11. <b>Dividends</b>		
12. <b>Share Repurchases</b>		
13. <b>Share Issuances</b>		
14. <b>Other Equity Changes</b>		
15. <b>Equity</b>		
16. <b>Debt</b>		
17. <b>Other Liabilities</b>		
18. <b>Assets</b>		
19. <b>Other Assets</b>		
20. <b>Other Liabilities</b>		
21. <b>Other Assets</b>		
22. <b>Other Liabilities</b>		
23. <b>Other Assets</b>		
24. <b>Other Liabilities</b>		
25. <b>Other Assets</b>		
26. <b>Other Liabilities</b>		
27. <b>Other Assets</b>		
28. <b>Other Liabilities</b>		
29. <b>Other Assets</b>		
30. <b>Other Liabilities</b>		
31. <b>Other Assets</b>		
32. <b>Other Liabilities</b>		
33. <b>Other Assets</b>		
34. <b>Other Liabilities</b>		
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87. <b>Other Assets</b>		
88. <b>Other Liabilities</b>		
89. <b>Other Assets</b>		
90. <b>Other Liabilities</b>		
91. <b>Other Assets</b>		
92. <b>Other Liabilities</b>		
93. <b>Other Assets</b>		
94. <b>Other Liabilities</b>		
95. <b>Other Assets</b>		
96. <b>Other Liabilities</b>		
97. <b>Other Assets</b>		
98. <b>Other Liabilities</b>		
99. <b>Other Assets</b>		
100. <b>Other Liabilities</b>		

County:	Trinity	Provider:	Coffee Creek (S64-50303)	Response Zone:	T2
Address:	P O Box 346		Number of Ambulance Vehicles in Fleet:	1	
	Trinity Center, CA 96091				
Phone Number:	530-286-2270		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1		

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

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

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

**Table 8: Resource Directory**

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

**Response/Transportation/Providers**

County: **Sierra**      Provider: Downieville Fire (S64-50346)      Response Zone: S1

Address: P O Box 25      Number of Ambulance Vehicles in Fleet: 4

Downieville, CA 95936

Phone Number: 530-289-3201      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

**Transporting Agencies**

186	Total number of responses	139	Total number of transports
139	Number of emergency responses	139	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

**Air Ambulance Services**

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: **Plumas**      Provider: Eastern Plumas District Hospital      Response Zone: P5 (Sierra Zone 2 & Sierra Zone 3)

Address: 500 First Avenue      Number of Ambulance Vehicles in Fleet: 5  
Portola, CA 96122

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

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

1163	Total number of responses	883	Total number of transports
278	Number of emergency responses	621	Number of emergency transports
264	Number of non-emergency responses	262	Number of non-emergency transports

Air Ambulance Services

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



Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: **Modoc**      Provider: Modoc Medical Center/Last Frontier Health District (S64-50632)      Response Zone: M1

Address: 228 W. McDowell St      Number of Ambulance Vehicles in Fleet: 4  
Auburn, CA 96101

Phone Number: 530-233-5131      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

955	Total number of responses	805	Total number of transports
872	Number of emergency responses	735	Number of emergency transports
83	Number of non-emergency responses	70	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Plumas      Provider: Peninsula Fire S64-50724      Response Zone: P2  
Address: 801 Golf Club Road      Number of Ambulance Vehicles in Fleet: 2  
Lake Almanor, CA 96137  
Phone Number: 530-259-2309      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

195	Total number of responses	131	Total number of transports
184	Number of emergency responses	120	Number of emergency transports
11	Number of non-emergency responses	11	Number of non-emergency transports

Air Ambulance Services

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

### Table 8: Resource Directory

[illegible]

## Response/Transportation/Providers

**County: Plumas**

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

Response Zone: P4

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

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**Number of Ambulance Vehicles in Fleet: 5**

## Phone

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

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

1218	Total number of responses	1147	Total number of transports
864	Number of emergency responses	864	Number of emergency transports
354	Number of non-emergency responses	283	Number of non-emergency transports

## **Air Ambulance Services**

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Lassen      Provider: SEMSA Ground Susanville      Response Zone: S1  
 Address: 1545 Paul Bunyon, Suite 3      Lassen Ambulance/Adin/Fall River Mills (S64-50873)  
 Susanville, CA 96130      Number of Ambulance Vehicles in Fleet: 6  
 Phone Number: 775-691-4720      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

3527	Total number of responses	3008	Total number of transports
3015	Number of emergency responses	2500	Number of emergency transports
512	Number of non-emergency responses	508	Number of non-emergency transports

Air Ambulance Services

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

	REPORTING YEAR 2021 (FY 2020-2021)	REPORTING YEAR 2022 (FY 2021-2022)
1. <b>Revenue</b>		
2. <b>Operating Expenses</b>		
3. <b>Operating Income</b>		
4. <b>Non-Operating Income</b>		
5. <b>Income Before Income Taxes</b>		
6. <b>Income Tax Expense</b>		
7. <b>Net Income</b>		
8. <b>Other Comprehensive Income</b>		
9. <b>Comprehensive Income</b>		
10. <b>Retained Earnings</b>		
11. <b>Dividends</b>		
12. <b>Shareholders' Equity</b>		
13. <b>Debt</b>		
14. <b>Equity</b>		
15. <b>Assets</b>		
16. <b>Liabilities</b>		
17. <b>Equity</b>		
18. <b>Other</b>		
19. <b>Total</b>		

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

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

716	Total number of responses
212	Number of emergency responses (SCENE)
504	Number of non-emergency responses (IFT)

Total number of transports  
Number of emergency transports (SCENE)  
Number of non-emergency transports (IFT)

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Lassen      Provider: SEMSA Air Adin - Lassen      Response Zone: See Aircraft Map  
 Address: 205 Ash Valley Rd      Ambulance/Adin/Fall River Mills  
 Adin, CA 96006      (S64-51812)  
 Phone Number: 530-299-3110      Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input 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>Transporting Agencies</u> Total number of responses _____ Number of emergency responses _____ Number of non-emergency responses _____			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

Air Ambulance Services

274	Total number of responses	271	Total number of transports
268	Number of emergency responses	265	Number of emergency transports
12	Number of non-emergency responses	6	Number of non-emergency transports

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Lassen

Address: 74 Currant St – Box 5000

Phone Number: 530-827-2111

Provider: Sierra Army Depot (S64-51804)

Number of Ambulance Vehicles in Fleet:

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

Response Zone: Inside Zone 1

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

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: **Modoc** Provider: Southern Cascades Response Zone: **M3**

Address: 205 Ash Valley Road Number of Ambulance Vehicles in Fleet: **2**  
Adin, Ca 96006

Phone 530-299-3110 Average Number of Ambulances on Duty  
Number: At 12:00 p.m. (noon) on Any Given Day: **1**

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

222	Total number of responses	100	Total number of transports
122	Number of emergency responses	98	Number of emergency transports
2	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

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



Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Trinity      Provider: Southern Trinity Area Rescue      Response Zone: 3  
(S64-50898)

Address: P O Box 4      Number of Ambulance Vehicles in Fleet: 2  
Mad River, CA 95552

Phone Number: 707-574-6613      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

84	Total number of responses	65	Total number of transports
83	Number of emergency responses	64	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Modoc      Provider: Surprise Valley Hospital      Response Zone: 2  
 Address: P O Box 246      Ambulance S64-50915  
 Cedarville, CA 96104      Number of Ambulance Vehicles in Fleet: 2  
 Phone Number: 530-279-6111      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

103	Total number of responses	100	Total number of transports
70	Number of emergency responses	67	Number of emergency transports
33	Number of non-emergency responses	33	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Trinity      Provider: Trinity Center F.D.(S64-50937)      Response Zone: 2

Address: P O Box 346      Number of Ambulance Vehicles in Fleet: 1

Trinity Center, CA 96091

Phone Number: 530-286-2270      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Trinity

Provider: Trinity County Life Support (S64-50938)

Response Zone: 1

Address: P O Box 2907  
Weaverville, CA 96093

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-623-2500

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

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

Transporting Agencies

1501	Total number of responses	1001	Total number of transports
1316	Number of emergency responses	821	Number of emergency transports
185	Number of non-emergency responses	180	Number of non-emergency transports

Air Ambulance Services

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

## TABLE 9

### FACILITIES

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

## TABLE 9: FACILITIES

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Lassen

Facility: Banner-Lassen Medical Center Telephone Number: 530-252-2000  
Address: 1800 Spring Ridge Drive  
Susanville, CA 96130

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Notes: Banner-Lassen Medical Center rescinded their Level 4 Trauma designation as of 11/1/2022

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

County: Modoc

Facility: Modoc Medical Center Telephone Number: 530-708-8800  
Address: 1111 N. Nagle St – PO Box 190  
Alturas, CA 96101

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**TABLE 9: FACILITIES**

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

**County:** Modoc

**Facility:** Surprise Valley Health Care District  
**Address:** 741 North Main St  
 Cedarville, CA 96104  
**Telephone Number:** 530-279-6111

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Alternative	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TABLE 9: FACILITIES**

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

**County:** Plumas

**Facility:** Eastern Plumas Health Care

**Address:** 500 1<sup>st</sup> Avenue

Portola, CA 96122

Telephone Number: 530-832-6500

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u>		<u>Stroke Center:</u>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**TABLE 9: FACILITIES**

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

**County:** Plumas

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**TABLE 9: FACILITIES**

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

**County:** Plumas

**Facility:** Seneca District Hospital  
**Address:** 130 Brentwood Drive  
 Chester, CA 96020  
**Telephone Number:** 530-258-2648

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Notes: Seneca District Hospital rescinded their Level 4 Trauma designation as of 11/1/2022

**TABLE 9: FACILITIES**

Reporting Year: 2021-2022  
(FY 2020-2021 & FY 2021-2022 Combined)

**County:** Trinity

**Facility:** Mountain Community Healthcare District  
**Address:** 60 Easter Avenue  
 Weaverville, CA 96093  
**Telephone Number:** 530-623-5541

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 10

APPROVED TRAINING PROGRAMS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Lassen**

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Lassen**

Training Institution: Address:		Lassen Community College P O Box 3000 Susanville, CA 96130		Telephone Number:	530-257-6181 X8994
* Student Eligibility:	Open Current CPR	** Program Level	EMR		
Cost of Program:		Number of students completing training per year:			
Basic: \$100		Initial training: 20			
Refresher: \$50					
		Refresher:		10	
		Continuing Education:			
		Expiration Date:		4/19/2025	
		Number of courses:	2		
		Initial training:		1	
		Refresher:		1	
		Continuing Education:			

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Lassen

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

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

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



TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Lassen

Training Institution:		Janesville Fire Protection District		Telephone Number:		530-310-1154
Address:		463-390 MAIN ST., JANESVILLE CA 96114				
* Student Eligibility:	Restricted	** Program Level	EMR			
		Cost of Program:				
		Basic:				
		Refresher:				
		Number of students completing training per year:				
		Initial training:				
		Refresher:				
		Continuing Education:				
		Expiration Date:				
		10/5/2025				
		Number of courses:				
		Initial training:				
		1				
		Refresher:				
		1				
		Continuing Education:				

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Modoc

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Modoc**

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Modoc**

Training Institution:		Modoc Medical Center		Telephone Number:	Rena Sweet 530-233-1272
Address:		228 West McDowell Alturas, CA 96101			
* Student Eligibility:	Restricted	** Program Level	EMR		
		Cost of Program:			
		\$100 + Book			
		Basic: <input checked="" type="checkbox"/>			
		Refresher:			
		Number of students completing training per year:			
		Initial training:	10		
		Refresher:			
		Continuing Education:			
		Expiration Date:	3/19/2025		
		Number of courses:	1		
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Modoc

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

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

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

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



**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Plumas

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution: Address:	Graeagle Fire and Rescue 7620 Hwy 70 Graeagle, CA 96103		Telephone Number:	530-836-1340
* Student Eligibility:	Restricted	** Program Level	EMR	
		Cost of Program:		
		Basic:		
		Refresher:		
		Number of students completing training per year:	20	
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	3/21/2025	
		Number of courses:	1	
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Plumas

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Plumas

Training Institution:		<b>West Shore FD (Prev West Almanor CSD)</b>		Telephone Number:	530-259-2500
Address:		<b>947 Long Iron Drive Chester, CA 96020</b>			
* Student Eligibility:	Restricted	** Program Level	EMR		
Cost of Program:					
Basic:					
Refresher:					
Number of students completing training per year:					
Initial training:		1			
Refresher:					
Continuing Education:					
Expiration Date:		5/22/2025			
Number of courses:		1			
Initial training:					
Refresher:					
Continuing Education:					

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution: Address:	REMSA 2306 Chandler Road Quincy, CA 95971	Telephone Number:	(530)604-6850
* Student Eligibility:	Open	** Program Level	EMT-P
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	05/08/2026
		Number of courses:	1
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution:	Bucks Lake Fire Department EMR training	Telephone Number:	530-283-9070
Address:	16891 Bucks Lake Road Bucks Lake, CA 95956		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	05/26/2026
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Plumas

Training Institution:	Beckwourth Fire District	Telephone Number:	530-832-1008
Address:	180 Main St		
	Beckwourth Ca 96129		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	07/01/2025
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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



**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Plumas**

Training Institution:		Meadow Valley Fire Protection District	Telephone Number:	530-283-2620
Address:		6913 Bucks Lake Rd.		
		Meadow Valley, CA 95956		
* Student Eligibility:	Open	** Program Level	EMR	
Cost of Program:				
Basic:				
Refresher:				
Number of students completing training per year:				
Initial training:				
Refresher:				
Continuing Education:				
Expiration Date:		08/04/2026		
Number of courses:				
Initial training:				
Refresher:				
Continuing Education:				

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution:	Eastern Plumas Rural Fire		Telephone Number:	530-283-2620
Address:	280 W. Plumas Avenue			
	Delleker, CA 96122			
* Student Eligibility:	Open	** Program Level	EMR	
		Cost of Program:	Number of students completing training per year:	
		Basic:	Initial training:	
		Refresher:		
			Refresher:	
			Continuing Education:	
			Expiration Date:	
			03/31/2024	
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Sierra

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Sierra

Training Institution:		<b>Sierra County Schools for Adults</b>		Telephone Number:	(530)993-4953
Address:		605 Schools Ste			
		Loyalton CA 96118			
* Student Eligibility:	Open	** Program Level	EMR		
Cost of Program:					
Basic:		Number of students completing training per year:			
Refresher:		Initial training:			
		10			
		Refresher:			
		Continuing Education:			
		Expiration Date:			
		2/20/2026			
		Number of courses:			
		1			
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Sierra

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)

2022 (FY 2021-2022)

County: Sierra

Training Institution:	Sierra County Schools for Adults		Telephone Number:	(530)993-4953
Address:	605 Schools Ste			
	Loyalton CA 96118			
* Student Eligibility:	Open	** Program Level	EMT-1	
		Cost of Program:		
		Basic:	\$350	
		Refresher:	\$100	
		Number of students completing training per year:		
		Initial training:	10	
		Refresher:		
		Continuing Education:		
		Expiration Date:	2/20/2026	
		Number of courses:		
		Initial training:	1	
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Sierra

Training Institution:		Sierra County Schools for Adults		Telephone Number:	
Address:		605 Schools Ste			
		Loyalton CA 96118			
* Student Eligibility:	Open	** Program Level	AEMT		
		Cost of Program:			
		Basic:	\$350		
		Refresher:	\$100		
		Number of students completing training per year:			
		Initial training:	10		
		Refresher:			
		Continuing Education:			
		Expiration Date:	10/03/2026		
		Number of courses:	1		
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Sierra

Training Institution: Address:	Downieville Fire Protection District PO Box 25 Downieville, CA 95936	Telephone Number:	530-307-0576
* Student Eligibility:	Restricted	** Program Level	AEMT
	Cost of Program:		
	Basic: \$500	Number of students completing training per year:	
	Refresher: \$200	Initial training:	
		Refresher:	
		Continuing Education:	
		Expiration Date:	10/17/2023
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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



TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

Training Institution:	Southern Trinity Area Rescue		Telephone Number:	Brooke Johnston 707-574-6616
Address:	P O Box 4 Mad River, CA 95552			
* Student Eligibility:	Open	** Program Level	EMT-1	
	Cost of Program:	EMT \$60	Number of students completing training per year:	12-20
	Basic:	None	Initial training:	
	Refresher:			
			Refresher:	
			Continuing Education:	
			Expiration Date:	11/19/2025
			Number of courses:	EMT-1
			Initial training:	1
			Refresher:	1
			Continuing Education:	

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Trinity

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Trinity

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

Training Institution: Address:	Cedarville Fire Protection District 460 Main street Cedarville, CA 96104	Telephone Number:	209-767-4737
* Student Eligibility:	Open Current CPR	** Program Level	EMT-1
	Cost of Program:	Number of students completing training per year:	
	Basic: \$350	Initial training:	20
	Refresher: \$100		
		Refresher:	10
		Continuing Education:	
		Expiration Date:	5/17/2026
		Number of courses:	2
		Initial training:	1
		Refresher:	1
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

Training Institution:	<b>Douglas City Fire Department</b>		Telephone Number:	415-291-6023
Address:	100 Steiner Flat Rd			
	Douglas City, CA 96024			
* Student Eligibility:	Open Current CPR	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:	20		
		Refresher:	10	
		Continuing Education:		
		Expiration Date:	7/21/2025	
		Number of courses:	2	
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

Training Institution: Address:	<b>Weaverville Fire Department</b> 125 Bremer St Weaverville CA 96093		Telephone Number:	415-291-6023
* Student Eligibility:	Open Current CPR	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:	20		
		Refresher:	10	
		Continuing Education:		
		Expiration Date:	7/12/2025	
		Number of courses:	2	
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

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

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

TABLE 11

DISPATCH AGENCY

REPORTING YEAR 2021 (FY 2020-2021)  
REPORTING YEAR 2022 (FY 2021-2022)

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Lassen Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

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

Name, address & telephone: PRIMARY: Susanville Interagency Fire Center 1491 5th St. Susanville, CA 96130		Primary Contact: James Allen, Battalion Chief 530-257-8509 (james.allen@fire.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	Day-to-day Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal Number of Ambulances: 4



TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Modoc

Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: William Dowdy, Sheriff 530-233-4416 (wdowdy@modocsheriff.us)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training    0 EMT-D    0 ALS 0 BLS    0 LALS    4 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>E.M.S.</u>	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		
		Number of Ambulances: 3 Fire Department: 14 PSAP for County			

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

Name, address & telephone:		PRIMARY: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971		Primary Contact: Becky Grant 530-283-6375 (beckygrant@pc50.net)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training    0 EMT-D    0 ALS 0 BLS    0 LALS    9 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>EMS</u>	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 5	

Name, address & telephone:		PRIMARY: Susanville Interagency Fire Center 1491 5 <sup>th</sup> St. Susanville, CA 96130		Primary Contact: James Allen, Battalion Chief 530-257-8509 (james.allen@fire.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training    0 EMT-D    0 ALS 1 BLS    0 LALS    5 Other: AED/FR		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: <u>EMS</u>	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 2	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Sierra Reporting Years 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

Name, address & telephone:		Sierra County Sheriff's Office PO Box 66 100 Courthouse Square Downieville, CA 95936		Primary Contact: Michael Fisher, Sheriff-Coroner 530-289-3700 (mikefisher@sierracounty.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services:		
			0 EMD Training	0 EMT-D	0 ALS
			0 BLS	0 LALS	5 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		
		Number of Ambulances: 1			

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Trinity Reporting Years 2021 (FY 2020-2021) 2022 (FY 2021-2022)

Name, address & telephone:		Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville, CA 96093		Primary Contact: Bruce Haney, Sheriff 530-623-2611 (bhaney@trinitycounty.org)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 3		

EMS PLAN

AMBULANCE ZONE SUMMARY FORMS

AND

ZONE MAPS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

# EMS PLAN AMBULANCE ZONE SUMMARY FORM

<p>Local EMS Agency or County Name:</p> <p>Northern California EMS, Inc. / Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p>Zone L1 (Central, West and East County Areas)</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p>Sierra Emergency Medical Services Agency (SEMSA)</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>Refer to map</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p>Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <ol style="list-style-type: none"> <li>Emergency ambulance services, ground including: <ul style="list-style-type: none"> <li>all 9-1-1/PSAP requests for ground service;</li> <li>all seven-digit telephone number requests for ground ambulance services.</li> </ul> </li> <li>Inter-facility ambulance transports from a general acute care hospital in Lassen County to any other general acute care hospital, excluding those that involve ground transportation by an air-ambulance operator to an airport for additional transfer by a fixed-wing air ambulance, critical care transports, hospital based neonatal transport services, and physician-staffed ambulance transports.</li> <li>BLS non-emergency services; and</li> <li>Standby service with transportation authorization</li> </ol>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>Competitively determined by RFP process</p>

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

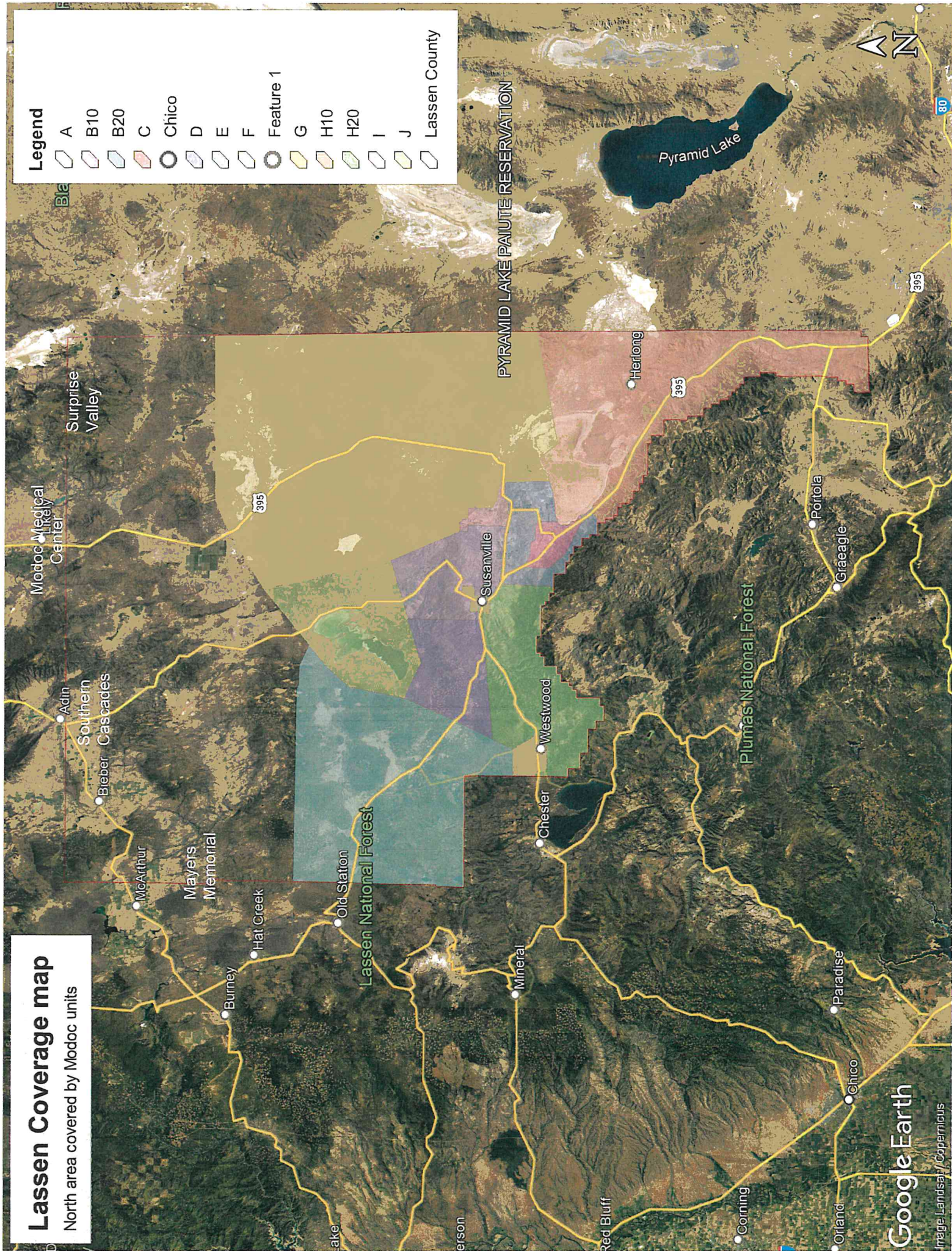
Local EMS Agency or County Name:  Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title:  Zone L2 (North County Area)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Southern Cascade (Adin) Mayer's Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east central) since the 1940s Surprise Valley Hospital Ambulance (eastern extreme)
Area or Subarea (Zone) Geographic Description: (SEE MAP) North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



# Lassen Coverage map

North area covered by Modoc units

- Legend**
- A
  - B10
  - B20
  - C
  - Chico
  - D
  - E
  - F
  - Feature 1
  - G
  - H10
  - H20
  - I
  - J
  - Lassen County





**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b>  Zone M1
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  Last Frontier Health Care District (Modoc Medical Center)
<b>Area or subarea (Zone) Geographic Description:</b>  North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone M2
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Surprise Valley Healthcare
<b>Area or subarea (Zone) Geographic Description:</b> Eastern extreme of Modoc County—see map
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone M3
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Southern Cascade (Adin)
<b>Area or subarea (Zone) Geographic Description:</b>  SR 299E at Big Valley Summit east through Big Valley and over Adin Pass to Modoc MP 21 on 299E. Nearest landmark is the Cal Trans Canby Bridge Sand House. West from Modoc Co Rd 84 and National Forest System Roads off Modoc County Rd 84 ending at Modoc Co Rd 91.  East of Adin on Ash Valley Road at Holbrook Reservoir and East of SR 139 on Grasshopper Rd to the town of Thermo on US Hwy 395.  South of Adin on SR 139 to Lassen MP 33.5. Nearest landmark is Cleghorn Rd intersection of Grasshopper Fire Station.  West – follows the peak of the Big Valley Mountain Range from the Summit of Big Valley Mountain to the ridgeline of Whitehorse Mountain Range then to the corner of Modoc, Shasta, Siskiyou Counties through Modoc County into Siskiyou County and the Northern Pacific Power Intertie. Line then travels north and east of the Burnt Lava Flow over Border Mountain to the Southeast Corner of the Glass Mountain Geologic Area - then east to the intersection of Modoc Co Rd and Hwy 139.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

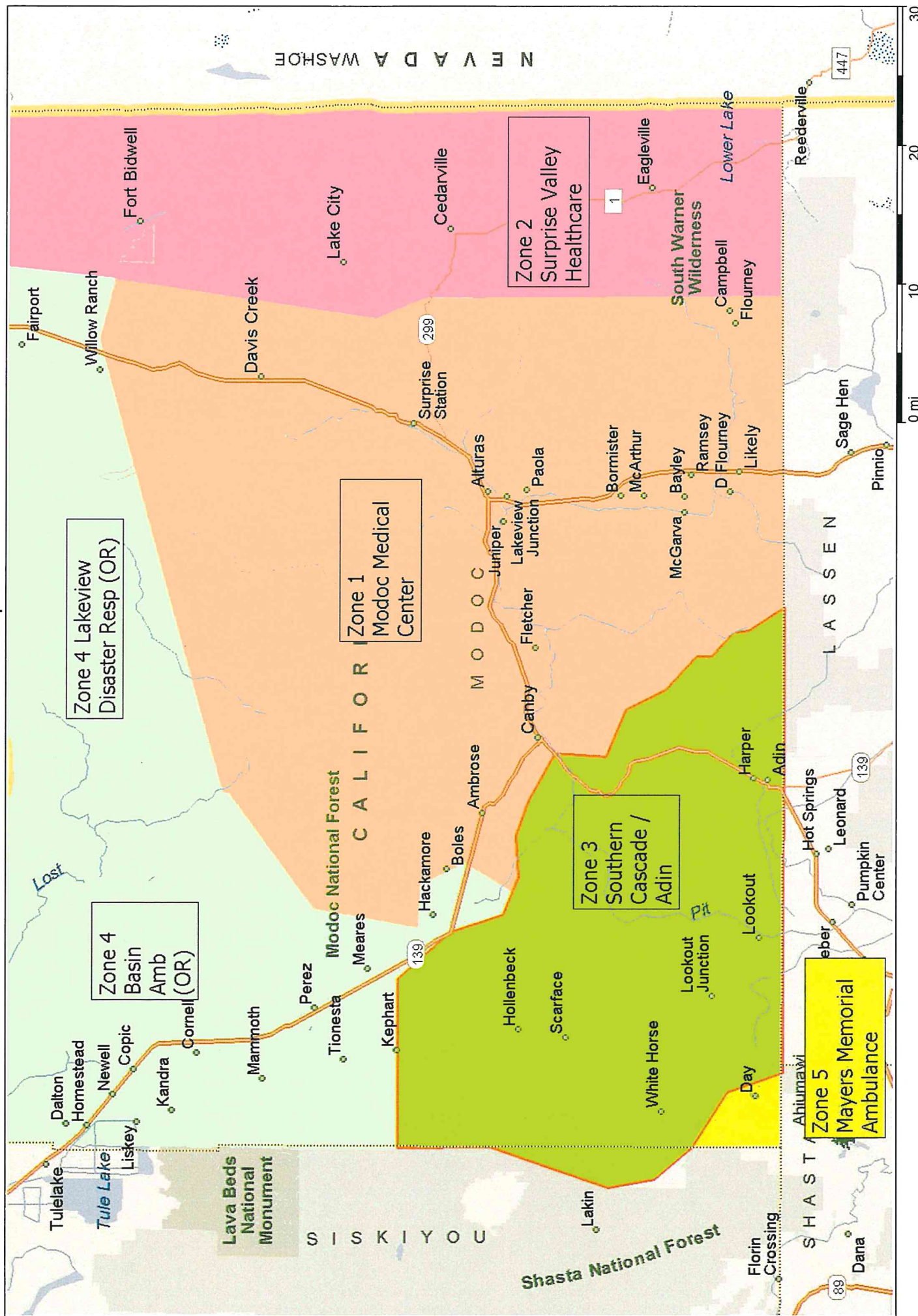
**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone M4
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Basin Ambulance and Lakeview Disaster Response (Oregon)
<b>Area or subarea (Zone) Geographic Description:</b> Northwest Modoc County – See map
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Modoc County
<b>Area or subarea (Zone) Name or Title:</b> Zone M5
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Mayers Memorial Hospital
<b>Area or subarea (Zone) Geographic Description:</b>  S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

## Modoc Map



# EMS PLAN AMBULANCE ZONE SUMMARY FORM

<b>Local EMS Agency or County Name:</b>  <div style="text-align: center;">Northern California EMS, Inc./ Plumas County</div>
<b>Area or Subarea (Zone) Name or Title:</b>  <div style="text-align: center;">Zone P1</div>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small>  <div style="text-align: center;">Chester Fire Protection District</div>
<b>Area or Subarea (Zone) Geographic Description: (SEE MAP)</b>  <p><b>North:</b> Lassen Volcanic National Park including Highway 89 to Summit Lake. The County line, including coverage of the Juniper Lake area, to the Plumas/Tehama line southward to approximate (40° 23.783'N, 121° 29.052'W, where transitions to West border-36/89 intersection)</p> <p><b>East:</b> SR 36 to the top of Johnson's Grade including the rest area at the top of Johnson's Grade</p> <p><b>South:</b> SR 89 up to the and including the Lake Almanor Dam Canyon Dam Boat launch 40° 10.683'N, 121° 5.990'W</p> <p><b>Southwest:</b> SR 32 Southwest to the Tehama/Butte County line Windy Point (40° 9.695'N, 121° 34.676'W), following county line near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W</p> <p><b>West:</b> SR 36 to the SR 89 (North) intersection at the top of Morgan Summit include the community of Mill Creek on Hwy 147 (40° 19.286'N, 121° 31.872'W)</p> <p><b>Southeast:</b> To Butt Lake/Seneca road 40° 6.814'N, 121° 8.259'W westwardly in a straight line to a point near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W</p> <p>And wilderness areas most accessible by ground from those corridors; some maybe better accessed by Butte or Indian Valley Units.</p>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  <div style="text-align: center;">Non-exclusive</div>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small>  <div style="text-align: center;">N/A</div>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <div style="text-align: center;">N/A</div>

# EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  <div style="text-align: center;">Northern California EMS, Inc. / Plumas County</div>
Area or subarea (Zone) Name or Title:  <div style="text-align: center;">Zone P2</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  <div style="text-align: center;">Peninsula Fire Protection District</div>
Area or subarea (Zone) Geographic Description: (SEE MAP)  <div style="text-align: center;">           North: Lassen County line – wilderness area.            Northeast: Highway 147 to the Lassen County line            East: SR 36 to the Lassen County line            West: Highway 36 to the top of Johnson's Grade – East of the rest area            40° 18.088'N, 121° 9.334'W            South: Highway 147 to 1.5 miles North of Hwy 89 – the area of Old Haun Road            40° 11.934'N, 121° 4.289'W Directly westward to the county line 40° 13.243'N, 120° 56.772'W.         </div>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  <div style="text-align: center;">Non-exclusive</div>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <div style="text-align: center;">N/A</div>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  <div style="text-align: center;">N/A</div>



# EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  <div style="text-align: center;">Northern California EMS, Inc./ Plumas County</div>
Area or subarea (Zone) Name or Title: <div style="text-align: center;">Zone P3</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  <div style="text-align: center;">CareFlight (Greenville/Indian Valley)</div>
Area or subarea (Zone) Geographic Description: (SEE MAP)  <p><b>Northwest:</b> Hwy 89 up to the Lake Almanor Dam Canyon Dam Boat launch 40° 10.683'N, 121° 5.990'W , this is to include the community of Canyon Dam and the Community of Seneca. Following a line to the south of Butt Lake/Seneca road 40° 6.814'N, 121° 8.259'W in a straight line to a point near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W</p> <p><b>Northeast:</b> Hwy 147 to the area of Old Haun Road, 1.5 miles North on Hwy 147 40° 11.934'N, 121° 4.289'W, Directly westward to the county line 40° 13.243'N, 120° 56.772'W, and following the county line westward. As best accessed, some maybe Lassen County units.</p> <p><b>South:</b> Highway 89/70 junction at the Greenville Wye, 40° 2.322'N, 120° 59.038'W, continuing East to Mount Hough Summit 40° 1.573'N, 120° 51.698'W (including the Lookout/Crystal lake), Grizzly peak 40° 1.109'N, 120° 48.528'W and following Grizzly Ridgeline to Mount Ingalls 39° 59.647'N</p> <p><b>East:</b> Continuing the county line south to Approximately McKessick peak, 40° 5.143'N, 120° 14.816'W- As best accessed maybe from Lassen County or EPHC units.</p> <p><b>SouthEast:</b> From East point eastward to Babcock peak 40° 5.584'N, 120° 35.941'W then south to Mount Ingalls 39° 59.647'N, 120° 37.646'W</p> <p><b>West:</b> County Line near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W south to 39° 54.044'N, 121° 24.687'W on county line</p> <p><b>SouthWest:</b> 39° 54.044'N, 121° 24.687'W, then continuing east as best accessed forest areas along ridgeline to Caribou lake 40° 4.840'N, 121° 9.389'W. Continuing as best accessed forest areas to the Greenville Wye 40° 2.322'N, 120° 59.038'W</p> <p>And wilderness areas most accessible by ground from those corridors; some maybe better accessed by Butte, Chester or Quincy units.</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <div style="text-align: center;">Non-exclusive</div>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <div style="text-align: center;">N/A</div>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

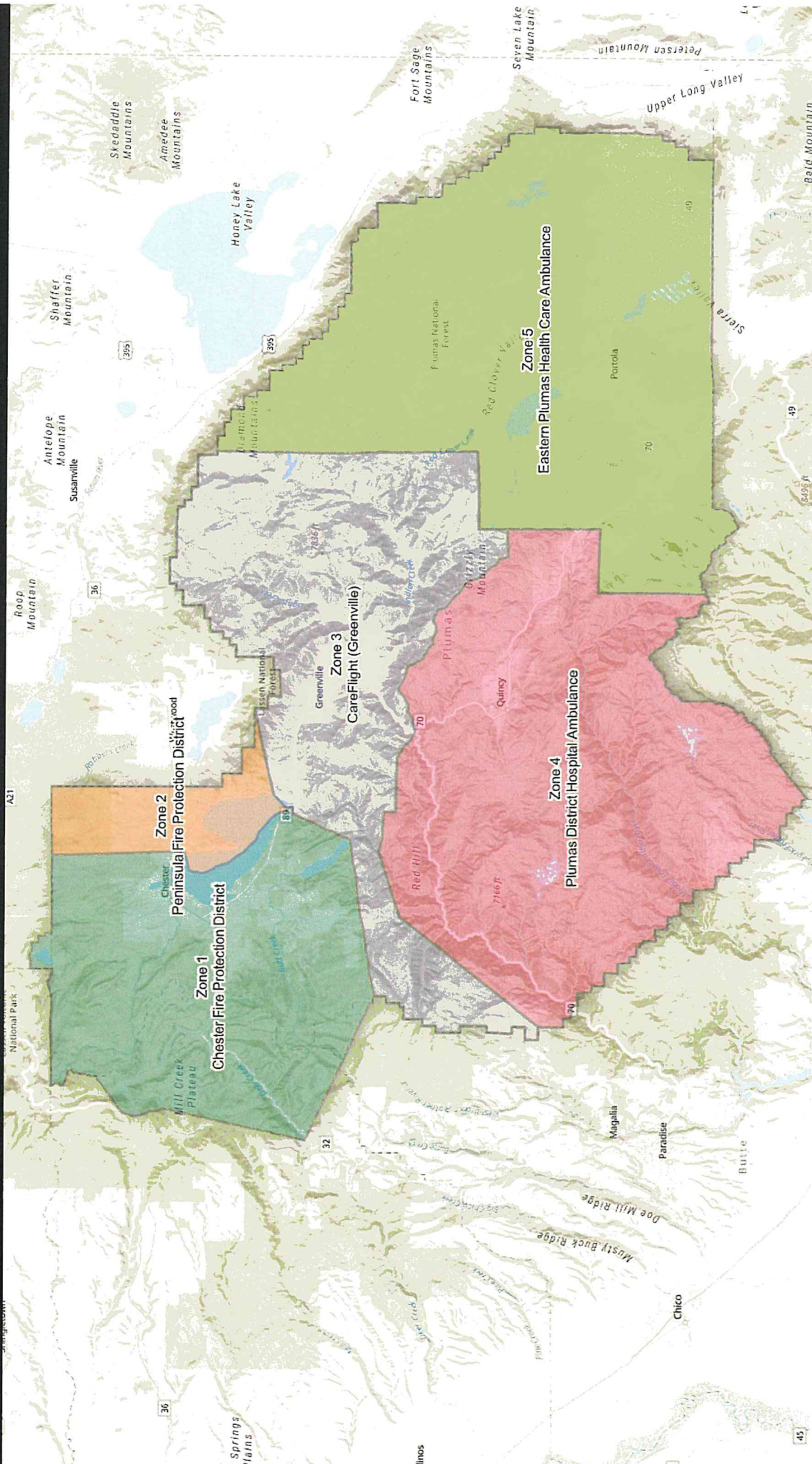
# EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  <div style="text-align: center;">Northern California EMS, Inc. / Plumas County</div>
Area or subarea (Zone) Name or Title:  <div style="text-align: center;">Zone P4</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  <div style="text-align: center;">Plumas District Hospital Ambulance</div>
Area or subarea (Zone) Geographic Description: (SEE MAP)  <p><b>North:</b> Highway 89/70 junction at the Greenville Wye, continuing East to Mount Hough Summit 40° 1.573'N, 120° 51.698'W (including the Lookout/Crystal lake), Grizzly peak 40° 1.109'N, 120° 48.528'W and following Grizzly Ridgeline to Mount Ingalls 39° 59.647'N, 120° 37.646'W and areas accessed from the Mt. Tomba area.</p> <p><b>West Hwy 70:</b> Highway 70 to the Butte County Line 39° 51.768'N, 121° 23.234'W</p> <p><b>Northwest:</b> from West Hwy 70 point following the county line northwards to approximately 39° 54.044'N, 121° 24.687'W, then continuing east as best accessed forest areas along ridgeline to Caribou afterbay 40° 4.840'N, 121° 9.389'W. Continuing as best accessed forest areas to the Greenville Wye 40° 2.322'N, 120° 59.038'W</p> <p><b>Southwest:</b> South from West Hwy 70 point following the county line to Quincy Oroville Highway 39° 47.358'N, 121° 17.906'W; continuing south down the county line to approximately Lumpkin ridge road 39° 38.910'N, 121° 8.189'W</p> <p><b>East:</b> Highway 70/89 to Mt. Tomba on the east end of Cromberg</p> <p><b>West:</b> Quincy Oroville Highway to the Butte County Line</p> <p><b>Southwest:</b> La Porte Rd. to just North of Little Grass Valley (seasonal) approximately the Sierra County line 39° 45.444'N, 120° 54.513'W</p> <p><b>Southeast:</b> following the county line to approximately the point on johnsville mccrae road 39° 44.237'N 120° 48.873'W as best accessed. Then directly north to Mt. Tomba</p> <p>And wilderness areas most accessible by ground from those corridors; some maybe better accessed by EPHC, Indian Valley, Butte, Yuba, or Chester units</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  <div style="text-align: center;">Exclusive</div>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  <div style="text-align: center;">           Emergency Ambulance            9-1-1 Emergency Response            7-Digit Emergency Response         </div>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <div style="text-align: center;">Grandfathered</div>

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title:  Zone P5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description: (SEE MAP)  <b>Northeast:</b> The county line near Approximately Thompson peak, 40° 5.143'N, 120° 14.816'W- to Babcock peak 40° 5.584'N, 120° 35.941'W then south to the west of Antelope Lake to near N 39 58.196, W 120 34.354 <b>West:</b> towards Mount Ingalls then south to Highway 70/89 to Mt. Tomba on the east end of Cromberg <b>Southwest:</b> From Mt Tomba Rd a straight line southward to approximately the point on johnsville mccrae road 39° 44.237'N120° 48.873'W. <b>South:</b> Following the County line Eastward <b>East:</b> Following the County line Northward
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

# Plumas EMS Local Ambulance Zones



EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title:  Zone S1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description:  North: To the Plumas County Line East: SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines  And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

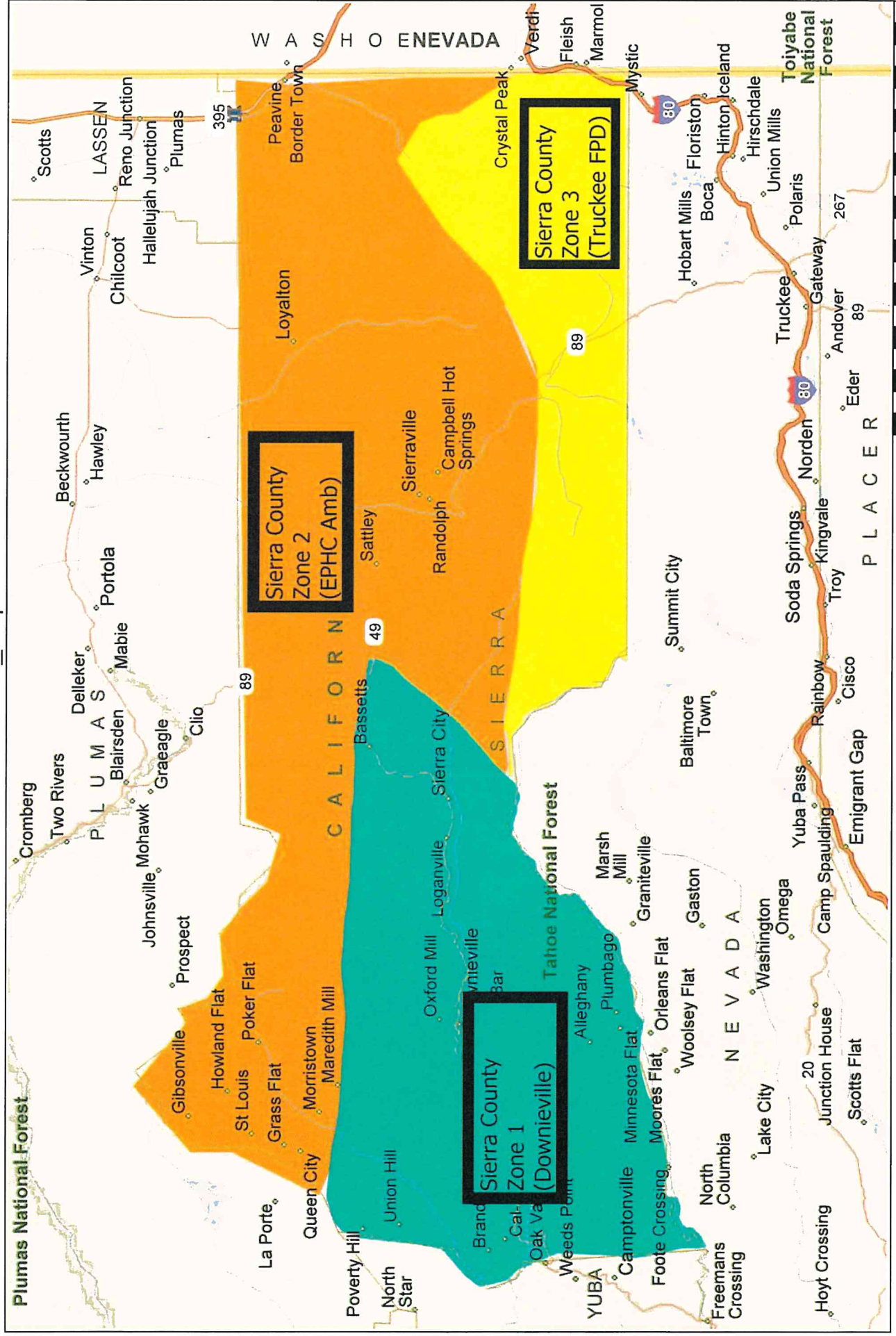
Local EMS Agency or County Name:  Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title:  Zone S2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description:  North: Approximately 10-15 miles north of French Men Lake East: To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70  And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):  N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc./ Sierra County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone S3
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Truckee Fire Protection District
<b>Area or Subarea (Zone) Geographic Description:</b>  North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860 East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection) South: Nevada/Sierra County line West: Nevada/Sierra County line up to the USFS 07 Road  And wilderness areas most accessible by ground from those corridors
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



# Sierra\_Map





EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

<b>Local EMS Agency or County Name:</b>  Northern California EMS, Inc. / Trinity County
<b>Area or Subarea (Zone) Name or Title:</b>  Zone T1
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small>  Trinity County Life Support
<b>Area or Subarea (Zone) Geographic Description:</b>  North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom  And wilderness areas most accessible by ground from those corridors
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b>  Non-exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small>  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  N/A

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title:  Zone T2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Coffee Creek VFD Trinity Center VFD
Area or Subarea (Zone) Geographic Description:  North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine  And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

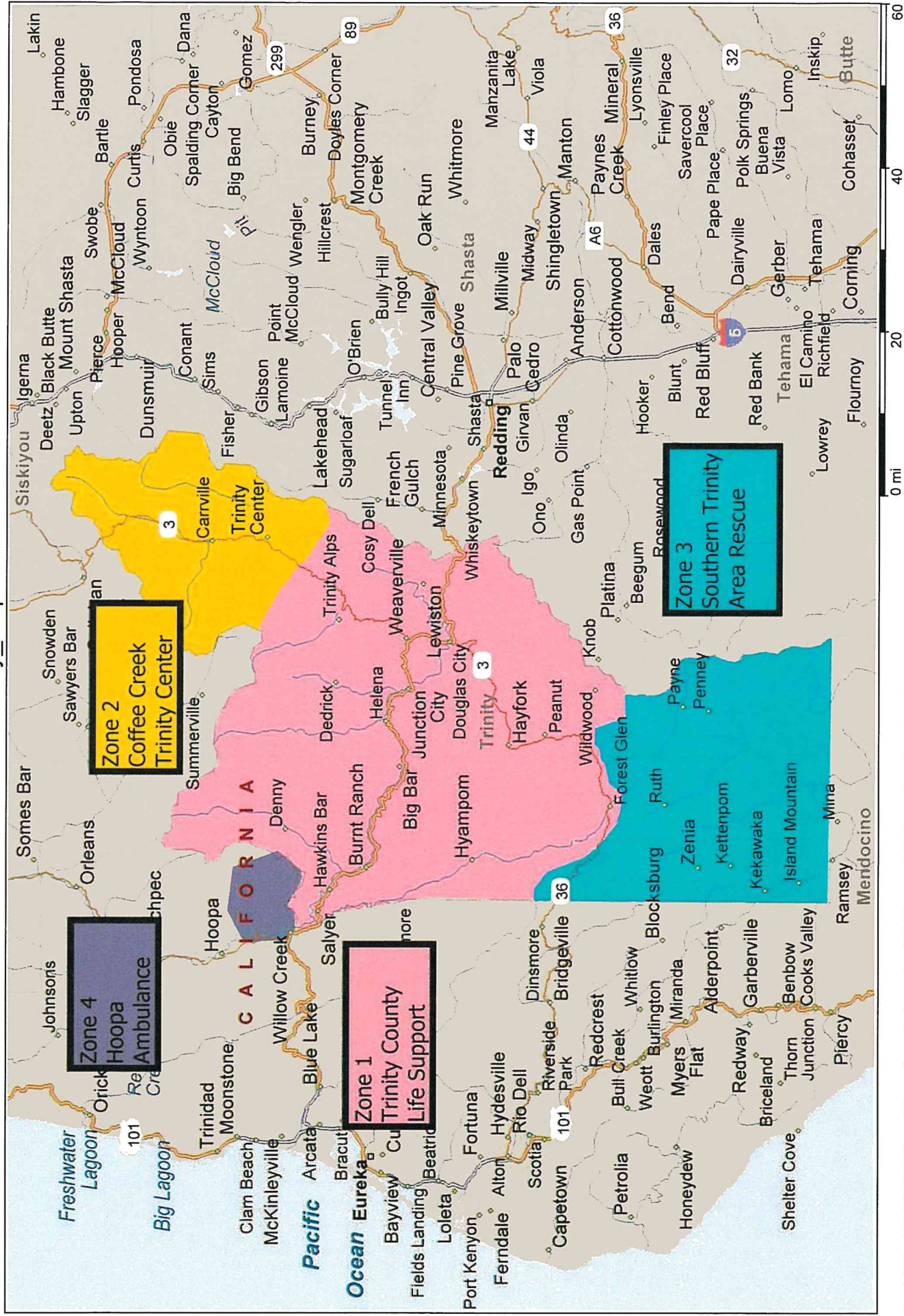
EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title:  Zone T3 – STAR (Southern Trinity Area Rescue)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Southern Trinity Area Rescue
Area or Subarea (Zone) Geographic Description:  See attached map and specific response locations  Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

EMS PLAN  
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:  Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title:  Zone T4 - Hoopa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  Hoopa Ambulance
Area or Subarea (Zone) Geographic Description:  Extreme Western Trinity County. Western 14 miles of Highway 299
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):  Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

# Trinity\_Map





# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.19 TRANSPORTATION PLAN

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD**

Exclusive operating areas exist in Lassen and Plumas counties. The Lassen county EOA came about through a bid process, the Plumas County EOA through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.20 "GRANDFATHERING"

#### NOR-CAL EMS REPORTING YEARS 2021 AND 2022 (FY 2020-2021 - FY 2021-2022)

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##### MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

##### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: **MEETS MINIMUM STANDARD**

This has been done and accepted in Plumas County.

NEED(S):

OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

## TABLE 8

RESPONSE – TRANSPORTATION – PROVIDERS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)



Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Lassen      Provider: California Correctional Center/High Desert State Prison Fire Dept (S64-51224)      Response Zone: Inside Zone 1

Address: 711-45 Center Road      Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
 Susanville, CA 96127

Phone Number: 530-257-2181      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

Transporting Agencies

6	Total number of responses	4	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
6	Number of non-emergency responses	4	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Plumas

Provider: Care Flight - Beckwourth

Response Zone: See Aircraft Map

Address: Nervino Airport, 96129

(S64-51786)

Number of Ambulance Vehicles in Fleet:

Phone Number: 530-832-9915

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

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

381 Total number of responses

253 Number of emergency responses (SCENE)

128 Number of non-emergency responses (IFT)

367 Total number of transports

243 Number of emergency transports (SCENE)

124 Number of non-emergency transports (IFT)

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Plumas      Provider: Chester Fire (S64-50284)      Response Zone: P1

Address: P O Box 177      Number of Ambulance Vehicles in Fleet: 1

Chester, CA 96020

Phone Number: 530-258-3456      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

290	Total number of responses	258	Total number of transports
229	Number of emergency responses	197	Number of emergency transports
61	Number of non-emergency responses	61	Number of non-emergency transports

Air Ambulance Services

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

REPORTING YEAR 2022 (FY 2021-2022)

County:	Trinity	Provider:	Coffee Creek (S64-50303)	Response Zone:	T2
Address:	P O Box 346	Number of Ambulance Vehicles in Fleet:		1	
	Trinity Center, CA 96091				
Phone Number:	530-286-2270	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		1	

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

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

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Sierra

Address: P O Box 25

Phone Number: 530-289-3201

Provider: Downieville Fire (S64-50346)

Number of Ambulance Vehicles in Fleet: 4

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

Response Zone: S1

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

Transporting Agencies

186	Total number of responses	139	Total number of transports
139	Number of emergency responses	139	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Plumas

Address: 500 First Avenue  
Portola, CA 96122

Phone Number: 530-832-4277

Provider: Eastern Plumas District Hospital  
(S64-50360)

Number of Ambulance Vehicles in Fleet: 5

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

Response Zone: P5 (Sierra Zone 2 &  
Sierra Zone 3)

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

1163	Total number of responses	883	Total number of transports
278	Number of emergency responses	621	Number of emergency transports
264	Number of non-emergency responses	262	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

## REPORTING YEAR 2022 (FY 2021-2022)

## Response/Transportation/Providers

County: Plumas      Provider: Graeagle (S64-71776)      Response Zone: P5

Address: P O Box 64      Number of Ambulance Vehicles in Fleet: 0

Graeagle, CA 96103

Phone Number: 530-836-2645      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input 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 checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

7      Total number of responses      0      Total number of transports

7      Number of emergency responses      Number of emergency transports

Number of non-emergency responses      Number of non-emergency transports

Air Ambulance Services

Number of responses      Total number of transports

Number of emergency responses      Number of emergency transports

Number of non-emergency responses      Number of non-emergency transports

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: **Plumas**

Address: 2049 Red Bluff  
Quincy, CA 95971

Phone Number: 530-283-6450

Provider: Greenhorn Creek (S64-51951)

Response Zone: P4

Number of Ambulance Vehicles in Fleet: 0

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

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

Transporting Agencies

1 Total number of responses 0

1 Number of emergency responses

Number of non-emergency responses

Air Ambulance Services

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports



Table 8: Resource Directory

## REPORTING YEAR 2022 (FY 2021-2022)

## Response/Transportation/Providers

County: Trinity      Provider: Hayfork (S64-71777)      Response Zone: T1

Address: 195 Haympom Rd      Number of Ambulance Vehicles in Fleet: 0

Hayfork, CA 96041

Phone      Average Number of Ambulances on Duty

Number: 530-628-5126      At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input 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 checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<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

0      Total number of responses      0      Total number of transports

0      Number of emergency responses      \_\_\_\_\_      Number of emergency transports

\_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

Air Ambulance Services

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports

\_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports

\_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports

Table 8: Resource Directory

## Response/Transportation/Providers

**Response Zone:** Inside Zone 1

[illegible]

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

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

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ 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 (FY 2021-2022)

Response/Transportation/Providers

County: **Modoc**      **Provider:** Modoc Medical Center/Last Frontier Health District (S64-50632)      **Response Zone:** M1

**Address:** 228 W. McDowell St      **Number of Ambulance Vehicles in Fleet:** 4  
 Auburn, CA 96101

**Phone Number:** 530-233-5131      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

955	Total number of responses	805	Total number of transports
872	Number of emergency responses	735	Number of emergency transports
83	Number of non-emergency responses	70	Number of non-emergency transports

**Air Ambulance Services**

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Plumas      Provider: Peninsula Fire S64-50724      Response Zone: P2

Address: 801 Golf Club Road      Number of Ambulance Vehicles in Fleet: 2

Lake Almanor, CA 96137

Phone Number: 530-259-2309      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

195	Total number of responses	131	Total number of transports
184	Number of emergency responses	120	Number of emergency transports
11	Number of non-emergency responses	11	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: **Plumas**      Provider: Care Flight Ground Operations -      Response Zone: **P4**  
 Address: 1065 Bucks Lake Road      Plumas (S64-50751) (AKA  
 Quincy, CA 95971      Plumas Ambulance District  
 Number of Ambulance Vehicles in Fleet: **5**  
 Phone Number: 530-283-2127      Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: **3**

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

1218	Total number of responses	1147	Total number of transports
864	Number of emergency responses	864	Number of emergency transports
354	Number of non-emergency responses	283	Number of non-emergency transports

Air Ambulance Services

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

REPORTING YEAR 2022 (FY 2021-2022)

Phone Number:	530-836-0532
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	0

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

**County:** Lassen      **Provider:** SEMSA Ground Susanville      **Response Zone:** S1  
 Lassen Ambulance/Adin/Fall  
 River Mills (S64-50873)

**Address:** 1545 Paul Bunyon, Suite 3      **Number of Ambulance Vehicles in Fleet:** 6  
 Susanville, CA 96130

**Phone Number:** 775-691-4720      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

3527	Total number of responses	3008	Total number of transports
3015	Number of emergency responses	2500	Number of emergency transports
512	Number of non-emergency responses	508	Number of non-emergency transports

Air Ambulance Services

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

REPORTING YEAR 2022 (FY 2021-2022)

## Number of non-emergency transports (IFT)



Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

**County:** Lassen      **Provider:** SEMSA Air Adin - Lassen      **Response Zone:** See Aircraft Map  
 Ambulance/Adin/Fall River Mills  
 (S64-51812)

**Address:** 205 Ash Valley Rd      **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_  
 Adin, CA 96006

**Phone Number:** 530-299-3110      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

Transporting Agencies

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

Air Ambulance Services

274	Total number of responses	271	Total number of transports
268	Number of emergency responses	265	Number of emergency transports
12	Number of non-emergency responses	6	Number of non-emergency transports

REPORTING YEAR 2022 (FY 2021-2022)

**Phone Number:** 530-827-2111

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Modoc      Provider: Southern Cascades      Response Zone: M3

Address: 205 Ash Valley Road      Number of Ambulance Vehicles in Fleet: 2

Adin, Ca 96006

Phone Number: 530-299-3110

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

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

222	Total number of responses	100	Total number of transports
122	Number of emergency responses	98	Number of emergency transports
2	Number of non-emergency responses	2	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Trinity      Provider: Southern Trinity Area Rescue      Response Zone: 3  
 Address: P O Box 4      (S64-50898)  
 Mad River, CA 95552      Number of Ambulance Vehicles in Fleet: 2  
 Phone Number: 707-574-6613      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

84	Total number of responses	65	Total number of transports
83	Number of emergency responses	64	Number of emergency transports
1	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Modoc      Provider: Surprise Valley Hospital Ambulance S64-50915      Response Zone: 2

Address: P O Box 246 Cedarville, CA 96104      Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-279-6111      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

103	Total number of responses	100	Total number of transports
70	Number of emergency responses	67	Number of emergency transports
33	Number of non-emergency responses	33	Number of non-emergency transports

Air Ambulance Services

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

REPORTING YEAR 2022 (FY 2021-2022)

Response/Transportation/Providers

County: Lassen

Provider: Susanville Fire Protection District  
(S64-51805)

Response Zone: Inside Zone 1

Address: 1505 Main st.

Susanville, CA 96130

Phone Number: 530-257-5152

Number of Ambulance Vehicles in Fleet:

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

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

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

Air Ambulance Services

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

Table 8: Resource Directory

# REPORTING YEAR 2022 (FY 2021-2022)

## Response/Transportation/Providers

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

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

15 \_\_\_\_\_ Total number of responses  
 15 \_\_\_\_\_ Number of emergency responses  
 0 \_\_\_\_\_ Number of non-emergency responses

## Air Ambulance Services

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

0 \_\_\_\_\_ Total number of transports  
 0 \_\_\_\_\_ Number of emergency transports  
 0 \_\_\_\_\_ Number of non-emergency transports

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

REPORTING YEAR 2022 (FY 2021-2022)

County: Trinity	Provider: Trinity County Life Support (S64-50938)	Response Zone: 1
Address: P O Box 2907 Weaverville, CA 96093	Number of Ambulance Vehicles in Fleet: 4	
Phone Number: 530-623-2500	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2	

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



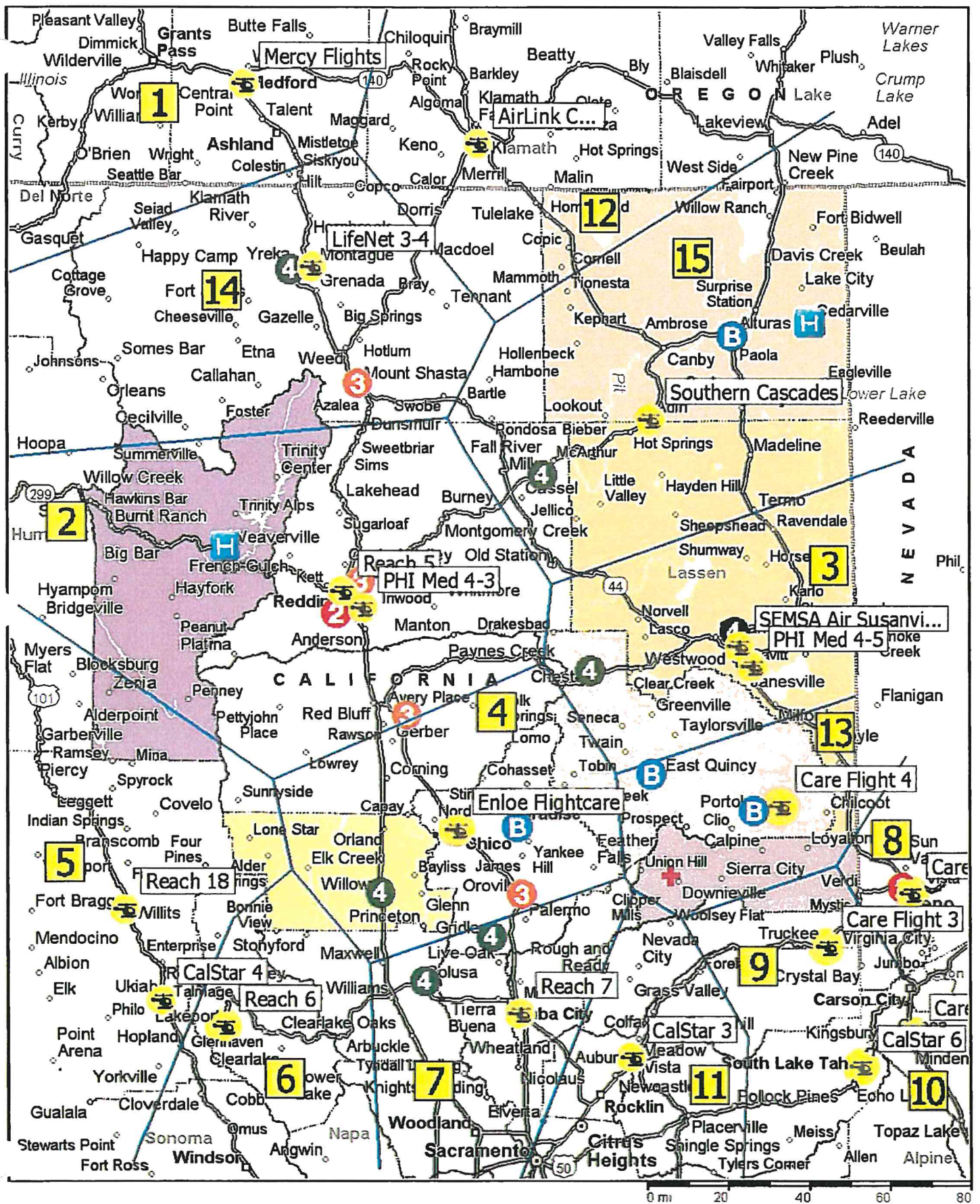


TABLE 10

APPROVED TRAINING PROGRAMS

REPORTING YEAR 2021 (FY 2020-2021)

REPORTING YEAR 2022 (FY 2021-2022)

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

Training Institution: Address:	Lassen Community College P O Box 3000 Susanville, CA 96130		Telephone Number:	530-257-6181 X8994
* Student Eligibility:	Open Current CPR	** Program Level EMR		
	Cost of Program:	Number of students completing training per year:		
	Basic: \$100	Initial training:	20	
	Refresher: \$50			
		Refresher:	10	
		Continuing Education:		
		Expiration Date:	4/19/2025	
		Number of courses: 2		
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Lassen

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

Training Institution:		Janesville Fire Protection District		Telephone Number:		530-310-1154
Address:		463-390 MAIN ST., JANESVILLE CA 96114				
* Student Eligibility:	Restricted	Cost of Program:	** Program Level	EMR		
		Basic:	Number of students completing training per year:			
		Refresher:	Initial training:			
			Refresher:			
			Continuing Education:			
			Expiration Date:		9/30/2025	
			Number of courses:		1	
			Initial training:		1	
			Refresher:			
			Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Lassen

Training Institution: <b>McNally EMR Training Program</b>		Telephone Number: (530) 260-7553
Address: 705-145 Hwy 395 East / PO Box 270781 Susanville CA 96127		
* Student Eligibility:	Restricted	
	Cost of Program:	** Program Level
	Basic:	EMR
	Refresher:	
	Number of students completing training per year:	
	Initial training:	
	Refresher:	
	Continuing Education:	
	Expiration Date:	7/25/2026
	Number of courses:	
	Initial training:	
	Refresher:	
	Continuing Education:	

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

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



EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Modoc

Training Institution: Address:	Cedarville Fire Protection District 460 Main street Cedarville, CA 96104		Telephone Number:	209-767-4737
* Student Eligibility:	Open Current CPR	** Program Level EMT-1		
	Cost of Program:	Number of students completing training per year:		
	Basic: \$350	Initial training:	20	
	Refresher: \$100			
		Refresher:	10	
		Continuing Education:		
		Expiration Date:	5/17/2026	
		Number of courses:	2	
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs



EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Modoc

Training Institution: Address:	Southern Cascades CSD 205 Ash Valley Road Adin, CA96006	Telephone Number:	(530)299-3110
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	6/14/2026
		Number of courses:	
		Initial training:	1
		Refresher:	1
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Modoc

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Modoc

Training Institution:		Modoc Medical Center		Telephone Number:		Rena Sweet
Address:		228 West McDowell				530-233-1272
		Alturas, CA 96101				
* Student Eligibility:	Restricted	** Program Level	EMT-1			
		Cost of Program:				
		\$100 + Book				
		Basic:	√	Number of students completing training per year:		
		Refresher:		Initial training:		
				10		
		Refresher:				
		Continuing Education:				
		Expiration Date:		9/30/2025		
		Number of courses:				
		Initial training:		1		
		Refresher:				
		Continuing Education:				

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Modoc

Training Institution:		Modoc Medical Center		Telephone Number:	Rena Sweet 530-233-1272
Address:		228 West McDowell Alturas, CA 96101			
* Student Eligibility:	Restricted	** Program Level	EMR		
		Cost of Program:	\$100 + Book		
		Basic:	√		
		Refresher:			
		Number of students completing training per year:		10	
		Initial training:			
		Refresher:			
		Continuing Education:			
		Expiration Date:		7/30/2025	
		Number of courses:			
		Initial training:		1	
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Modoc

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Plumas**

Training Institution:	Feather River Community College		Telephone Number:	Judy Mahan 530-283-0202 ext. 235
Address:	570 Golden Eagle Ave Quincy, CA 95971			
* Student Eligibility:	Open	** Program Level	EMT-1	
		Cost of Program:		
		Basic:	\$230	
		Refresher:		
		Number of students completing training per year:	40	
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	3/1/2024	
		Number of courses:		
		Initial training:	2	
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution:	Care Flight	Telephone Number:	530-604-6850
Address:	2306 Chandler Road Quincy, CA 95971		
* Student Eligibility:	Restricted	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	40
	Refresher:		
	Refresher:		
	Continuing Education:		
	Expiration Date:		1/9/2027
	Number of courses:		2
	Initial training:		
	Refresher:		
	Continuing Education:		

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Plumas**

Training Institution:		Graeagle Fire and Rescue		Telephone Number:		530-836-1340	
Address:		7620 Hwy 70 Graeagle, CA 96103					
* Student Eligibility:	Restricted	** Program Level	EMR				
Cost of Program:		Number of students completing training per year:					
Basic:		Initial training:		20			
Refresher:							
Refresher:							
Continuing Education:							
Expiration Date:				3/21/2025			
Number of courses:				1			
Initial training:							
Refresher:							
Continuing Education:							



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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)**

**2022 (FY 2021-2022)**

**County: Plumas**

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution:	West Shore FD (Prev West Almanor CSD)		Telephone Number:	530-259-2500
Address:	947 Long Iron Drive Chester, CA 96020			
* Student Eligibility:	Restricted	** Program Level	EMR	
		Cost of Program:		
		Basic:		
		Refresher:		
		Number of students completing training per year:	1	
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	5/22/2025	
		Number of courses:	1	
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Plumas

Training Institution:		<b>REMSA</b>		Telephone Number:		(530)604-6850
Address:		2306 Chandler Road Quincy, CA 95971				
* Student Eligibility:	Open	** Program Level	EMT-P			
Cost of Program:						
Basic:		Number of students completing training per year:				
Refresher:		Initial training:				
		Refresher:				
		Continuing Education:				
		Expiration Date:				
		05/08/2026				
		Number of courses:				
		1				
		Initial training:				
		Refresher:				
		Continuing Education:				

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

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

each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution:	Bucks Lake Fire Department EMR training	Telephone Number:	530-283-9070
Address:	16891 Bucks Lake Road Bucks Lake, CA 95956		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:		
	Basic:	Number of students completing training per year:	
	Refresher:	Initial training:	
		Refresher:	
		Continuing Education:	
		Expiration Date:	05/26/2026
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Plumas

Training Institution:	Beckwourth Fire District	Telephone Number:	530-832-1008
Address:	180 Main St Beckwourth Ca 96129		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	6/30/2025
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Plumas**

Training Institution:	Meadow Valley Fire Protection District	Telephone Number:	530-283-2620
Address:	6913 Bucks Lake Rd.		
	Meadow Valley, CA 95956		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	8/4/2026
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Plumas**

Training Institution:	Eastern Plumas Rural Fire	Telephone Number:	530-283-2620
Address:	280 W. Plumas Avenue Delleker, CA 96122		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	10/31/2024
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	



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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Sierra

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

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

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

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Sierra**

Training Institution: Address:	<b>Sierra County Schools for Adults</b> 605 Schools Ste Loyalton CA 96118		Telephone Number:	(530)993-4953
* Student Eligibility:	Open	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:	10		
		Refresher:		
		Continuing Education:		
		Expiration Date:	1/5/2026	
		Number of courses:		
		Initial training:	1	
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Sierra

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

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

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

### TABLE 10: Approved Training Programs

**EMS System: Northern California EMS, Inc**

Reporting Years: 2021 (FY 2020-2021)

2022 (FY 2021-2022)

**County: Sierra**

Training Institution: Address:	Sierra County Schools for Adults 605 Schools Ste Loyalton CA 96118		Telephone Number:	(530)993-4953
* Student Eligibility:	Open	** Program Level	EMT-1	
	Cost of Program:	Number of students completing training per year:		
	Basic: \$350	Initial training: 10		
	Refresher: \$100			
	Refresher:	Continuing Education:		
	Continuing Education:	Expiration Date:		
	Expiration Date:	2/20/2026		
	Number of courses:	1		
	Initial training:			
	Refresher:			
	Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Sierra

Training Institution: Address:	Sierra County Schools for Adults 605 Schools Ste Loyalton CA 96118		Telephone Number:	(530)993-4953
* Student Eligibility:	Open	** Program Level	AEMT	
		Cost of Program:		
		Basic:	\$350	Number of students completing training per year:
		Refresher:	\$100	Initial training:
				10
		Refresher:		
		Continuing Education:		
		Expiration Date:		10/03/2026
		Number of courses:		
		Initial training:		1
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Sierra

Training Institution:		Downieville Fire Protection District		530-307-0576	
Address:		PO Box 25 Downieville, CA 95936		Telephone Number:	
* Student Eligibility:	Restricted	** Program Level	AEMT		
Cost of Program:		Number of students completing training per year:			
Basic: \$500		Initial training:			
Refresher: \$200					
		Refresher:			
		Continuing Education:			
		Expiration Date:		10/1/2023	
		Number of courses:			
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

each level.

**TABLE 10: Approved Training Programs**

**EMS System: Northern California EMS, Inc**

**Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)**

**County: Trinity**

Training Institution: Address:	Southern Trinity Area Rescue P O Box 4 Mad River, CA 95552		Telephone Number:	Brooke Johnston 707-574-6616
* Student Eligibility:	Open	** Program Level	EMT-1	
	Cost of Program:	Number of students completing training per year:	12-20	
	Basic: EMT \$60			
	Refresher: None	Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	10/1/2025	
		Number of courses:	EMT-1	
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

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

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

**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Trinity

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

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

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



**TABLE 10: Approved Training Programs**

**EMS System:** Northern California EMS, Inc

**Reporting Years:** 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

**County:** Trinity

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

Training Institution: Address:	<b>Douglas City Fire Department</b> 100 Steiner Flat Rd Douglas City, CA 96024	Telephone Number:	415-291-6023
* Student Eligibility:	Open Current CPR	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	20
	Refresher:		
		Refresher:	10
		Continuing Education:	
		Expiration Date:	7/21/2025
		Number of courses:	2
		Initial training:	1
		Refresher:	1
		Continuing Education:	

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

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

each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Years: 2021 (FY 2020-2021)  
2022 (FY 2021-2022)

County: Trinity

Training Institution: Address:	<b>Weaverville Fire Department</b> 125 Bremer St Weaverville CA 96093	Telephone Number:	415-291-6023
* Student Eligibility:	Open Current CPR	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:	20	
		Refresher:	10
		Continuing Education:	
		Expiration Date:	1/12/2027
		Number of courses:	2
		Initial training:	1
		Refresher:	1
		Continuing Education:	

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

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





# Trauma Care System Plan

## 2021-2022

### (FY 2021-2022)

Donna Stone, Chief Executive Officer  
930 Executive Way, Suite 150  
Redding, CA 96002  
530.229.3979  
[dstone@norcalems.org](mailto:dstone@norcalems.org)

Submitted to: Angela Wise  
Date: 1/24/2023

Approved by:  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**NORTHERN CALIFORNIA EMS, INC.  
Trauma Care System Plan**

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## **SUMMARY OF THE PLAN**

The Northern California EMS (Nor-Cal EMS) Trauma Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code. This plan continues the Trauma Care System Plan originally approved in 1988 and subsequently revised. This plan outlines the structure and operations of the trauma care system within the counties of Lassen, Modoc, Plumas, Sierra and Trinity.

### **NEEDS ASSESSMENT:**

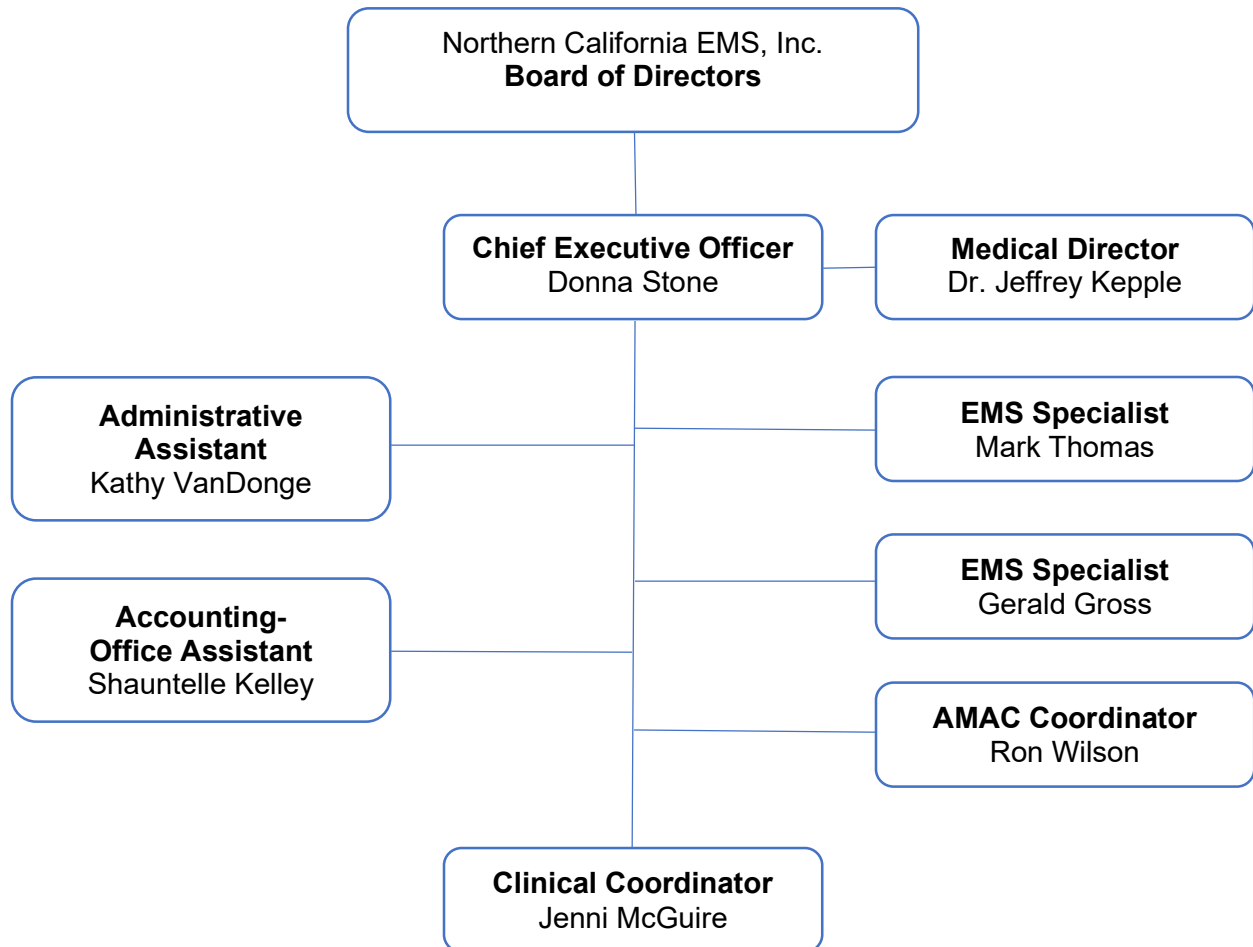
This plan reflects continual changes in the Nor-Cal EMS region. All hospitals in the region are Critical Access Hospitals. Two of these facilities were designated as Level IV trauma centers, however in late 2022, both decided to abandon the designation due to continued staffing issues and inability to keep staff adequately trained/report data.

With the extremely rural counties currently in the system, Level II and Level III designations are not a direct part of the Nor-Cal EMS system. We work closely with our allied Trauma Centers, and their LEMSA/Counties.

A critical need for acquisition of Level IV designated hospitals is noted, and discussions with our facilities have and will continue to occur.

## **Northern California EMS Chart**

Nor-Cal EMS is guided by a nine (9)-member Board of Directors, including one (1) Supervisor representative from each contracting county, one (1) County Emergency Medical Care Committee (EMCC) representative (who must be affiliated with an ambulance service), one (1) hospital representative, and two (2) Members-At-Large. The Chief Executive Officer reports to the Board of Directors on a quarterly basis





## **TRAUMA SYSTEM DESIGN**

The area is served by a total of seven acute care (Critical Access) hospitals. While not a designated element of the trauma system, all hospitals presently utilize a hospital-based trauma data system that is CEMSIS compliant.

Critical trauma patients within (45) forty-five minutes of a designated Level II trauma center will be transported directly to that facility. Because of the location of Level IIs, this provision will be utilized by aircraft, weather and flight conditions permitting. More distant patients may be evaluated at a closer facility. Some patients who are beyond the twenty-minute zone may be transported directly to a Level I or Level II - trauma center by order of a base hospital physician.

All hospitals will maintain internal quality assurance programs meeting regional standards. In addition, problem cases will be reviewed by a Regional Trauma Audit Committee. This committee consists of representatives of Nor-Cal EMS, the trauma center, and non-trauma center receiving hospitals. Nor-Cal EMS is an active member of the Regional Trauma Care Committee.

Trauma system policies and procedures are periodically reviewed and updated with endorsement by the Medical Advisory Committee. This committee has continued to evaluate Trauma destination, treatment, and analgesia Treatment Guidelines. With training to reinforce these changes, some of which are: Tranexamic Acid, Hemostatic gauze, tourniquets, Spinal Motion Restriction, adding Ketamine, in combination with Opiates/benzodiazepines for analgesia.

The Nor-Cal EMS trauma care system included two level IV trauma centers until 2022. Now it only has seven non-designated critical access hospitals. Patients can be preferentially triaged to a Level II trauma center outside the region or transferred following evaluation and stabilization at a closer hospital. The regional quality management process was intended to cover all trauma patients, regardless of the location of their treatment. Currently all hospitals in the region participate in trauma data collection.

Level II trauma centers: Three Level II trauma centers are in proximity of the Nor-Cal EMS region. Referrals and transports to these centers have been established for many years.

- a) Enloe Medical Center- located in Chico in Butte County has been designated as a Level II since 1988.
- b) Mercy Medical Center- Redding, located in Redding, has been designated since 1990.
- c) Renown Medical Center in Reno, Nevada- is an integral part of the care system for the Southern portion of Lassen, as well as Eastern portions Plumas and Sierra Counties.

Level III trauma centers:

- a) Sierra Nevada Medical Center in Grass Valley- Servicing Western Sierra County
- b) Shasta Regional Medical Center in Redding- Geographically in same area as Mercy Medical Center, primarily serves as a surge resource.
- c) Saint Mary's Medical Center in Reno- Geographically in same area as Renown, primarily serves as a surge resource.
- d) Tahoe Forest Hospital Truckee- potentially serving Southern Plumas/Western Sierra depending on conditions.
- e) Sky Lakes Medical Center in Klamath Falls- Serving Northern Modoc County

Pediatrics: The designated adult trauma centers will serve both adult and pediatric trauma patients. Pediatric patients should be transferred to a designated pediatric trauma center (UC Davis being the geographically closest) as soon as possible and may be transported directly from the prehospital setting.

Patient flow: Major trauma patients within forty-five minutes of designated Level II trauma centers will be transported directly to that facility. Given time and distance factors and because the Level II trauma centers are in adjoining counties, this likely will occur by means of aircraft. More distant patients may be evaluated at a closer facility and, if appropriate, transferred to a Level II trauma center. Some patients who are beyond the twenty-minute zone will be transported directly to a Level II Trauma Center unless there is concurrence by a base hospital physician, due to unmitigated circumstances (i.e., weather, airway issues).

Quality management: The agency's Medical Director, Jeffrey Kepple M.D. is responsible for evaluating the trauma system's protocols, policies and procedures for medical and surgical appropriateness, reviewing, analyzing, and evaluating trauma case reports for system effectiveness, serving on and participating in the Medical Advisory Committee, as well as providing overall physician leadership related to trauma care.

## **THE RATIONLE FOR TRAUMA SYSTEM DESIGN:**

Functioning as an inclusive system and without the population criteria or patient loading considerations for designating a limited number of either Level I or Level II trauma centers, the agency encourages all acute facilities to consider becoming designated as either Level III or Level IV trauma centers.

<b>Geographic Area Size</b>	
<b>County</b>	<b>Area (Square miles)</b>
Lassen	4,720
Modoc	4,203
Plumas	2,613
Sierra	4,236
Trinity	3,208
<b>Nor-Cal EMS Region Total</b>	<b>18,980 Square miles</b>

<b>Estimated Trauma Patient load by county</b>		
<b>County</b>	<b>Population (a)</b>	<b>Estimated trauma load (b)</b>
Lassen	34,895	80
Modoc	8,700	21
Plumas	19,915	46
Sierra	3,238	7
Trinity	16,060	37
<b>Nor-Cal EMS Region Total</b>	<b>82,808</b>	<b>191</b>

**Table 1**

- a) Source: Census bureau estimated population for 2021.
- b) Based on historical data rate for the Nor-Cal EMS trauma care systems of 2.31 major trauma patients per 1,1000 population.

### **Transport times:**

The Nor-Cal EMS Trauma Care System covers a fairly small population but one that is distributed over six counties and 16,000 square miles. (See table 1) As a result, much of the population is a significant distance from the urban areas where the higher levels of medical resources are located. Therefore, travel times to out of area trauma centers in Chico, Redding, and Reno can be excessive. (See Table 2-4) Especially given weather conditions. Besides the noted Level II centers, there are Level 3 Centers located in areas that play a vital role in stabilization during times of surge- Sierra Nevada Medical Center (Grass Valley-Sierra County preferred), Tahoe Forest in Truckee, Shasta Regional Medical Center in Redding, and St. Mary's Medical Center in Reno.

### **SERVICE AREAS:**

Nor-Cal EMS has up to six primary destinations for trauma patients depending on the originating location. These destinations include from north to south- Klamath Falls- Oregon, Redding, Chico, Reno-Nevada, Roseville and Sacramento.

## TIME AND MILEAGE ESTIMATES:

The data below is best data available, with ground transport times/mileages estimated using Google maps, and air times estimated by air provider agencies:

Highlighted are primary trauma destinations. Non-highlighted are secondary destinations. Grayed areas are likely to never be utilized.

<b>Renown Medical Center (Reno)</b>				
Community	Ground Transport		Air transport	
	Miles	Time	Miles	Minutes
<b>LASSEN</b>				
Susanville	86	1hr 28min		
Herlong	56	56min		
Westwood	109	1hr 53min		
<b>MODOC</b>				
Alturas	171	2hr 47min		
Adin	153	2hr 36min		
Cedarville	194	3hr 13min		
Ft. Bidwell	220	3hr 42min		
<b>PLUMAS</b>				
Chester	121	2hr 6min		
Quincy	81	1hr 26min		
Portola	49	51 min		
<b>SIERRA</b>				
Downieville	91	1hr 44min		
Sierraville	56	59 min		
<b>TRINITY</b>				
Weaverville	242	4hr 18min		
Trinity Center	262	4hr 49min		
Mad River	281	5hr 22min		
Salyer	292	5hr 19min		

**Table 2**

<b>Mercy Medical Center (Redding)</b>				
Community	Ground Transport		Air transport	
	Miles	Time	Miles	Minutes
<b>LASSEN</b>				
Susanville	114	2hr 6min		
Herlong	151	2hr 42min		
Westwood	110	2hr 2 min		
<b>MODOC</b>				
Alturas	146	2hr 42min		
Adin	106	2hr 1min		
Cedarville	168	3hr 7min		
Ft. Bidwell	194	3hr 36min		
<b>PLUMAS</b>				
Chester	88	1hr 47min		
Quincy	130	2hr 38min		
Portola	162	3hr 14min		
<b>SIERRA</b>				
Downieville	162	3hr 5min		
Sierraville	1768	3hr 32min		
<b>TRINITY</b>				
Weaverville	44	55 min		
Trinity Center	64	1hr 20min		
Mad River	83.7	2hr 10min		
Salyer	94	1hr 55min		

**Table 3**

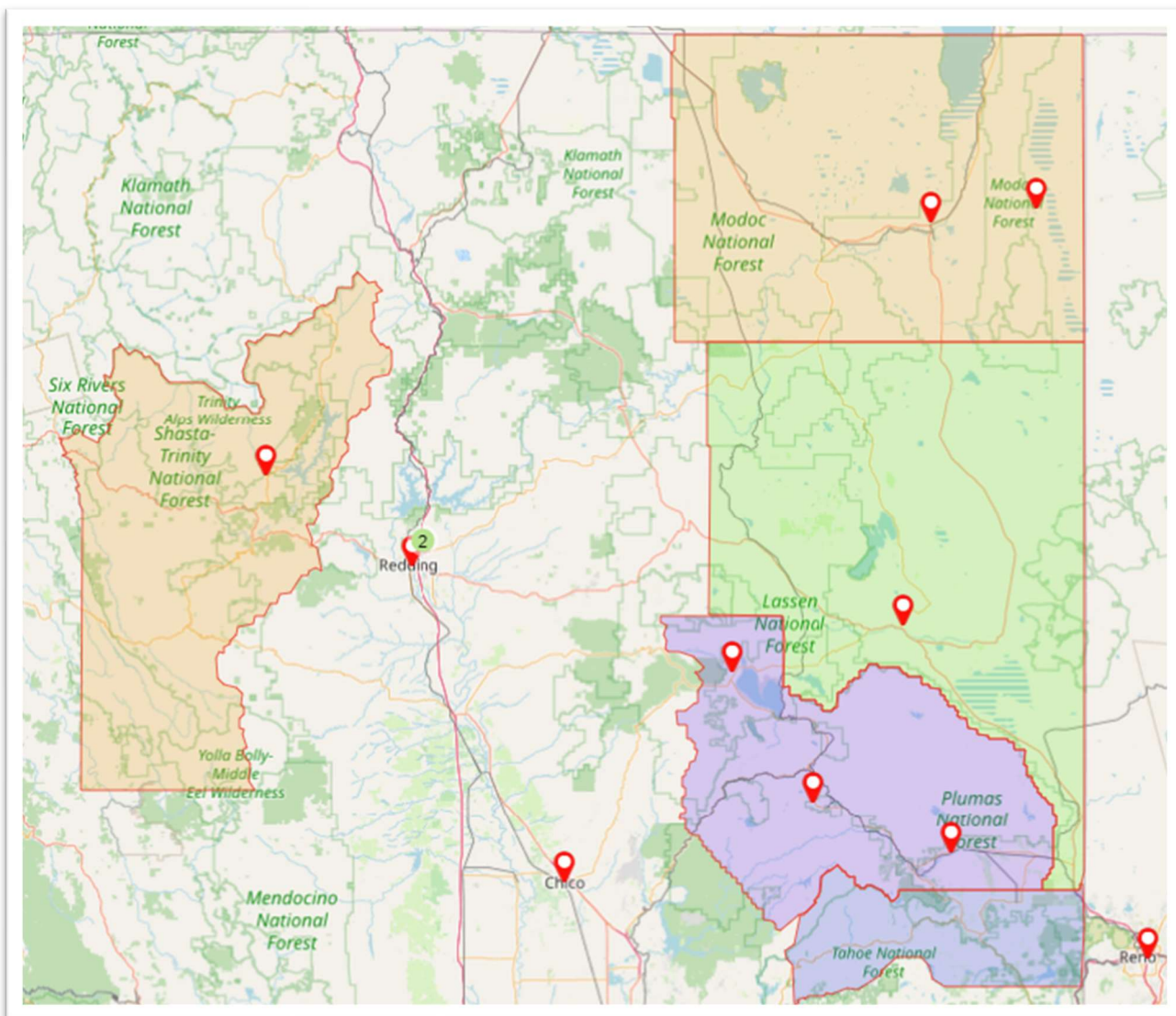
<b>Enloe Medical Center (Chico)</b>				
Community	Ground Transport		Air transport	
	Miles	Time	Miles	Minutes
<b>LASSEN</b>				
Susanville	102	2hr 7min		
Herlong	139	2hr 43min		
Westwood	80	1hr 41min		
<b>MODOC</b>				
Alturas	205	3hr 47min		
Adin	172	3hr 8min		
Cedarville	234	4hr 16min		
Ft. Bidwell	260	4hr 41min		
<b>PLUMAS</b>				
Chester	67	1hr 23min		
Quincy	84	1hr 50min		
Portola	117	2hr 27min		
<b>SIERRA</b>				
Downieville	90	1hr 52min		
Sierraville	130	2hr 43min		
<b>TRINITY</b>				
Weaverville	115	2hr 7min		
Trinity Center	135	2hr 39min		
Mad River	130	2hr 45min		
Salzer	165	3hr 11min		

**Table 4**

**Other occasionally utilized transport methods and Trauma centers (Weather, Staffing etc):**

**Rideout Medical Center in Yuba City-** Sierra County- especially if BLS transport only, will do ALS intercept with Bi-county Ambulance and depending on location, patient may be transported to Rideout.

**Sutter Roseville Medical Center, Roseville-** Sierra County- especially if BLS transport only, will possibly request ALS intercept with Bi-county Ambulance and depending on location, patient may be transported to Rideout.



**Lassen County:**  
Banner Lassen Hospital

**Modoc County:**  
Modoc Medical Center – Alturas  
Surprise Valley Hospital- Cedarville

**Plumas County:**  
Eastern Plumas Hospital- Portola  
Plumas District Hospital- Quincy  
Seneca Hospital- Chester

**Trinity County:**  
Mountain Community Hospital

**Sierra County:** NO FACILITIES.

**Map also notates Level 2 centers-** MMCR Redding, Enloe Medical Center- Chico, and Renown Medical Center- Reno

#### COORDINATION WITH NEIGHBORING TRAUMA SYSTEMS:

Most patients within the system will be closer to one of the Level II trauma centers located in Chico and Redding than to Level II centers elsewhere. However, there are exceptions. Patients located in southern Lassen, eastern Plumas and Sierra County may be closer to a trauma center located in Nevada and patients in Modoc County may be closer to a trauma center located in Oregon. Nor-Cal EMS' trauma destination policy will consider these, and Nor-Cal EMS will continue to work with appropriate authorities on transfer agreements, patient destination, data, and quality issues.

#### PREHOSPITAL PROVIDER TRAINING:

Nor-Cal EMS requires that all prehospital provider agencies ensure that their personnel are appropriately trained in all trauma system related policies, including trauma triage and destinations.

### **SYSTEM GOALS AND OBJECTIVES**

Our objectives have been adjusted as our previous goals of assisting Banner Lassen Hospital and Seneca Hospital to continue their Level IV designations were not successful.

#### Objectives

1. Collaborating with adjoining areas to follow trauma patients originating in the Nor-Cal EMS area but being transported and/or transferred to out of area trauma centers.
2. Continuous collaboration with our area hospitals to show the need and benefits of becoming Level IV trauma centers.
3. With the extremely rural counties currently in the system, Level II and Level III designations are not a direct part of the Nor-Cal EMS system. Collaboration with adjoining allied Trauma Centers, and their LEMSAs/County public health agencies.

### **OTHER ISSUES**

As stated in the previous Trauma Plan Updates, there are significant challenges to maintaining trauma center compliance in our remote and rural areas. One of the most critical challenges is the tendency for physicians and nursing staff at these small institutions to occupy multiple roles with diverse responsibilities. This negative economy of scale often prohibits or at least hinders specialization. We continue to work with these facilities to foster and assist with education and to reinforce their clinical and operational responsibilities.





## **EMSQIP 2021-2022 CQI Plan (2021-2022 FY)**

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Submitted to: Angela Wise  
Date: 1/24/2023

Approved by:  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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## **INTRODUCTION**

Northern California EMS, Inc., (Nor-Cal EMS) is a private, nonprofit public benefit corporation organized in 1982 to improve emergency medical care in Northeastern California. The agency provides services under contract to the five counties of Lassen, Modoc, Plumas, Sierra, and Trinity. This encompasses more than 15,000 square miles and a resident population of approximately 77,000.

## **SECTION 1 - STRUCTURE AND OPERATIONS**

### **A. LEMSA Structure and Operations**

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

Donna Stone, Chief Executive Officer, oversees day-to-day operations and interacts closely with the county representatives.

Jeffrey Kepple MD, Medical Director, provides the medical oversight and clinical quality assurance of the organization, works collaboratively with all the above members of the organization.

Mark Thomas, EMT-P, EMS Specialist, provides clinical expertise to projects and operations of the agency as well as conducts investigations, the MAC lead and works with regional counties regarding disaster preparedness.

Gerald Gross, EMT-P, EMS Specialist provides clinical expertise to projects and operations of the agency as well as conducts investigations, works closely with individual provider agency to ensure compliance of Equipment and Supplies.

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

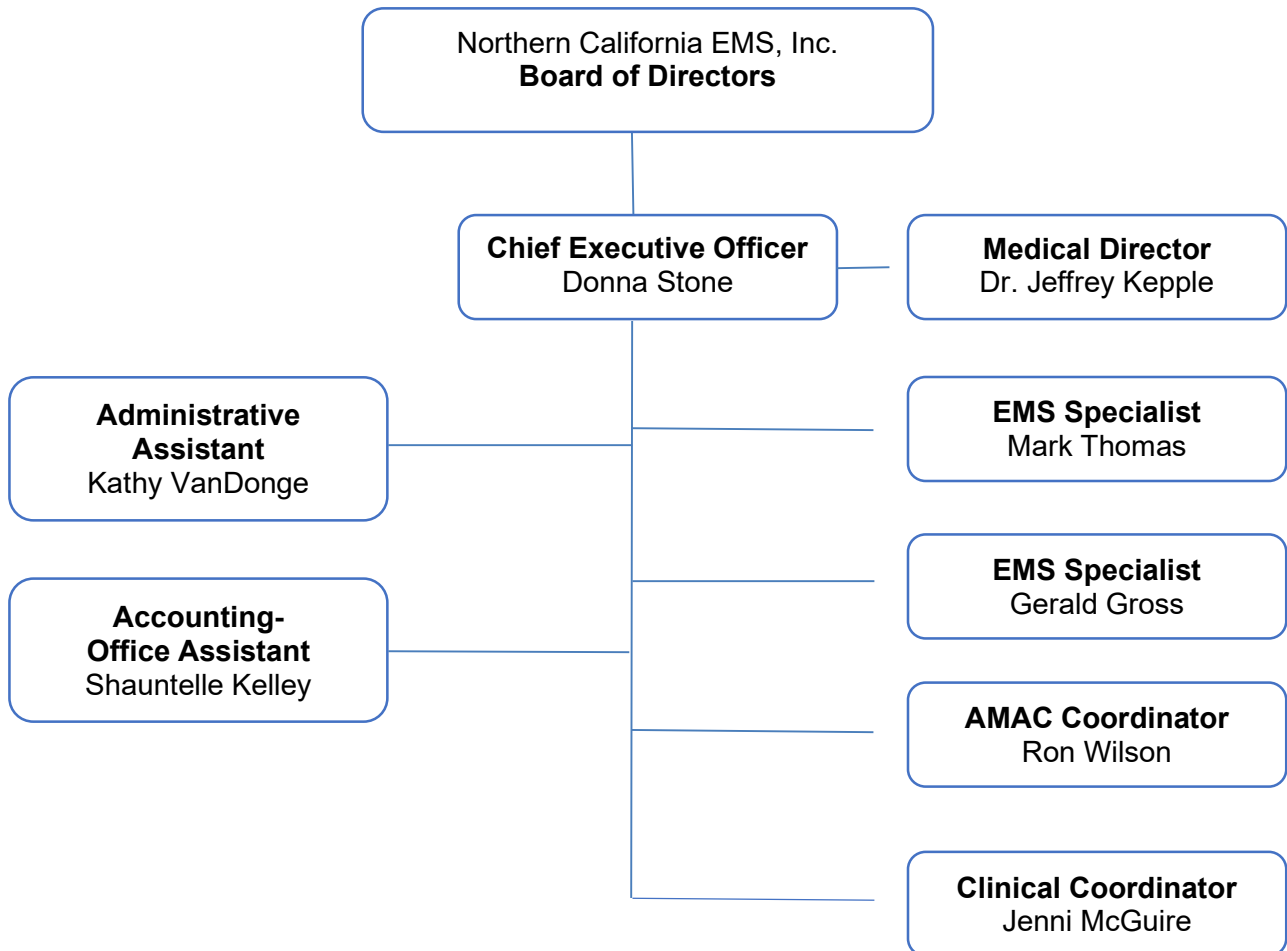
Ron Wilson , EMT-P, EMS Specialist, provides clinical expertise to project and operations of the agency as well as conducts investigations focusing on the air programs. AMAC lead.

Jenni McGuire, EMT, Clinical Coordinator, compiles and reports requested information and evaluates and revises CQI plans and reports. Works with HPP program.

Shauntelle Kelley, Accounting/Office Assistant, provides accounting and administrative support.

## **Northern California EMS Organizational Chart**

Nor-Cal EMS is a private, non-profit, public benefit corporation, which governed by a Board of Directors, including one (1) Supervisor representative from each contracting county, one (1) County Emergency Medical Care Committee (EMCC) representative (who must be affiliated with an ambulance service), one (1) hospital representative, and two (2) Members-At-Large. The Chief Executive Officer reports to the Board of Directors.



## **B. Overview of Organization**

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

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

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

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

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

a. Nor-Cal EMS Medical Director

Our CQI Team is led by Jeffrey Kepple MD.

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

b. EMS Specialists

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

c. Nor-Cal EMS Director of Information Technology

Jenni McGuire, Clinical Coordinator write analytical reports on collected data for the Core Measures when requested by the California Emergency Medical Services Authority (EMSA) as well as statistical reports for Nor-Cal EMS; work with the providers individually when they have questions regarding the ePCR and data program and/or CQI data and provide the computer reports to provider agencies to run against their own collected data.

d. Members from our Medical Advisory Committee and Air Medical Advisory Committee

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

The Air Medical Advisory Committee (AMAC) is an advisory committee to the Nor-Cal EMS Medical Director that improves prehospital aeromedical care through the review of policies, procedures, and protocols. The AMAC Chair gathers and monitors response data for regional quality assurance. The AMAC meets quarterly, providing a forum for open and professional communication between emergency medical care providers and agencies.

## **5. LEMSA CQI Team-Training and experience:**

- a. Our Medical Director, Dr. Jeffrey Kepple. Dr. Kepple received his M.D. degree from UC San Diego Medical School and completed his Family Medicine Residency through UC Davis Health. As CEO of Plumas District Hospital from 2014 through 2018, Dr Kepple led the arduous quality improvement process of the hospital becoming a UC Davis Rural Center of Excellence. As a board-certified family physician, he has enjoyed a broad-spectrum practice including obstetrics, dermatology, emergency medicine and wilderness medicine for over 20 years in Quincy.
- b. Gerald Gross, EMS Specialist has many years of prehospital as well hospital medicine experience in the rural and urban settings of several states.
- c. Mark Thomas, our EMS specialist has extensive prehospital experience, and has worked in various CQI roles for over 20 years. Including individual proctoring individual providers, training struggling providers, and establishing a full agency CQI program.
- d. Ron Wilson has multiple years of various EMS, Air Medical and law enforcement experience He is tasked with trauma designation, assists with educational development, and chairs the Air Medical Advisory Committee (AMAC).
- e. Jenni McGuire, EMT, Clinical Coordinator, has over 25 years of prehospital experience.
- f. All members of the CQI Team have participated in Core Measures programs with EMSA.

## **6. EMS CQI Team Responsibilities:**

- a. State EMSA EMSQIP participation (as time and resources allow):
  - i. Cooperate with the State of California Emergency Medical Services Authority (EMSA) in carrying out the responsibilities of the state EQIP Program.
  - ii. Participate with the EMSA in the development, approval, and implementation of state required and optional EMS system indicators and data collection processes to include Core Measure Workshops and Hospital Information Exchange Conferences.
- b. Regional EMSQIP Responsibilities:
  - i. Oversee, coordinate, and maintain documentation of regional EQIP programs and activities.
  - ii. Maintain Central Repository of local EMS data system information as it relates to EQIP activities.
  - iii. Provide technical assistance to facilitating the EMS QI Programs (EQIP) for all approved providers in the Nor-Cal EMS region.

- iv. Provide reasonable availability of EMSQIP Program training and in-service education for EMS personnel under the statewide EMS QI Program.
- v. Review and approve EQIP plans for designated EMS ground and air providers
- vi. Review and approve EMSQIP plans for Base Hospitals and Receiving Facilities
- vii. Publish summary of activity and plan implementation for distribution.
- viii. Seek and maintain relationships with EMS stakeholders, this can include the following entities, as appropriate for EMSQIP activity:
  - 1) State EMSA
  - 2) Local EMS Agencies (LEMSAs)
  - 3) EMS Service Providers
  - 4) Public Health Departments
  - 5) Base Hospitals and Receiving Facilities
  - 6) Specialty Care Centers
  - 7) Law Enforcement Agencies
  - 8) Public Safety Answering Points (PSAPs)
  - 9) EMS Dispatch Center(s)

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

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

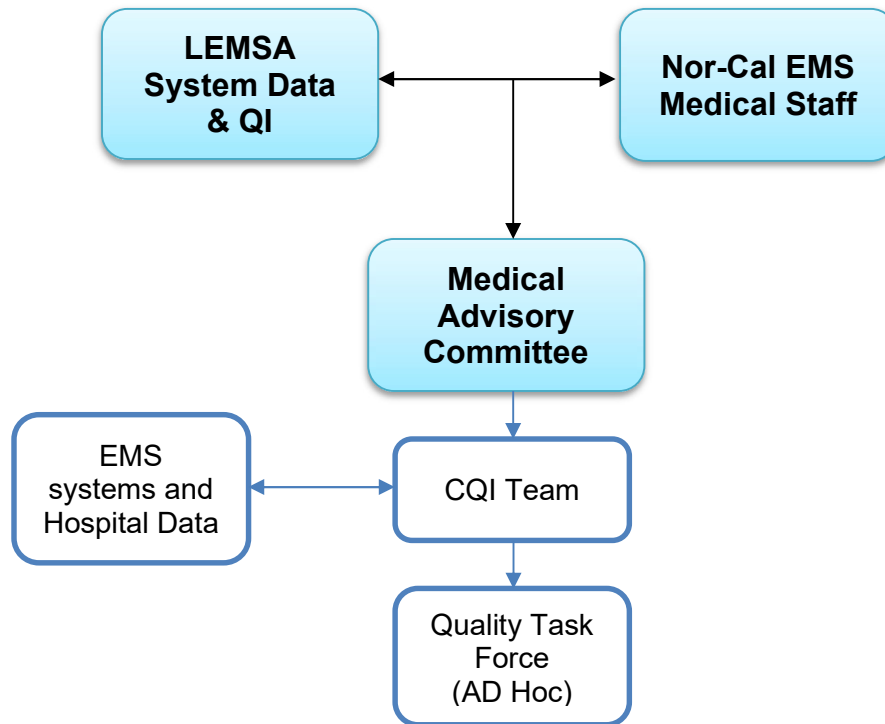


## **8. External EMS Participants**

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

- a. Base Hospital
- b. Medical Directors
- c. Public Health Agencies
- d. Law Enforcement Agencies
- e. Local and Regional Dispatch Agencies
- f. First Responder Agencies
- g. Public Safety Answering Points (PSAPs)
- h. Communication Centers
- i. County Coroner
- j. EMS Aircraft providers and/or their Medical Directors
- k. Skilled nursing facility representatives
- l. California State Department of Corrections
- m. Physician Specialists
- n. Community Groups
- o. Various other EMS participants or their Medical Directors

### Nor-Cal EMS CQI Flow Chart



## **SECTION II – DATA COLLECTION AND REPORTING**

- A. **Overview:** Data collection and reporting are two of the most essential elements in the EQIP process. The data collected must be valid, reliable, and standardized with all other system participants.
1. A yearly report form will be sent by Nor-Cal EMS to all agencies. Data sent back to Nor-Cal EMS will be collected, analyzed, and correlated by Nor-Cal EMS. Data may also be collected by Nor-Cal EMS through ePCR systems and other established forms.
  2. Providers are required to submit reports and necessary documentation for selected indicators at the time of occurrence (see documentation policy).
  3. Reports can be made available to our provider agencies and our Board of Directors on an annual basis. In these instances, we aggregate data for formal reports and for changing policy. Large numbers will ensure statistical significance.
  4. All proceedings, documents, and discussions of the Medical Advisory Group and other related QI activities shall be confidential. This will include statements of confidentiality that participants from the various provider agencies will sign.
  5. Patient confidentiality is maintained. PCR care records will be reviewed for quality purposes only and patient identifiers will be deleted from overview reports. We maintain HIPAA compliance.
- B. **Core Measures:** Nor-Cal EMS has complied with the EMSA's Core Measure data collection project analyzing, compiling, and submitting data. Nor-Cal EMS has maintained compliance in reporting this data.
- C. **Yearly Overview Report Form:**

To be submitted by the provider agencies on a yearly basis to assist to track number of responses and eight areas of oversight, and pre-determined criteria for area of focus.

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

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

**D. Unusual Occurrence Report Form:**

Generated by the provider agency to document an occurrence that needs further investigation and follow-up. The Unusual Occurrence reports help to identify sentinel events for further evaluation of root cause analysis.

**E. Exemplary Performance Award:**

This has been put on hold since the beginning of the pandemic. The agency plans to continue this award process in the future.

**G. Strategic Goals:**

- Identify broad categories to select one or two indicators for region-wide analysis. If the aggregate data demonstrates that the mean and/or median is not what we expect, then utilizing the rapid cycle improvement and the Plan Do Study and Act (PDSA) process, we can further analyze the data. We will choose the aggregate data to help ensure that we have an adequate volume and “n” to ensure statistical validity.
- Develop and utilize a data system to improve the trending of data, based upon the ePCR template. The dashboard will be a crucial element in demonstrating quality and good patient outcomes.

**SECTION III – EVALUATION OF INDICATORS**

A. Process of Evaluation: The Medical Director and EMS Specialists will review the data as follows:

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

#### **SECTION IV – ACTION TO IMPROVE**

- a. Performance improvement shall be:
  - i. Adaptable and applied to each situation as it is identified.
  - ii. Systematic and based upon evidence.
  - iii. Team oriented and be done in a way that does not overwhelm the process due to size and complexity.
- b. Once a need for improvement in performance has been identified the FOCUS-PDSA model will be implemented. FOCUS-PDSA involves the following steps:
  - i. **Find** a process to improve, as identified by the AMAC, MAC or CQI Team.
  - ii. **Organize** a team that knows the process – the CQI Team will form Task Force(s) as needed and review process documents.
  - iii. **Clarify** current knowledge of the process – review indicator trends relevant to the process, collect other information.
  - iv. **Understand** causes of process variation utilizing tools such as fishbone diagrams, Pareto analyses, etc.
  - v. **Select** process improvement to reduce or eliminate deviation and inappropriate care.
  - vi. **Plan** – State objective of the test, make predictions, develop plan to carry out the test (who, what where, when & how).
  - vii. **Do** – Test the hypothesis, document problems and unexpected observations, begin analysis of the data.
  - viii. **Study** - Complete the analysis of the data, compare the test data to predictions, and summarize what was learned.
  - ix. **Act** – The Medical Director in collaboration with the AMAC and MAC will decide what changes need to be institutionalized and if policy changes need to occur.
- c. Once an Action Plan has been implemented, the results of the improvement plan will be measured. Changes to the system will be standardized and/or integrated. A plan for monitoring future activities will be established.
- d. Every effort shall be made to incorporate changes region wide.
- e. The FOCUS-PDSA model will be implemented to conduct improvement planning and prepare recommendations or a report for review by the EMS CQI team. The EMS CQI team will modify or accept and implement recommendations of the Quality Task Force and prepare the report for distribution to the AMAC and MAC. The CQI team will also disband the Quality Task Force at the appropriate time.

## **SECTION V - TRAINING AND EDUCATION**

### **A. Process of implementation of training and education**

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

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

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

### **B. Policy Implementation and/or revisions:**

When an Action Plan has been recommended, Nor-Cal EMS will take those recommendations and incorporate them as directed by the Nor-Cal EMS Medical Director. Any new or revised policy DRAFTS will be drafted and taken back to the MAC Meetings for discussion with the possibility of additional changes being made based on those discussions.

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

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

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

## **SECTION VI – PLAN UPDATE**

The following report is an update from our initial submission of our Continuous Quality Improvement Plan in 2019. From 2019 our Strategic Goals were as follows:

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

that their data will flow into the ImageTrend database repository.

- b. Establish a system wide CQI process and develop individual CQI programs for providers to cultivate standardization of QI processes.
- c. Promote the timely and compassionate provision of high-quality emergency services to the NCEMS region.

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

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

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

- e. Develop and implement hospital receiving center content.

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

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

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

- g. Evaluate and update local scope of practice using regional protocols.

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

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

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

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

- i. Evaluate system-wide performance and compliance of certification and recertification processes. Through our accreditation and certification examinations. These examinations are reviewed and updated to reflect current clinical standards of care.
- j. Review the system to ensure that our partners are engaging with the community through offering educational opportunities.