EMERGENCY MEDICAL SERVICES AUTHORITY
11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

April 19, 2024

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

Dear John Poland,

This letter is in response to Sierra-Sacramento Valley Emergency Medical Services (EMS) Agency's 2023 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI), submissions to EMSA on January 23, 2024.

EMSA 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 the enclosed EMS area/subarea status, compiled by EMSA.

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Sierra-Sacramento Valley EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2024 EMS plan will be due on or before April 19, 2025. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

Tom McGinnis

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

Enclosure:
AW: rd

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Sierra-Sacramento Valley EMS Agency 2023 EMS Areas or Subareas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT ALS	Standby Service with Transport Auth.
Area/Subarea Name	**EXCLUSIVITY**			**TYPE**			**LEVEL**						
Butte County		X	Competitive	X				X	X	X		X	
Colusa County		X	Competitive	X				X	X	X		X	
Glenn County													
Zone 1		X	Non-Competitive	X				X					
Zone 2	X												
Nevada County													
Zone 1 - Donner Summit		X	Non-Competitive	X				X		X			
Zone 2 - Nevada City/ Grass Valley		X	Non-Competitive	X				X		X			
Zone 3 - Penn Valley		X	Non-Competitive	X				X		X			
Zone 4 - Truckee	X												
Placer County													
Zone 1 - Foresthill		X	Non-Competitive	X				X		X			
Zone 2 - Granite Bay		X	Non-Competitive	X				X		X			
Zone 3 - I-80 Corridor		X	Non-Competitive	X				X		X			
Zone 4 - North Tahoe		X	Non-Competitive	X				X		X			
Shasta County													
Zone 1 - Fall River Mills	X												
Zone 2	X												
Zone 3	X												
Siskiyou County													
Zone 1 - Butte Valley	X												
Zone 2 - Etna	X												

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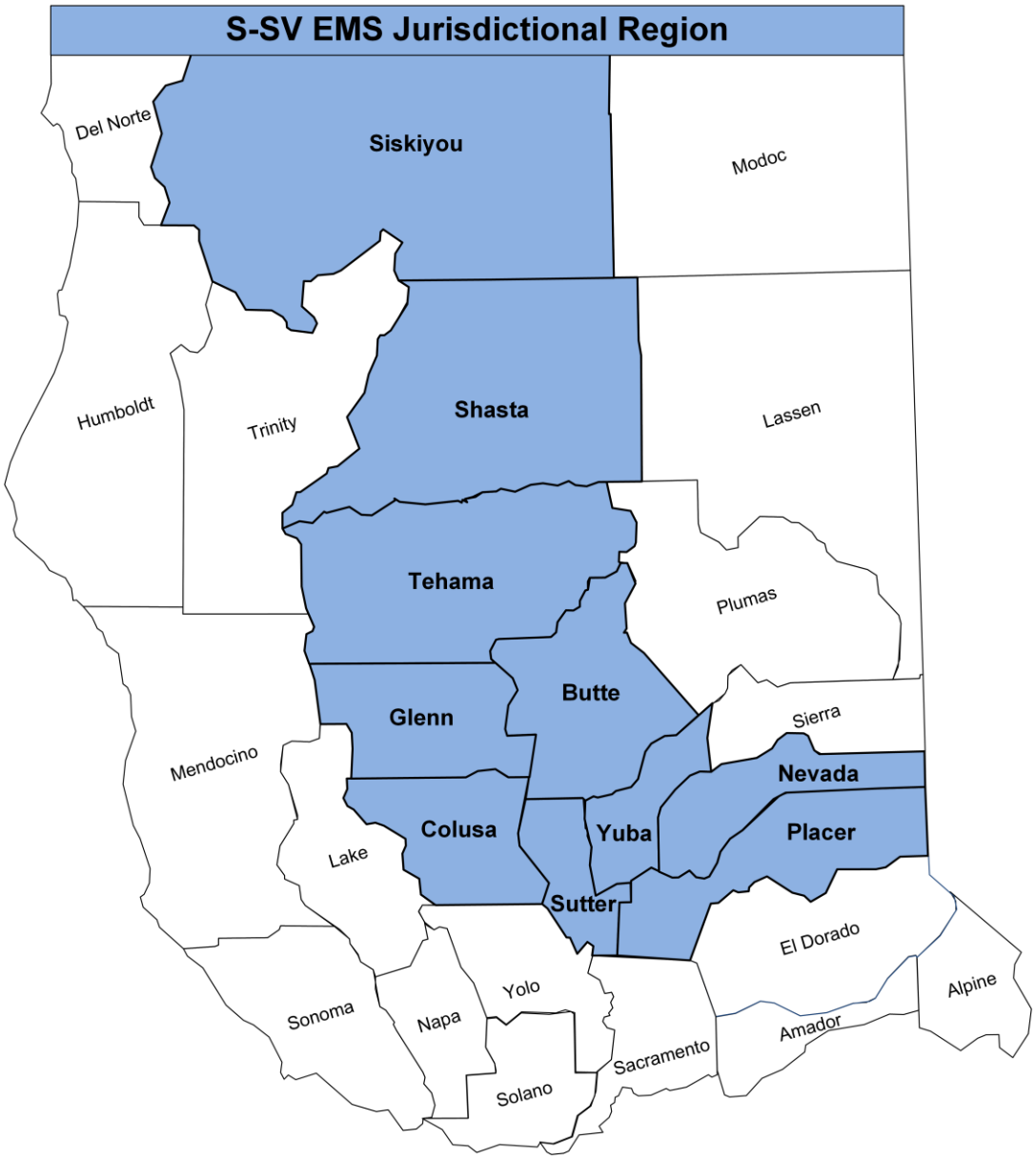
Zone 3 - Happy Camp	X												
Zone 4 - McCloud	X												
Zone 5 - Mt. Shasta		X	Non-Competitive	X				X		X			
Zone 6 - Yreka	X												
Sutter County-Zone 1		X	Non-Competitive	X				X		X			
Tehama County-Zone 1	X												
Yuba County													
Zone 1- Yuba County		X	Non-Competitive	X				X		X			
Zone 2- Beale Air Force Base	X												

Sierra – Sacramento Valley Emergency Medical Services (S-SV EMS) 2023 EMS Plan

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

About S-SV EMS

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



S-SV EMS Governance & Responsibilities

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

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

EMS Training Programs & EMS Personnel

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

S-SV EMS System Participants

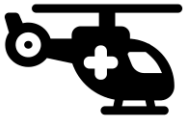
S-SV EMS staff work collaboratively with multiple public and private EMS system participants to ensure the ongoing provision of coordinated, professional, competent, consistent, and equitable EMS care for all residents and visitors throughout the S-SV EMS region and surrounding areas, regardless of the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

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

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

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

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



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

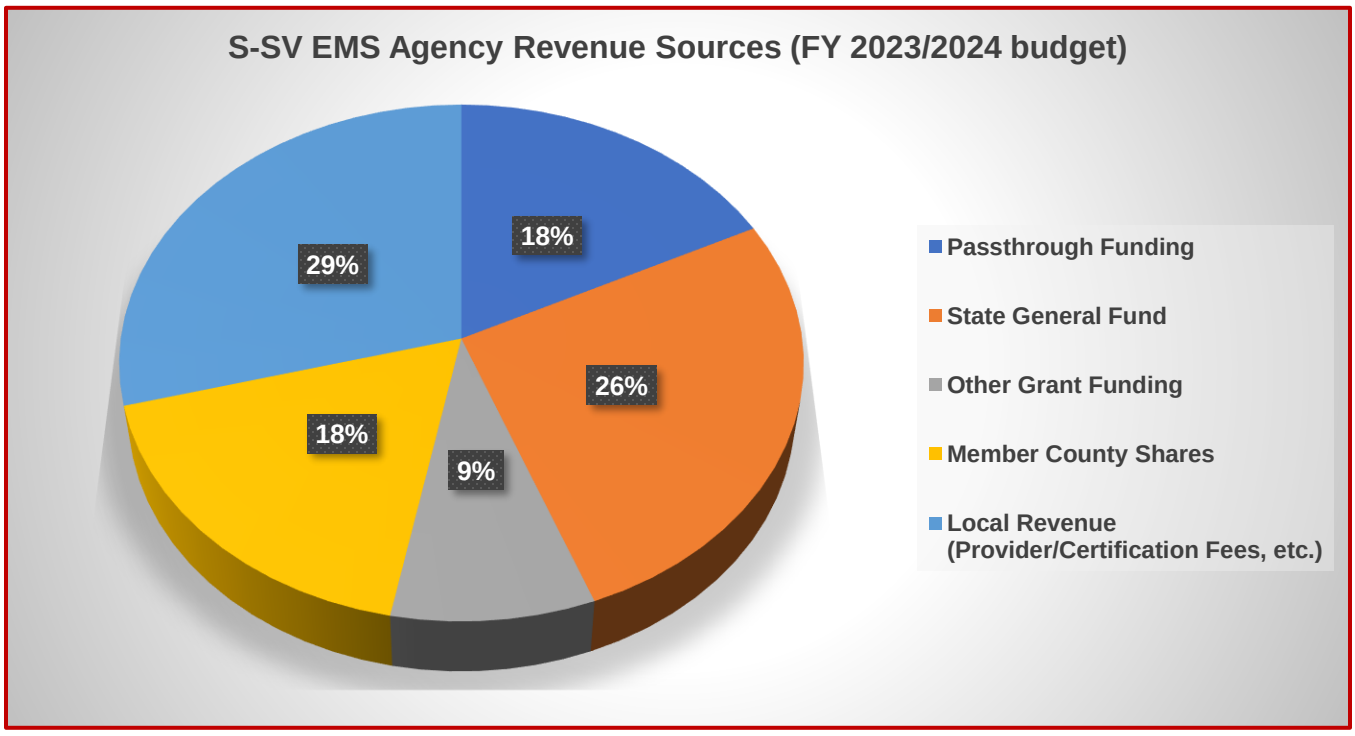
- **17** – Acute care hospitals (including 6 – critical access hospitals, 6 – S-SV EMS designated STEMI receiving centers, 12 – S-SV EMS designated stroke receiving centers, and 8 – S-SV EMS designated trauma centers)

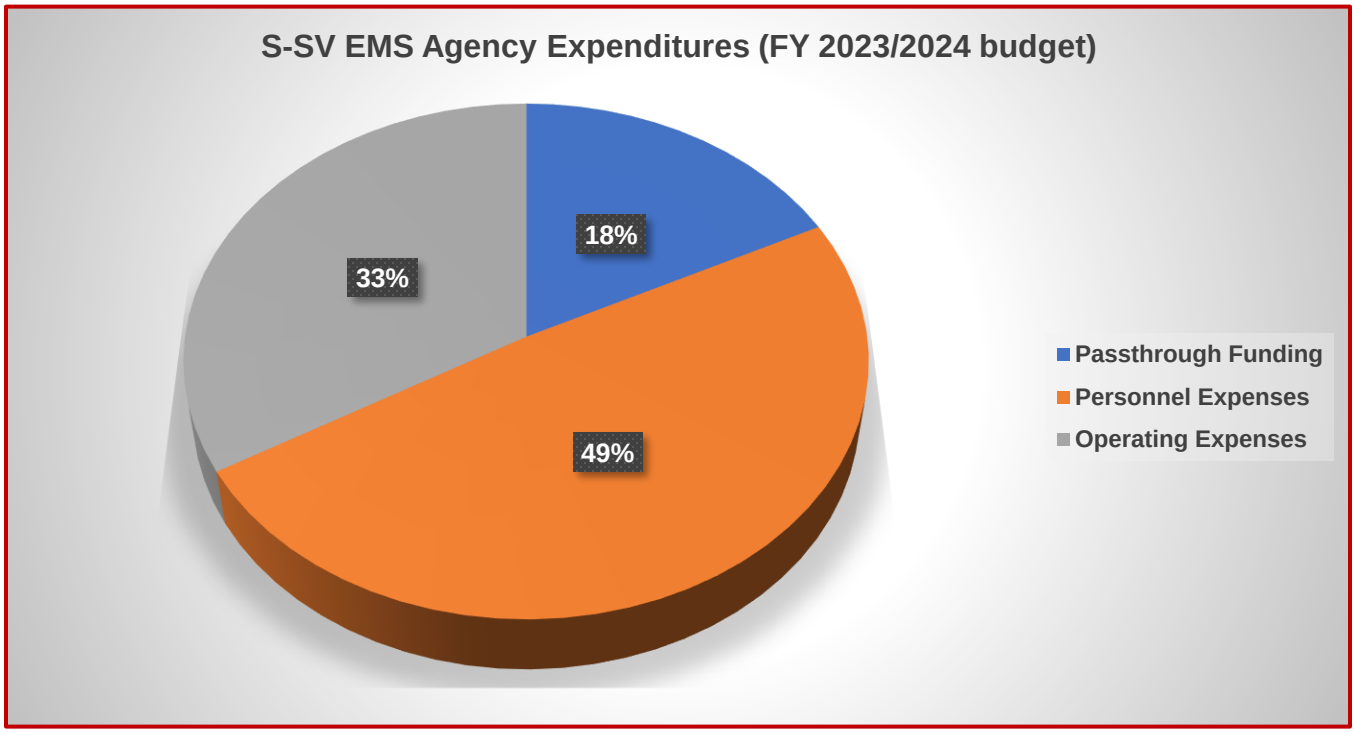
S-SV EMS System Public Information and Education

S-SV EMS and S-SV EMS authorized prehospital and hospital system participants conduct public information and education activities throughout the S-SV EMS region on an ongoing basis.

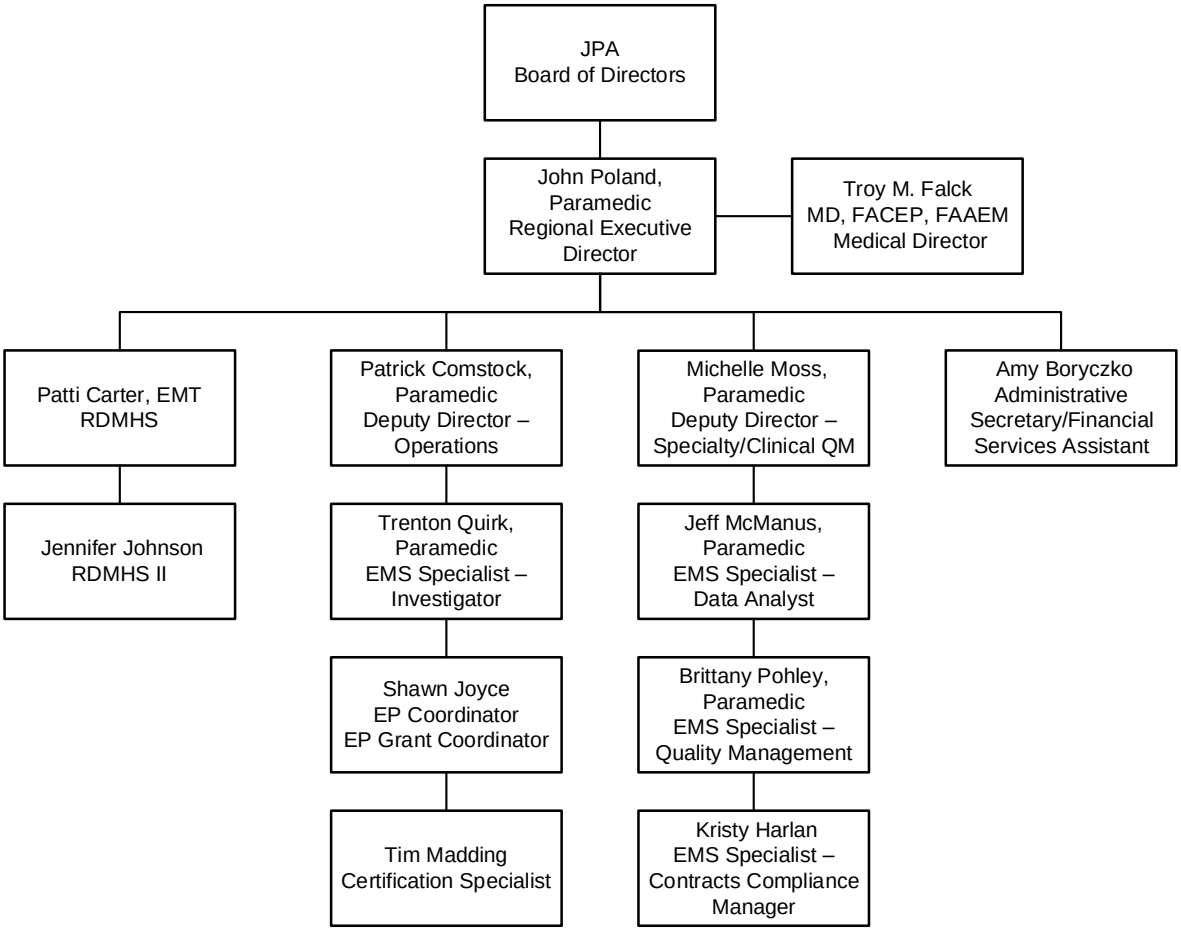
- S-SV EMS hospital provider policies and contracts (base/modified base hospital, STEMI receiving center, stroke receiving center, trauma receiving center, etc.) contain public information/education requirements. Specific details of hospital public information/education activities are reported to and reviewed by S-SV EMS staff as part of the annual Emergency Medical Services Quality Improvement Plan (EMSQIP) reporting process.
- S-SV EMS prehospital provider policies and contracts (prehospital provider agency requirements policy, EOA agreements, non-exclusive agreements, permits, etc.) contain public information/ education requirements. Specific details of prehospital public information/education activities are reported to and reviewed by S-SV EMS staff as part of the annual Emergency Medical Services Quality Improvement Plan (EMSQIP) reporting process.
- S-SV EMS maintains a public website (www.ssvems.com) where public information/education information is posted and regularly updated.
- S-SV EMS staff collaborate with EMS system participants and multiple other organizations/entities (county health officers, county administrative officers, county supervisors, MHOAC programs, etc.) on a frequent/ongoing basis to promote healthcare and injury prevention activities (including opioid OD prevention efforts, naloxone distribution, etc.).
- S-SV EMS staff collaborate with multiple other EMS system participants and other appropriate entities (local public health, OES, etc.) to assist the public in catastrophic events (including publishing appropriate information through the S-SV EMS Agency website and various social media accounts). S-SV EMS staff attend and participate in several OES/disaster related public education events throughout the year.
- S-SV EMS staff regularly provide EMS system data directly to the public and multiple other entities to assist with public education/prevention activities.
- S-SV EMS staff regularly assist EMS system participants and other organizations in teaching EMS related community education courses, including Stop The Bleed training courses and hands only CPR.
- S-SV EMS staff participate in multiple public speaking events throughout the S-SV EMS region and represent the S-SV EMS Agency in response to news events and other EMS related incidents.

S-SV EMS Budget





S-SV EMS Organizational Chart & Leadership Staff Responsibilities



S-SV EMS Leadership Staff Primary Responsibilities

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

S-SV EMS Leadership Team

John Poland, Paramedic
Regional Executive Director
OES Region III Regional Disaster Medical Health Coordinator (RDMHC

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

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

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

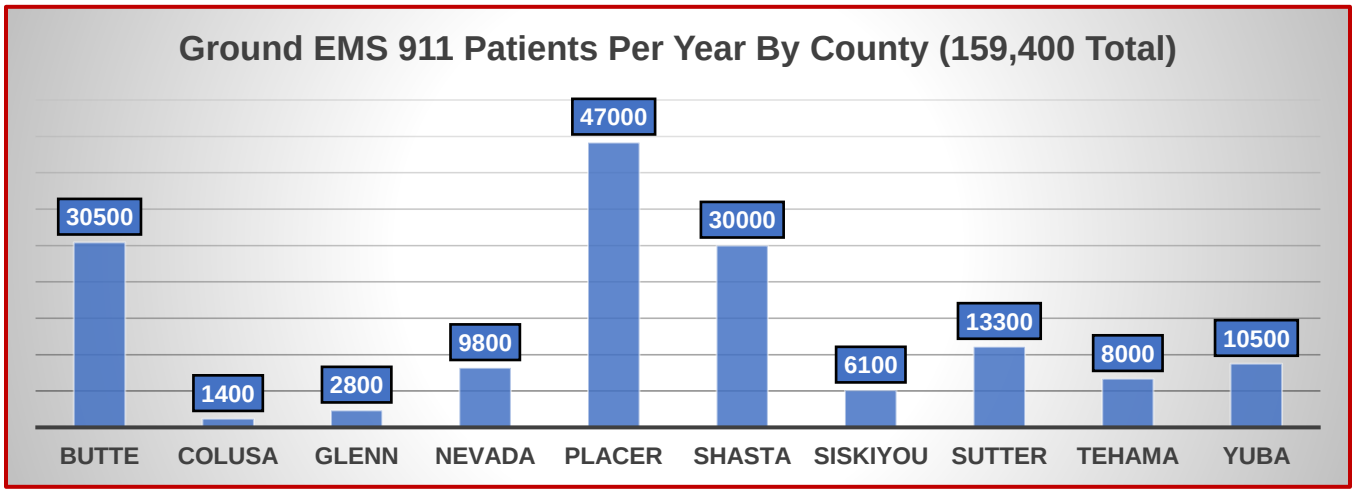
Patrick Comstock, Paramedic
Deputy Director – Operations

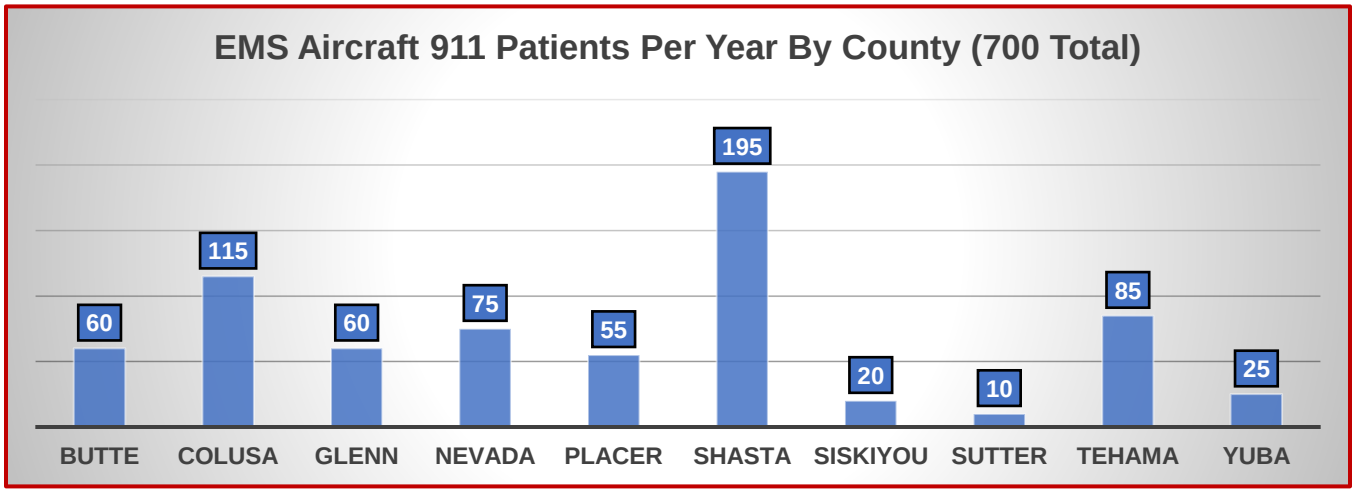
Patrick has worked for the S-SV EMS Agency since 2017, including his previous position as the Quality Improvement Coordinator. Patrick previously worked fire-based EMS as a firefighter/paramedic. Patrick is a California licensed and Nationally Registered paramedic and has a bachelor's degree in finance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

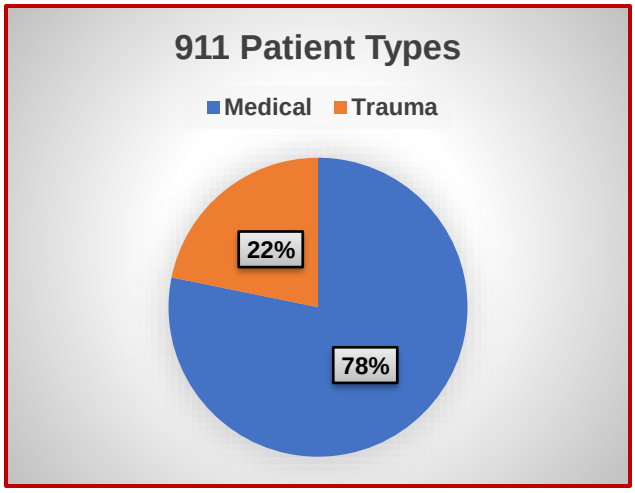
Michelle Moss, Paramedic, FP-C, CSTR
Deputy Director – Specialty Programs/Clinical Quality Management

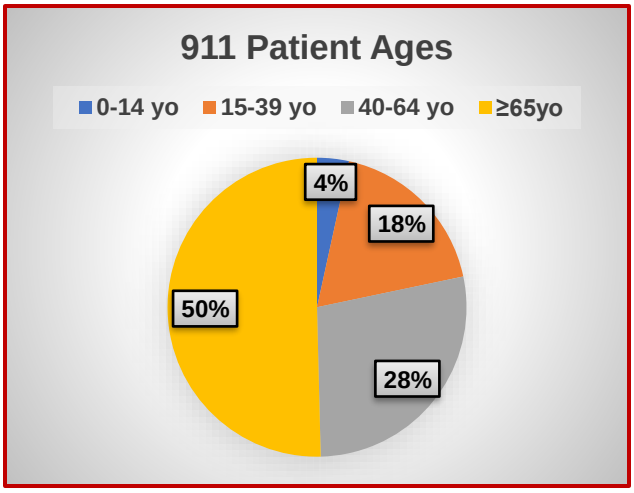
Michelle is a California licensed paramedic and Flight Paramedic (FP-C). She has worked for the S-SV EMS Agency since 2016, previously as the Specialty Programs Manager. She has worked for 27+ years as a critical-care paramedic, in the emergency department, EMS ground and air transport environments,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

S-SV EMS System Data









S-SV EMS MCI/Disaster Preparedness/Response

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

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

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

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

S-SV EMS Regional Disaster Management

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

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

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

S-SV EMS Contact Information

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

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

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

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

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

Table of Contents

- Table 1: Minimum Standards/Recommended Guidelines
- Table 2: System Resources and Operations – System Organization & Management
- Table 3: System Resources and Operations – Personnel/Training
- Table 4: System Resources and Operations – Communications
- Table 5: System Resources and Operations – Response/Transportation
- Table 6: System Resources and Operations – Facilities/Critical Care
- Table 7: System Resources and Operations – Disaster Medical
- Table 8: EMS Provider Resources Directory & Ambulance Zone Summary Forms
- Table 9: Hospital Resources Directory
- Table 10: Approved EMS Training Programs
- Table 11: Dispatch Agencies
- 2023 STEMI Critical Care System Plan Update
- 2023 Stroke Critical Care System Plan Update
- 2023 Trauma System Plan Update
- 2023 EMS Quality Improvement Plan (EMSQIP) Annual Update

2023 S-SV EMS PLAN

TABLE 1

MINIMUM STANDARDS/ RECOMMENDED GUIDELINES

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Years: 2023

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.03 Medical Director		X			
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning		X			
1.08 ALS Planning		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Advanced Life Support:					
1.24 ALS Systems		**X**			
1.25 On-Line Medical Direction		**X**			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		**X**			
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
1.27 Pediatric System Plan		**X**			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		**X**			

STAFFING/TRAINING

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

STAFFING/TRAINING (continued)

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

COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan		X			
3.02 Radios		X			
3.03 Interfacility Transfer		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X			
3.06 MCI/Disasters		X			
Public Access:					
3.07 911 Planning/ Coordination		X			
3.08 911 Public Education		X			
Resource Management:					
3.09 Dispatch Triage		X			
3.10 Integrated Dispatch		X			

RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X			
4.02 Monitoring		X			
4.03 Clarifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Intercounty Response		X			

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level (continued):					
4.14 Incident Command System		**X**			
4.15 MCI Plans		**X**			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		**X**			
4.17 ALS Equipment		**X**			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		**X**			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		**X**			
4.20 Grandfathering		**X**			
4.21 Compliance		**X**			
4.22 Evaluation		**X**			

FACILITIES/CRITICAL CARE

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

FACILITIES/CRITICAL CARE (continued)

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

DATA COLLECTION/SYSTEM EVALUATION

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

PUBLIC INFORMATION AND EDUCATION

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

DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning		X			
8.02 Response Plans		X			
8.03 Haz Mat Training		X			
8.04 Incident Command System		X			
8.05 Distribution of Casualties		X			
8.06 Needs Assessment		X			
8.07 Disaster Comms		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements		X			
8.11 CCP Designation		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X			

DISASTER MEDICAL RESPONSE (continued)

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

2023 S-SV EMS PLAN

TABLE 2

SYSTEM RESOURCES AND OPERATIONS

SYSTEM ORGANIZATION & MANAGEMENT

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2023

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

County: **Butte**

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

County: **Colusa**

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

County: **Glenn**

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

County: **Nevada**

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

County: **Placer**

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

County: **Shasta**

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

County: **Siskiyou**

A. Basic Life Support (BLS)	**2%**
B. Limited Advanced Life Support (LALS)	**3%**
C. Advanced Life Support (ALS)	**95%**

County: **Sutter**

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

County: **Tehama**

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

County: **Yuba**

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

2. **Type of agency:** Joint Powers Agency

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

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

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

5. LEMSA Revenues/Expenses

S-SV EMS Agency Revised FY 2023/2024 Budget - Revenues & Expenses Summary

Agency Revenues			
Ledger ID	**Revenue Description**	**FY 2022/2023**	**FY 2021/2022**
41080	Franchises	$370,000	$314,782
41090	Other Licenses and Permits	$150,000	$46,500
42010	Investment Income	$20,000	$20,000
44270	State Aid - Other Programs	$1,505,339	$1,583,356
45010	Aid from Other Governmental Agencies	$20,000	$18,481
45060	Local Matching Funds Revenue	$619,077	$617,973
46260	Institutional Care and Services	$423,000	$454,244
46360	Other Fees and Charges	$318,500	$279,570
46410	Contribution - Retiree Insurance Reimbursement Program	$43,000	$41,931
48030	Miscellaneous	$1,200	$1,200
Agency Expenses			
Ledger ID	**Expense Description**	**FY 2022/2023**	**FY 2021/2022**
51010	Salaries and Wages	$1,198,414	$1,198,511
51270	PERS Pension Expense	$237,417	$235,477
51280	OPEB Expense	$110,000	$100,163
51310	Employee Group Insurance	$242,700	$227,438
51320	Retired Employee Group Insurance	$43,000	$42,815
52030	Clothing and Personal (Work Clothes)	$6,000	$3,000
52040	Communication Service Expense	$35,100	$34,600
52080	Insurance	$66,000	$61,000
52240	Professional/Membership Dues	$8,485	$4,500
52260	Misc. Expense	$8,000	$0
52330	Other Supplies	$185,000	$176,000
52340	Postage	$4,500	$3,900
52360	Professional and Special Services - General	$487,050	$468,924
52370	Professional and Special Services - Legal	$45,000	$45,000
52380	Professional and Special Services - Technical, Engineering and Environ.	$85,000	$20,000
52400	Professional and Special Services - Information Technology	$279,000	$267,143
52440	Short-Term Rents and Leases - Equipment	$6,000	$5,500
52450	Rents and Leases - Buildings & Improvements	$125,000	$115,787
52480	PC Acquisition	$12,000	$12,000
52560	Small Equipment	$3,000	$15,000
52580	Special Department Expense	$7,000	$5,000
52785	Training/Education	$73,050	$56,449
52790	Transportation and Travel	$113,900	$94,900
52800	Utilities	$1,500	$1,200
52220	Equipment	$88,000	$168,730
54460	Fixed Assets - Other Agency - Equipment	$0	$15,000
	Total Agency Revenues	**$3,470,116**	**$3,378,037**
	Total Agency Expenses	**$3,470,116**	**$3,378,037**
	Net Asset (Fund Balance Designation)	**$0**	**$0**

6. LEMSA Fee Structure:

SSV EMS AGENCY FEE SCHEDULE - EFFECTIVE JULY 1, 2023

S-SV EMS Certification, Accreditation, Authorization Fees	
Item	**Fee**
S-SV EMS EMR Certification/Recertification Fee	$35
S-SV EMS EMT/AEMT Certification/Recertification Fee	$45
EMSA EMT/AEMT State Registry Passthrough Fee - Initial	$75
EMSA EMT/AEMT State Registry Passthrough Fee - Recertification	$37
S-SV EMS Paramedic Accreditation Fee	$100
S-SV EMS MICN Authorization/Reauthorization Fee	$100
Certification, Accreditation, Authorization Electronic Payment Processing Fee	$4
Miscellaneous Fees	
Item	**Fee**
Replacement Certification/Accreditation/Authorization Wallet Card Fee	$10
Field Manual Fee	$10
Ground EMS Service Provider Permit Fees	
Item	**Fee**
BLS Special Event Temporary Permit Fee (Up To 6 Events)	$150
BLS Transport/Special Event Provider Initial/Annual Permit Fee	$500
Volunteer ALS/LALS Provider Initial/Annual Permit Fee	$500
Non-Volunteer ALS/LALS Provider Initial/Annual Permit Fee	$1,000
Ground EMS Service Provider Permit Electronic Payment Processing Fee	$35
Air Ambulance Provider Permit/Monitoring Fees	
Item	**Fee**
Air Ambulance Provider Initial/Annual Permit Fee	$5,000
Air Ambulance Provider Annual Monitoring Fee	$5,000
EMS Training Program Approval/Renewal/Monitoring Fees	
Item	**Fee**
EMS CE Program - Initial Approval Fee (4 year approval)	$100
EMS CE Program - Renewal Approval Fee (every 4 years)	$100
PSFA Training Program - Initial Approval Fee (4 year approval)	$100
PSFA Training Program - Renewal Approval Fee (every 4 years)	$100
EMR Training Program - Initial Approval Fee (4 year approval)	$200
EMR Training Program - Renewal Approval Fee (every 4 years)	$100
EMS CE, PSFA or EMR Training Program Electronic Payment Processing Fee	$4
EMT/AEMT Training Program - Initial Approval Fee (4 year approval)	$1,000
EMT/AEMT Training Program - Renewal Approval Fee (every 4 years)	$500
Paramedic Training Program Initial Approval Fee (4 year approval)	$5,000
Paramedic Training Program - Renewal Approval Fee (every 4 years)	$2,500
Specialty Receiving Center Approval/Monitoring Fees	
Item	**Fee**
Level I or II Trauma Center Initial Designation Fee	$20,000
Level I or II Trauma Center Annual Monitoring Fee*	$63,654
Level III Trauma Center Initial Designation/Annual Monitoring Fee*	$16,883
Level IV Trauma Center Initial Designation/Annual Monitoring Fee*	$5,464
Stroke Receiving Center Initial Designation/Annual Monitoring Fee*	$5,464
STEMI Receiving Center Initial Designation Fee	$20,000
STEMI Receiving Center Annual Monitoring Fee*	$16,391
*Applicable specialty receiving center monitoring fees increase by 3% annually, (effective July 1, 2020), as previously approved by the S-SV EMS JPA Board	

7. LEMSA Salary Schedule

FY 2023/2024 S-SV EMS Agency Wage Schedule
Approved by the S-SV EMS JPA Board 05/12/2023
Effective 07/09/2023

Position	Pay Frequency	Wage Steps					
		A	B	C	D	E	F
Regional Executive Director	Hourly	$59.63	$62.61	$65.74	$69.03	$72.48	$74.66
	Annual	$124,030	$130,232	$136,744	$143,581	$150,760	$155,283
Deputy Director - Operations (Paramedic)	Hourly	$47.28	$49.64	$52.13	$54.73	$57.47	$59.19
	Annual	$98,342	$103,260	$108,422	$113,844	$119,536	$123,122
Deputy Director - Specialty Programs/Clinical Quality Mgmt. (Paramedic)	Hourly	$47.28	$49.64	$52.13	$54.73	$57.47	$59.19
	Annual	$98,342	$103,260	$108,422	$113,844	$119,536	$123,122
EMS Specialist - Contracts Compliance Manager	Hourly	$37.81	$39.70	$41.69	$43.77	$45.96	$47.34
	Annual	$78,645	$82,577	$86,706	$91,041	$95,593	$98,461
EMS Specialist - Data Analyst (Paramedic)	Hourly	$37.81	$39.70	$41.69	$43.77	$45.96	$47.34
	Annual	$78,645	$82,577	$86,706	$91,041	$95,593	$98,461
EMS Specialist - Investigator (Paramedic)	Hourly	$37.81	$39.70	$41.69	$43.77	$45.96	$47.34
	Annual	$78,645	$82,577	$86,706	$91,041	$95,593	$98,461
EMS Specialist - Quality Management (Paramedic)	Hourly	$37.81	$39.70	$41.69	$43.77	$45.96	$47.34
	Annual	$78,645	$82,577	$86,706	$91,041	$95,593	$98,461
EP Coordinator/ EP Grant Coordinator	Hourly	$38.19	$40.10	$42.10	$44.21	$46.42	$47.81
	Annual	$79,435	$83,407	$87,577	$91,956	$96,554	$99,451
Administrative Secretary/ Financial Services Assistant	Hourly	$28.01	$29.41	$30.88	$32.43	$34.05	$35.07
	Annual	$58,261	$61,174	$64,233	$67,444	$70,816	$72,941
Certification Specialist	Hourly	$23.23	$24.39	$25.61	$26.89	$28.24	$29.08
	Annual	$48,318	$50,734	$53,271	$55,935	$58,731	$60,493
Regional Disaster Medical Specialist (RDMHS)	Hourly	$36.84	$38.68	$40.62	$42.65	$44.78	$46.12
	Annual	$76,627	$80,459	$84,481	$88,706	$93,141	$95,935
Regional Disaster Medical Specialist II (RDMHS II)	Hourly	$36.84	$38.68	$40.62	$42.65	$44.78	$46.12
	Annual	$76,627	$80,459	$84,481	$88,706	$93,141	$95,935

Additiona/Special Compensation

Category/Description	Frequency	Amount
Duty Officer Pay - Additional compensation to employees responsible for receiving and responding to S-SV EMS Agency and/or Region III RDMHS related matters after normal business hours	Per Pay Period	$150
Educational Pay (Paramedic Pay): Additional compensation, to employees who obtain/maintain a California Paramedic License (excluding the Regional Executive Director) - as indicated above	Per Pay Period	$200

Notes

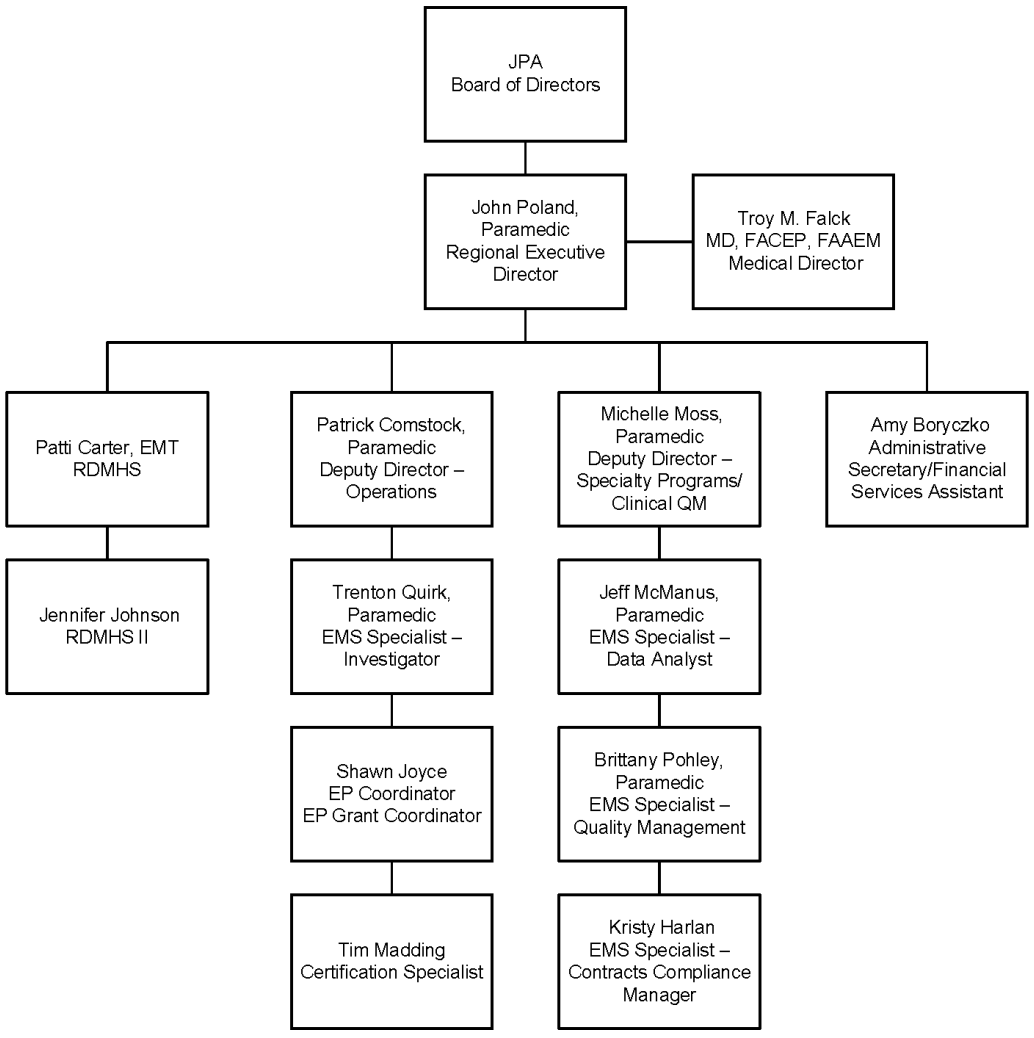
1. Includes year 3 of 3 of previously approved 3% annual COLA
2. 'F' Step applicable to employees with 15 years of continuous S-SV EMS employment

LEMSA Salary Notes

- FTE benefits are an additional 41% of salary listed above
- Medical Director is a contracted position at a rate of $130/hour

8. LEMSA Organizational Chart & Staff Primary Responsibilities

Sierra – Sacramento Valley EMS Agency Program Policy			
S-SV EMS Agency Organizational Chart			
	Effective: 07/01/2023	Next Review: As Needed	**201**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE



Page 1 of 1

	S-SV EMS Agency Staff Primary Responsibilities	201-A

Name, Title, & Contact Information	Primary Responsibilities
John Poland, Paramedic **Regional Executive Director** John.Poland@ssvems.com (916) 625-1719	• S-SV EMS Agency member county BOS, CAO & PHO contact • S-SV EMS Agency legal counsel contact • Hospital administration contact • S-SV EMS Agency & personnel oversight • S-SV EMS Agency contracts • S-SV EMS Agency fiscal management • S-SV EMS Agency EMS Plan • S-SV EMS Agency EMS system policies/protocols • Region III RDMHC/S program oversight
Troy M. Falck, MD **Medical Director** Troy.Falck@ssvems.com (916) 625-1715	• Medical control, direction & oversight of the S-SV EMS system and all EMS personnel within the S-SV EMS region • Assist in the development/approval of all S-SV EMS policies and treatment protocols
Patrick Comstock, Paramedic **Deputy Director – Operations** Patrick.Comstock@ssvems.com (916) 625-1714	• EMS training programs approval/oversight • S-SV EMS Agency EMS personnel credentialling & investigation/enforcement program oversight/management • S-SV EMS Agency RFPs, provider agreements, & permitting oversight/management • EMCC/EMAG/HPP/HP liaison • S-SV EMS Agency EMS data system oversight • S-SV EMS Agency LEMSA Duty Officer • S-SV EMS Agency personnel oversight
Michelle Moss, Paramedic **Deputy Director – Specialty Programs/Clinical Quality Management** Michelle.Moss@ssvems.com (916) 625-1711	• Regional STEMI/stoke/trauma systems oversight/management • Regional HEMS program oversight/management • Regional specialty systems contracting oversight • Clinical quality management (QA/QI) oversight/management • EMS for Children/pediatric specialty center liaison • S-SV EMS Agency data system/patient registries oversight • S-SV EMS Agency personnel oversight
Amy Boryczko **Administrative Secretary/ Financial Services Assistant** Amy.Boryczko@ssvems.com (916) 625-1712	• Secretary to the S-SV EMS Regional Executive Director • Secretarial support for S-SV EMS staff • Clerk of the Board to the S-SV EMS JPA Governing Board • Technical/clerical support for HPP & other grant activities • Assist with S-SV EMS Agency fiscal management • Placer County Auditor-Controller's Office liaison
Patti Carter, EMT **Region III RDMHS** Patti.Carter@ssvems.com (530) 722-6613	• Region III RDMHS • EMCC/EMAG/HPP/EP liaison • Region III RDMHS Program Duty Officer • S-SV EMS LEMSA Duty Officer

	S-SV EMS Agency Staff Primary Responsibilities	201-A

Name, Title, & Contact Information	Primary Responsibilities
Jennifer Johnson **Region III RDMHS II** Jennifer.Johnson@ssvems.com (530) 722-6615	• Assists with Region III RDMHS Program duties/responsibilities • EMCC/EMAG/HPP/EP liaison • Region III RDMHS Program Duty Officer
Trenton Quirk, Paramedic **EMS Specialist – Investigator** Trenton.Quirk@ssvems.com (916) 625-1716	• Processing/managing California DOJ and/or FBI CORI background and subsequent arrest/disposition records • Overseeing/assisting with S-SV EMS Agency investigation and personnel enforcement related matters • Assists with S-SV EMS Agency operational duties
Shawn Joyce **EP/EP Grant Coordinator** Shawn.Joyce@ssvems.com (916) 625-1718	• Emergency preparedness (EP) & EP grant coordination
Tim Madding **Certification Specialist** info@ssvems.com (916) 625-1702	• EMS personnel certification, accreditation, & authorizations • Assists with S-SV EMS Agency operational duties
Jeff McManus, Paramedic **EMS Specialist – Data Analyst** Jeff.McManus@ssvems.com (916) 625-1721	• Supports the S-SV EMS Agency & EMS system participants with the EMS data system and patient data registries • Analysis/reporting of statistical EMS & specialty program data • HIE data oversight • Assist with S-SV EMS Agency QA/QI initiatives • S-SV EMS Agency LEMSA Duty Officer
Brittany Pohley, Paramedic **EMS Specialist – QM** Brittany.Pohley@ssvems.com (916) 625-1724	• EMS system participant QA/QI primary liaison • Development, coordination, and oversight of EMS QA/QI activities/initiatives • QI indicator reporting to the S-SV EMS Agency and EMS system participants • Development, oversight, planning, and coordination of S-SV EMS Agency initiated training/education programs
Kristy Harlan **EMS Specialist – Contracts Compliance Manager** Kristy.Harlan@ssvems.com (916) 625-1722	• EMS system participant liaison • Prehospital provider organization contract compliance • Internal/external compliance reporting • Assist with S-SV EMS Agency QA/QI initiatives • S-SV EMS Agency LEMSA Duty Officer

2023 S-SV EMS PLAN

TABLE 3

SYSTEM RESOURCES AND OPERATIONS PERSONNEL/TRAINING

TABLE 3: SYSTEM RESOURCES AND OPERATIONS

PERSONNEL/TRAINING

Reporting Year: 2023

Reporting Category	EMTs	AEMTs	Paramedics	MICNs	EMS Dispatchers
Total certified	1,786	14	575	193	0
Newly certified	490	5	131	76	0
Recertified	1,296	9	444	117	0
Total personnel on 7/1 of reporting year	3,403	24	1,152	399	0
a. Formal investigations	30	2	3	0	N/A
b. Probation	5	1	N/A	0	N/A
c. Suspensions	0	0	0	0	N/A
d. Revocations	1	0	N/A	0	N/A
e. Denials	1	0	N/A	0	N/A
f. Denials of renewal	0	0	N/A	0	N/A
g. No action taken	7	1	N/A	0	N/A

2023 S-SV EMS PLAN

TABLE 4

SYSTEM RESOURCES AND OPERATIONS

COMMUNICATIONS

TABLE 4: SYSTEM RESOURCES AND OPERATIONS

COMMUNICATIONS

County: Butte	Reporting Year: 2023
# Of primary PSAPs:	**5**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**1**
# Of dispatch centers utilizing EMD:	**2**
Primary dispatch for day-to-day emergencies:	**CAL FIRE Oroville ECC**
Primary dispatch agency for a disaster:	**CAL FIRE Oroville ECC**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Colusa	Reporting Year: 2023
# Of primary PSAPs:	**2**
# Of secondary PSAPs:	**0**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**0**
Primary dispatch for day-to-day emergencies:	**Colusa County SO**
Primary dispatch agency for a disaster:	**Colusa County SO**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Glenn	Reporting Year: 2023
# Of primary PSAPs:	**1**
# Of secondary PSAPs:	**0**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**1**
Primary dispatch for day-to-day emergencies:	**Glenn County SO**
Primary dispatch agency for a disaster:	**Glenn County SO**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Nevada	Reporting Year: 2023
# Of primary PSAPs:	**4**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**1**
# Of dispatch centers utilizing EMD:	**1**
Primary dispatch for day-to-day emergencies:	**CAL FIRE Grass Valley ECC**
Primary dispatch agency for a disaster:	**CAL FIRE Grass Valley ECC**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Placer	Reporting Year: 2023
# Of primary PSAPs:	**4**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**3**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**5**
Primary dispatch for day-to-day emergencies:	**Placer County SO, City of Lincoln, City of Rocklin, City of Roseville, CAL FIRE ECC**
Primary dispatch agency for a disaster:	**Placer County SO, City of Lincoln, City of Rocklin, City of Roseville, CAL FIRE ECC**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Shasta	Reporting Year: 2023
# Of primary PSAPs:	**1**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**1**
Primary dispatch for day-to-day emergencies:	**SHASCOM**
Primary dispatch agency for a disaster:	**SHASCOM**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Siskiyou	Reporting Year: 2023
# Of primary PSAPs:	**4**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**1**
# Of dispatch centers utilizing EMD:	**0**
Primary dispatch for day-to-day emergencies:	**CAL FIRE Yreka ECC**
Primary dispatch agency for a disaster:	**CAL FIRE Yreka ECC**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

County: Sutter	Reporting Year: 2023
# Of primary PSAPs:	**2**
# Of secondary PSAPs:	**0**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**1**
Primary dispatch for day-to-day emergencies:	**Sutter County SO**
Primary dispatch agency for a disaster:	**Sutter County SO**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 4

County: Tehama	Reporting Year: 2023
# Of primary PSAPs:	**4**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**0**
Primary dispatch for day-to-day emergencies:	**CAL FIRE Red Bluff ECC**
Primary dispatch agency for a disaster:	**CAL FIRE Red Bluff ECC**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 4

County: Yuba	Reporting Year: 2023
# Of primary PSAPs:	**2**
# Of secondary PSAPs:	**1**
# Of ground ambulance dispatch centers:	**1**
# Of EMS Aircraft dispatch centers:	**0**
# Of dispatch centers utilizing EMD:	**1**
Primary dispatch for day-to-day emergencies:	**Yuba County SO**
Primary dispatch agency for a disaster:	**Yuba County SO**
Do you have an OA disaster communication system?	**Yes**
a. Primary radio frequency	**See attached**
b. Other communication methods	**Web EOC, EMResource, Med-Net, CAHAN**
c. Can all medical units communicate on the same disaster comms	**Yes**
d. Do you participate in OASIS?	**Yes**
e. Do you plan to utilize RACES as a back-up communications system?	**Yes**
1. Within the Operational Area (OA)	**Yes**
2. Between the OA & region/state	**Yes**

S-SV EMS Receiving Facility Frequency and Tone Guide

Receiving Facility	County	Primary Med CH	Alternate Med CH(s)	Notes
Orchard Hospital	Butte	MED 8	N/A	CA PL Tone 13 (141.3)
Enloe Med Center	Butte	MED 4 (ED)	MED 2 (Disp.)	CA PL Tone 13 (141.3)
Oroville Hospital	Butte	MED 8	N/A	CA PL Tone 13 (141.3)
Colusa Med Center	Colusa	MED 2	N/A	CA PL Tone 13 (141.3)
Glenn Med Center	Glenn	MED 2	N/A	CA PL Tone 13 (141.3)
Sierra Nevada Hospital	Nevada	MED 7	MED 8,6	**S-SV EMS PL Tone 6 (203.5)**
Tahoe Forest Hospital	Nevada	MED 6	MED 3	CA PL Tone 5 (146.2)
Kaiser Roseville Med Center	Placer	MED 5	MED 4,2,1	CA PL Tone 16 (192.8)
Sutter Auburn Faith Hospital	Placer	MED 2	MED 1,6,7,8	**S-SV EMS PL Tone 2 (173.8)**
Sutter Roseville Med Center	Placer	MED 4	MED 1,2,3,7	**S-SV EMS PL Tone 3 (186.2)**
Kaiser South Med Center	Sacramento	Ambulances use MED-9, Tone 186.2		Dispatch can patch to 800MHz
Mercy San Juan Med Center	Sacramento	Ambulances use MED-9, Tone 186.2		Dispatch can patch to 800MHz
UC Davis Med Center	Sacramento	MED 8	MED 5	**S-SV EMS PL Tone 3 (186.2)**
Mayers Memorial Hospital	Shasta	MED 8	MED 5	CA PL Tone 6 (156.7)
Mercy Med Center - Redding	Shasta	MED 4 (Ground)	MED 3 Air/Trinity	CA PL Tone 14 (151.4)
Shasta Regional Med Center	Shasta	MED 2 (Ground)	MED 3 Air/Trinity	CA PL Tone 14 (151.4)
Fairchild Med Center	Siskiyou	MED 3	N/A	CA PL Tone 3 (131.8)
Mercy Mt. Shasta	Siskiyou	MED 7	MED 3 & 1	CA PL Tone 3 (131.8)
St. Elizabeth Hospital	Tehama	MED 5	N/A	CA PL Tone 14 (151.4)
Adventist Health Rideout	Yuba	MED 6	MED 7, 1 & 9	**S-SV EMS PL Tone 7 (210.7)**

Med Channel PL Tones & Frequencies

Med Channel PL Tones			Med Channel	RX Frequency	TX Frequency
California (CA) Standard PL Tones		S-SV EMS PL Tones	MED 1	463.0000	468.0000
			MED 2	463.0250	468.0250
1 - 110.9 Hz	**9** - 100.0 Hz	**1** - 131.8	MED 3	463.0500	468.0500
2 - 123.0 Hz	**10** - 107.2 Hz	**2** - 173.8	MED 4	463.0750	468.0750
3 - 131.8 Hz	**11** - 114.8 Hz	**3** - 186.2	MED 5	463.1000	468.1000
4 - 136.5 Hz	**12** - 127.3 Hz	**4** - 146.2	MED 6	463.1250	468.1250
5 - 146.2 Hz	**13** - 141.3 Hz	**5** - 192.8	MED 7	463.1500	468.1500
6 - 156.7 Hz	**14** - 151.4 Hz	**6** - 203.5	MED 8	463.1750	468.1750
7 - 167.9 Hz	**15** - 162.2 Hz	**7** - 210.7	MED 9	462.9500	467.9500
8 - 103.5 Hz	**16** - 192.8 Hz	**8** - 167.9	MED 10	462.9750	467.9750

Updated 02-2022

Sierra – Sacramento Valley EMS Agency Program Policy		
911 Ground Ambulance Dispatch Requirements		
	Effective: 12/01/2022 Next Review: 09/2025	**414**
	Approval: Troy M. Falck, MD – Medical Director	SIGNATURE ON FILE
	Approval: John Poland – Executive Director	SIGNATURE ON FILE

PURPOSE:

To establish minimum 911 ground ambulance dispatch requirements.

AUTHORITY:

A. HSC, Division 2.5, Chapter 4, Article 1, § 1797.223.

B. CCR, Title 22, Division 9, Chapter 4.

C. GC, Title 5, Division 2, Part 1, Chapter 1, Article 6, § 53110.

POLICY:

A. A public agency shall not delegate, assign, or enter into a contract for 911 call processing services for the dispatch of emergency response resources except if the delegation or assignment is to, or the contract or agreement is with, another public agency.

B. If applicable, a public safety agency that provides 911 call processing services for emergency medical response shall make a connection available from the public safety agency dispatch center to an emergency medical services (EMS) provider's dispatch center for the timely transmission of emergency response information.

1. For purposes of this policy, "connection" means either a direct computer aided dispatch (CAD) to CAD link, where permissible under law, between the public safety agency and an EMS provider or an indirect connection, including, but not limited to, a ring-down line, intercom, radio, or other electronic means for timely notification of caller data and the location of the emergency response.

2. A public safety agency shall be entitled to recover from an EMS provider the actual costs incurred in establishing and maintaining this connection.

3. An EMS provider that elects not to use this connection shall be dispatched by the appropriate public safety agency and charged a rate negotiated by the parties.

911 Ground Ambulance Provider Dispatch Requirements	414

C. Any dispatch center (including non-emergency providers) receiving a request for emergency medical assistance from any member of the public, either through the 911 system or a non-emergency number, shall promptly notify the applicable dispatch center for the first responder and/or 911 ambulance provider of the call.

D. All 911 ambulance providers shall operate their own dispatch center, contract with an existing dispatch center, or join with other providers to operate a dispatch center. If a 911 ambulance provider utilizes dispatch services provided by another organization, it must have a written contract for those services.

E. All 911 ambulance providers shall maintain dispatch services necessary to receive and respond to requests for emergency ambulance services. The 911 ambulance provider's dispatch center shall:

1. Receive calls for emergency medical assistance from applicable public safety answering points (PSAPs) and non-emergency telephone lines.

2. Identify and dispatch the closest available 911 ambulance to the scene of the emergency in accordance with current EOA and non-EOA agreements/permits.

3. Only dispatch the number of ambulances appropriate for the type of incident or as requested by the Incident Commander (IC).

4. Notify responding personnel and agencies of pertinent incident information.

5. Monitor and track responding resources.

6. Coordinate with law enforcement, first responders and other EMS providers.

7. Provide required dispatch data to S-SV EMS.

F. To maintain the integrity of EOA's within the S-SV EMS region, the exclusive 911 ambulance provider for the service area where the call is located shall be dispatched to all emergency medical incidents within that service area, unless a closer authorized provider is requested through automatic/mutual aid.

G. If the dispatch center utilizes an S-SV EMS approved MPDS, the dispatcher shall follow the protocols associated with that system.

H. Ambulances shall not at any time proceed at a level of response other than as directed by the applicable PSAP or ambulance provider dispatch center.

I. 911 ambulance providers shall have a written policy and shall make all reasonable efforts to immediately notify the jurisdictional PSAP, if applicable, of the location from where the ambulance is responding from.

911 Ground Ambulance Provider Dispatch Requirements	414

J. The dispatch center shall be staffed with sufficient properly trained personnel to accomplish all applicable dispatch functions.

K. A computer-aided dispatch (CAD) system shall be utilized to record dispatch information for all 911 ambulance requests. CAD system information shall include a minimum of caller, incident date, incident location, assigned unit ID, reason for cancellation (if applicable), and all appropriate incident times (hours, minutes, and seconds).

L. The dispatch center shall have capabilities for 24-hour real time recordings of all emergency telephone lines and radio frequencies. All radio and telephone communications shall be recorded on tape or other digital recording medium and maintained for a minimum of 90 days.

M. 911 ambulance providers shall have a plan to provide ambulance dispatch services during any period of primary dispatch failure. The plan shall ensure that an equivalent dispatch center or dispatch system is able to serve as a backup within five (5) minutes of failure of the primary dispatch center.

Additional Communication System Resources and Operations Information

- S-SV EMS regularly collaborates with EMS system participants and member county representatives to ensure adequate/compliant EMS and medical/health system communications capabilities and processes throughout the 10-county S-SV EMS region.

- S-SV EMS maintains/updates the Juvare EMResource electronic prehospital and hospital provider status and communication online software program for 15 Northern California counties (S-SV EMS & Nor-Cal EMS regions).

- S-SV EMS conducts regular inspections of radio equipment utilized by S-SV EMS system participants (PSAPs, ambulance dispatch centers, ground EMS providers, EMS aircraft providers, and hospitals) to ensure compliance with the EMS statutes/regulations and S-SV EMS policies.

2023 S-SV EMS PLAN

TABLE 5

RESPONSE/TRANSPORTATION

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

RESPONSE/TRANSPORTATION

Reporting Year: 2023

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

Ground Transport Providers	
1. Number of exclusive operating areas (EOAs)	**11**
2. Percentage of population covered by EOAs	**75%**
3. a) Total number of emergency responses	**156,065**
b) Total number of non-emergency responses	**27,285**
4. a) Total number of emergency transports	**128,624**
b) Total number of non-emergency transports	**19,644**

EMS Aircraft Providers	
1. Number of air ambulance providers	**4 (7 aircraft)**
2. Number of ALS rescue aircraft providers	**1 (2 aircraft)**
3. a) Total number of emergency responses	**713**
b) Total number of non-emergency responses	**2,829**
4. a) Total number of emergency transports	**555**
b) Total number of non-emergency transports	**2,192**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 5

System Standard Response Times (90th Percentile)

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

Note: See attached Sierra – Sacramento Valley EMS 911 Ambulance Response Time Criteria (415) document for additional details

Sierra – Sacramento Valley EMS Agency Program Policy			
911 Ambulance Response Time Criteria			
	Effective: 12/01/2023	Next Review: 01/2027	**415**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish 911 ambulance response time criteria for the S-SV EMS region.

AUTHORITY:

A. HSC, Division 2.5, § 1797 et seq.

B. CCR, Title 13, Division 2, Chapter 5, § 1100.7 and 1105.

C. CCR, Title 22, Division 9.

D. CVC, Division 11, § 21055.

DEFINITIONS:

A. **Ambulance Response Zone –** A geographic ambulance response zone established by the S-SV EMS Agency.

B. **Code 2 –** A non-life-threatening emergency, requiring an urgent response by the ambulance provider without the use of emergency lights and siren.

C. **Code 3 –** An emergency response where time is critical, requiring an immediate response by the ambulance provider with emergency lights and siren.

POLICY:

A. 911 ambulance providers shall comply with the response time criteria in this policy.

1. If the ambulance is directly dispatched by a public safety answering point (PSAP), the response time calculation interval shall be from the time of ambulance dispatch to the time of ambulance arrival at scene of the incident/staging location.

2. If the ambulance is not directly dispatched by a PSAP, the response time calculation interval shall be from receipt of PSAP notification and verification of all necessary incident data by the applicable ambulance dispatch center to the time of ambulance arrival at scene of the incident/staging location.

3. Response times shall be computed to the second, with no rounding.

4. The 90% compliance requirement calculation shall be made monthly.

B. The following calls shall be excluded from response time compliance calculations:

1. Calls dispatched Code 2 or downgraded from Code 3 to Code 2, unless there is a Code 2 response time requirement for the applicable ambulance response zone(s) listed in this policy.

2. Calls cancelled prior to arrival of the ambulance at scene.

3. Calls located outside the applicable provider's ambulance response zone(s).

C. Declared disasters or extreme weather conditions may be considered for exemption to response time standards by S-SV EMS upon request.

D. If response time compliance for single or multiple zones with a call volume of less than 50 calls in a calendar month fall below 90%, one (1) late call from each applicable zone that falls below 90% compliance for that month may be excluded for the purpose of response time calculation.

E. Ambulance providers are responsible for maintaining official response times in a secure manner, that prevents the changing of any information without such a change being permanently recorded. All records are subject to audit by S-SV EMS.

AMBULANCE RESPONSE TIME CRITERIA

Butte County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Chico – City Limits	90%	10:00	15:00
Gridley – City Limits	90%	10:00	15:00
Oroville – City Limits	90%	10:00	15:00
Paradise/Magalia	90%	15:00	25:00
Butte County Rural	90%	30:00	45:00
Butte County Wilderness	N/A	ASAP	ASAP

Colusa County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Colusa – City Limits	90%	10:00	N/A
Williams – City Limits	90%	10:00	N/A
Arbuckle/Maxwell	90%	20:00	N/A
Colusa County Rural 30	90%	30:00	N/A
Colusa County Wilderness	90%	60:00	N/A

Glenn County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Orland – City Limits	90%	10:00	N/A
Willows – City Limits	90%	10:00	N/A
Glenn County Rural 30	90%	30:00	N/A
Glenn County Wilderness	N/A	ASAP	N/A

Nevada County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Penn Valley Proper & Lake Wildwood	90%	ALS – 10:00 AMB – 15:00	N/A
Penn Valley Rural	90%	ALS – 20:00 AMB – 30:00	N/A
Grass Valley/Nevada City – City Limits	90%	10:00	18:00
Sierra Nevada Rural 20	90%	20:00	40:00
Truckee – City Limits	90%	ALS – 10:00 AMB – 15:00	N/A
Truckee/Donner Summit Rural 20	90%	ALS – 20:00 AMB – 30:00	N/A
Nevada County Wilderness	N/A	ASAP	N/A

Placer County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Auburn – City Limits	90%	08:00	16:00
Roseville – City Limits	90%	08:00	16:00
Rocklin – City Limits	90%	08:00	16:00
Lincoln – City Limits	90%	10:00	16:00
East of Auburn, including Colfax	90%	15:00	30:00
West of Auburn to Rocklin	90%	15:00	30:00
AMR Placer County Rural	90%	20:00	40:00
Foresthill, Todd Valley, Baker Ranch	90%	15:00	N/A
Kings Beach & Tahoe City	90%	ALS – 10:00 AMB – 15:00	N/A
Remainder of North Tahoe FPD	90%	20:00	N/A
South Placer FPD	90%	ALS – 10:00 AMB – 15:00	N/A
Placer County Wilderness	N/A	ASAP	N/A

Shasta County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Anderson – City Limits	90%	10:00	N/A
Redding – City Limits	90%	10:00	N/A
Shasta County Rural 30	90%	30:00	N/A
Shasta County Wilderness	N/A	ASAP	N/A

Siskiyou County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Siskiyou County	N/A	ASAP	ASAP

Sutter County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Yuba City – City Limits	90%	8:00	N/A
Sutter County Rural 20	90%	20:00	N/A
Sutter County Wilderness	N/A	ASAP	N/A

Tehama County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Corning – City Limits	90%	10:00	N/A
Red Bluff – City Limits	90%	10:00	N/A
Tehama County Rural 15	90%	15:00	N/A
Tehama County Rural 30	90%	30:00	N/A
Tehama County Wilderness	N/A	ASAP	N/A

Yuba County			
Ambulance Response Zone	**Compliance Requirement**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Beale AFB	90%	8:00	N/A
Marysville – City Limits	90%	8:00	N/A
Linda	90%	10:00	N/A
Olivehurst	90%	10:00	N/A
Yuba County Rural 20	90%	20:00	N/A
Yuba County Wilderness	N/A	ASAP	N/A

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

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797.200 – 1797.276, 1798 – 1798.8 & 1798.170.

B. CCR, Title 22, Chapter 8.

C. Federal Aviation Regulations, 91.3, 91.11 and 91.12.

DEFINITIONS:

A. **Helicopter Emergency Medical Services (HEMS) Aircraft –** Rotor wing aircraft utilized for the purpose of prehospital emergency response and patient transport. HEMS aircraft include air ambulances and all ALS/BLS rescue aircraft.

B. **Air Ambulance –** Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients, whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support.

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

1. **Advanced Life Support (ALS) Rescue Aircraft –** A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant licensed as a paramedic.

2. **Basic Life Support (BLS) Rescue Aircraft –** A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant certified as an EMT.

3. **Auxiliary Rescue Aircraft –** A rescue aircraft that does not have a medical flight crew, or whose flight crew does not meet ALS/BLS rescue aircraft requirements.

POLICY:

A. S-SV EMS is responsible for classifying/authorizing HEMS aircraft based within the S-SV EMS region, except that the California EMS Authority (EMSA) is responsible for classifying aircraft of the California Highway Patrol, CAL FIRE, and California National Guard. S-SV EMS classification/authorization will be provided by written agreements with HEMS aircraft providers.

B. No person or organization shall provide or hold themselves out as providing HEMS aircraft services unless that organization has aircraft which have been classified/ authorized by a local EMS agency (LEMSA) or, in the case of the California Highway Patrol, CAL FIRE, and California National Guard, by EMSA.

C. Except for mutual aid requests, HEMS aircraft must be classified/authorized by S-SV EMS and possess a current/valid S-SV EMS air ambulance service provider permit to operate within the S-SV EMS region. A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, CAL FIRE, California National Guard, or the Federal Government.

D. HEMS aircraft providers, owners, operators, or any hospital where a HEMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state, and local statues, ordinances, policies, and procedures related to HEMS aircraft operations, including qualifications of flight crews and aircraft maintenance.

E. All ALS HEMS aircraft shall employ a provider medical director who is a physician licensed in the State of California who by training and experience, is qualified in emergency medicine. The medical director shall be responsible for the supervision of the quality assurance/improvement program of air medical transport patient care.

F. Medical Control:

1. The medical direction/management of the EMS system shall be under the medical control of the S-SV EMS medical director.

2. Flight paramedics shall operate under S-SV EMS policies/protocols. Paramedics employed by S-SV EMS authorized air ambulance providers who have been approved for Unified Paramedic Optional Scope of Practice may perform skills and administer medications in accordance with applicable S-SV EMS and/or HEMS aircraft provider approved policies/protocols.

3. Flight RNs may perform skills and administer medications beyond the S-SV EMS paramedic scope of practice, in accordance with RN specific policies/protocols developed/approved by the provider's medical director and agreed to by the S-SV EMS medical director. HEMS aircraft provider patient care policies/protocols shall be submitted to S-SV EMS initially and upon subsequent revision.

G. Personnel:

1. Air ambulances shall be staffed with a minimum of two (2) ALS medical flight crew members. Staffing can be achieved with any combination of:

    - S-SV EMS accredited paramedic.
    - Registered nurse (RN) who has successfully completed an S-SV EMS paramedic accreditation course or similar S-SV EMS approved training.

2. Rescue aircraft shall be staffed with a minimum of one (1) S-SV EMS accredited paramedic or EMT medical flight crew member, based on their classification level.

3. The medical flight crew of HEMS aircraft shall have training in aeromedical transportation equivalent to DOT Air Medical Crew National Standard Curriculum.

4. Medical flight crews shall participate in such continuing education requirements as required by their license/certification.

5. In situations where the flight crew is less medically qualified than the ground personnel from whom they receive patients, they may only assume patient care responsibility in accordance with applicable S-SV EMS policies/protocols.

H. Communications:

1. HEMS aircraft providers shall be honest, open, ethical, and responsible for accurately informing the air ambulance coordination center and/or requesting PSAP of any changes in availability or response status. This shall include any circumstance and/or activity that will delay their ability to respond (maintenance, training flights, interfacility transports, need for refueling, etc.).

2. HEMS aircraft shall provide an updated ETA to the air ambulance coordination center, requesting PSAP and/or designated LZ contact when enroute.

3. All communications between HEMS aircraft and the designated LZ contact should be done using CALCORD operational frequency of 156.075.

4. HEMS aircraft shall have the capability of communicating directly, while in flight, with the following entities:

    - Required FAA facilities.
    - Air ambulance coordination center and/or requesting PSAP.
    - Ground units.
    - Base, modified base and receiving hospitals.
    - S-SV EMS air to air EMS aircraft on frequency 123.025.

5. Air ambulance providers shall notify the applicable air ambulance coordination center when entering/flying through their geographical area. The air ambulance coordination center will inform air ambulance personnel of any other known aircraft activities in the area (fire suppression, other responding aircraft, etc.).

6. Air ambulance coordination centers will not routinely perform flight-following operations with HEMS aircraft. This will remain the responsibility of the requesting PSAP and/or the HEMS aircraft provider's dispatch center.

7. Air ambulance providers shall maintain and update their availability on EMResource a minimum of once per pilot shift. EMResource will not be used as a primary method of determining HEMS aircraft availability by the air ambulance coordination centers.

I. Air Ambulance Coordination Center Data Recording and Reporting:

1. Air ambulance coordination centers shall adequately record all air ambulance resource request activities.

2. Air ambulance coordination centers shall provide air ambulance coordination data to S-SV EMS upon request.

J. Space & Equipment:

1. HEMS aircraft shall be configured so that:

- There is sufficient space to accommodate one (1) patient on a stretcher and one (1) patient attendant. Air ambulances shall have space to accommodate one (1) patient and two (2) patient attendants, at a minimum.
- There is sufficient space for medical personnel to have adequate patient access to carry out necessary procedures on the ground and in the air.
- There is sufficient space for medical equipment and supplies required by applicable regulations and S-SV EMS policies.

2. HEMS aircraft shall have adequate safety belts and tie-downs for all personnel, patients, stretchers, and equipment to prevent inadvertent movement.

3. HEMS aircraft shall have onboard equipment and supplies commensurate with the scope of practice of the medical flight crew, as approved by S-SV EMS.

4. HEMS aircraft shall be equipped with a radio headset for each crew member, ride along and patient. Each crew member headset should allow for communications with ground stations, base/modified base and receiving hospitals.

Sierra – Sacramento Valley EMS Agency Program Policy			
HEMS Aircraft Requesting & Utilization			
	Effective: 06/01/2022	Next Review: 09/2025	**862**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797.200 – 1797.276, 1798 – 1798.8 & 1798.170.

B. CCR, Title 22, Division 9, Chapters 4 & 8.

DEFINITIONS:

A. **Air Ambulance Coordination Center –** An emergency dispatch center designated by S-SV EMS for the purpose of coordinating air ambulance requests within the S-SV EMS region. The following EMS Aircraft Coordination Centers have been designated by S-SV EMS:

1. CAL FIRE Grass Valley Emergency Command Center: Colusa, Nevada, Placer, Sutter, and Yuba counties.

2. CAL FIRE Oroville Emergency Command Center: Butte, Glenn, Shasta, and Tehama counties.

3. CAL FIRE Yreka Interagency Command Center: Siskiyou County

B. **Public Safety Answering Point (PSAP) –** A public safety dispatch center where a 911 call is first received (primary PSAP) or where a 911 call is transferred/relayed for the purpose of dispatching resources (secondary PSAP).

C. **Helicopter Emergency Medical Services Aircraft (HEMS Aircraft) –** Rotor wing aircraft utilized for the purpose of prehospital emergency response and patient transport. HEMS aircraft include air ambulances and all ALS/BLS rescue aircraft.

D. **Air Ambulance –** Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients, whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support.

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

1. **Advanced Life Support (ALS) Rescue Aircraft –** A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant licensed as a paramedic.

2. **Basic Life Support (BLS) Rescue Aircraft –** A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant certified as an EMT.

3. **Auxiliary Rescue Aircraft –** A rescue aircraft that does not have a medical flight crew, or whose flight crew does not meet ALS/BLS rescue aircraft requirements.

POLICY:

A. HEMS aircraft utilization criteria:

1. Trauma patients who meet RED Field Trauma Triage Criteria, and transport time to an appropriate level trauma center is ≥30 minutes by ground.

2. Prolonged extrication of an entrapped patient.

3. Multi-casualty incidents with a need for additional resources or distribution of patients to facilities ≥30 minutes by ground from the incident location.

4. Time-sensitive conditions where a decrease in transport time may reduce the risk of long-term disability or death.

5. Significantly reduced transport time for patients with specialty resource needs (significant burns, pediatric trauma, etc.).

6. Patients who are likely to require advanced procedures/medications beyond the scope of practice of ground providers.

7. Delayed accessibility to the scene by ground personnel and/or transport resources.

8. Initial dispatch for significant trauma mechanism or time-sensitive medical condition with ground transport provider time to scene ≥20 minutes.

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

1. Patients with CPR in progress.

2. Patients contaminated by hazardous materials who cannot be completely decontaminated prior to transport.

3. Patients who are combative, uncooperative, or have behavioral emergencies. However, a patient may be transported at the discretion of the flight crew.

C. The use of HEMS aircraft should provide a significant reduction (≥20 minutes) in arrival time to a receiving facility capable of providing definitive care, including designated specialty care centers.

D. After assessing the incident location, conditions and patient needs, the most medically qualified provider on scene shall be responsible for determining if the patient/event meets HEMS aircraft utilization criteria and shall advise the Incident Commander (IC)/ designee regarding the need for HEMS aircraft. The final authority to request or cancel HEMS aircraft is at the discretion of the IC/designee.

E. The pilot in command shall have the final authority in decisions to continue or abort the response. The pilot may also dictate the need to identify an alternate LZ/ rendezvous location or deviate from S-SV EMS patient destination policies.

F. The most medically qualified provider on scene has the authority/obligation to ensure that the patient meets HEMS aircraft utilization criteria. If the patient does not meet HEMS aircraft utilization criteria, the flight crew may transfer care to the ground ambulance for transport to the most appropriate facility.

G. HEMS Aircraft Requesting and Coordination:

1. For incidents likely meeting HEMS utilization criteria, appropriate HEMS resources should be requested early by applicable dispatch or ground EMS personnel, and may be cancelled prior to lift off, overhead or at scene when appropriate.

2. An air ambulance should be utilized for any incident that does not require the need for air rescue operations. Rescue aircraft may be utilized when, in the opinion of the most medically qualified provider at scene, the patient's condition warrants immediate transport and/or air ambulance resources are not readily available. Consideration should be given to airway stabilization and/or the need for higher level medical procedures.

3. No air ambulance shall respond to an EMS incident in the S-SV EMS region without the request of a designated air ambulance coordination center.

4. HEMS aircraft shall be requested by the IC/designee on scene, through the PSAP of the agency having jurisdiction over the incident. A responding ground EMS provider may request appropriate HEMS resources while enroute to an incident ('rolling request'), if they believe the patient/event meets HEMS utilization criteria.

    - If communication with the IC is not possible or practical, HEMS aircraft shall be requested through the applicable PSAP.

- If a private ambulance arrives on scene before the arrival of public safety personnel, HEMS aircraft shall be requested through the applicable PSAP. If unable to contact the PSAP directly from the field, the private ambulance dispatch center may be used to relay the request to the PSAP.

5. HEMS aircraft requests received from providers still enroute may be overridden by the IC/designee on scene. Excluding safety reasons, the IC/designee shall consult with the most medically qualified provider on scene to determine the necessity for HEMS aircraft.

6. The PSAP shall utilize the following procedures, based on the type and availability of HEMS aircraft resource requested:

    - Air ambulance resource request:
        - Contact the designated air ambulance coordination center for air ambulance resource requesting.
    - Rescue aircraft resource request:
        - The PSAP is responsible for contacting the applicable air rescue provider directly for resource requesting.

7. PSAPs are required to provide the following information to the air ambulance coordination center or air rescue provider for all HEMS aircraft resource requests:

    - Incident or LZ location: the general geographic location will suffice.
    - Nature of call: type of incident and severity of injuries, if known.
    - The designated LZ contact – as follows:
        - Identified by incident name (i.e., ‘Jones Road LZ’), if HEMS aircraft is being requested to respond directly to the incident scene; or
        - Identified by LZ name (i.e., ‘Rood Center LZ’), if HEMS aircraft is being requested to respond to a pre-established local/regional LZ location.
    - Any known aircraft hazards in the area, including hazardous materials, other aircraft, or inclement weather conditions at the scene.

8. The air ambulance coordination center will complete the following for all air ambulance resource requests:

    - Verify the incident/LZ location and identify the closest air ambulance.
    - Contact the closest air ambulance provider to obtain their availability to respond to the incident.
        - If the air ambulance resource is available and accepts the request, they will be assigned to the incident by the air ambulance coordination center.
        - If the air ambulance resource is unavailable/declines the request, the air ambulance coordination center will contact the next closest air ambulance provider to obtain their availability to respond to the incident. This process

will continue until an air ambulance is assigned, or it is determined that no timely air ambulance resources are available to respond to the incident.
    - Air ambulance coordination centers shall consider the location of an available airborne air ambulance in determining the closest resource to the incident when this information is known to the coordination center.
    - Air ambulance providers who have multiple aircraft shall accept/decline the request based on the availability of the specific aircraft resource requested.
    - The air ambulance provider will be allowed up to five (5) minutes to check weather. If the air ambulance provider does not accept/decline the assignment within five (5) minutes, the air ambulance coordination center will re-contact the air ambulance provider to confirm their status prior to contacting the next closest air ambulance provider.
        - If an air ambulance provider declines due to inclement weather at the incident/LZ location, it is unlikely that an alternate air ambulance provider will subsequently accept the request. The IC/designee shall be notified of this information as soon as possible. Personnel on scene may consider appropriate alternatives (utilizing an alternate LZ/rendezvous location; requesting the availability of rescue aircraft which are allowed to operate under different weather minimums; initiating ground ambulance transport; etc.).
- Relay the assigned air ambulance resource identifier and initial ETA to the requesting PSAP.

9. The requesting PSAP shall notify all responding agencies when a HEMS aircraft has been requested/assigned and shall keep responding agencies updated as to the HEMS aircraft status (delays, aborts, etc.).

10. HEMS aircraft personnel are responsible for communicating to the requesting PSAP any response delays or aborts in a timely manner.

11. Once assigned to an incident, HEMS aircraft shall not commit/respond to another assignment unless cancelled by the initial incident requestor.

12. If multiple aircraft are responding to or in the area of the incident, the air ambulance coordination center and/or the requesting PSAP shall notify all agencies of multiple aircraft responders.

13. All parties are responsible for informing HEMS aircraft providers of inclement weather related to the response, including previous HEMS aircraft providers who declined the flight due to weather conditions (at base, enroute, or at scene).

14. CALCORD operational frequency (156.075) should be utilized for air-to-ground communication. The IC/designee will communicate to all responding agencies if an alternate frequency will be utilized for the event.

H. Ground Provider Responsibilities:

1. If the event is a declared MCI, the IC/designee is responsible for notifying all responding HEMS aircraft of such.

2. If required by S-SV EMS policies/protocols, the most medically qualified provider on scene shall contact the appropriate facility for patient destination consultation prior to EMS aircraft arrival (when possible).

3. If ground personnel are at scene, the IC/designee shall assign appropriate personnel to establish/prepare a landing zone (LZ) and assure scene safety during landing. The LZ should meet the following criteria:

   - 100’ x 100’ open area, clear of hazards, obstacles, sloped terrain, loose surface materials, animals, overhead wires, foreign object debris (FOD).
   - If the LZ is on a dirt surface, assure that the area is watered down to reduce the risk of brown out upon aircraft landing.
   - Locate the LZ upwind from any incident with known hazardous materials.

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

4. Ground personnel shall not approach the aircraft under a running/hot rotor unless accompanied by HEMS personnel.

5. If requested, ground EMS personnel may accompany a patient in a rescue aircraft if the appropriate medical equipment is available and they have received an adequate safety briefing prior to transport.

6. S-SV EMS Transfer of Patient Care policy shall be followed, and a verbal patient care report shall be provided to HEMS aircraft personnel.

I. HEMS Aircraft Provider Responsibilities:

1. HEMS aircraft providers are expected be enroute within 15 minutes of incident acceptance. Response delays shall be documented in the PCR.

2. HEMS aircraft providers are expected to transport within 15 minutes from the time patient contact is made. Scene delays shall be documented in the PCR.

3. S-SV EMS Patient Destination policies/protocols shall be followed for all patients requiring HEMS aircraft transport. Patients shall be transported to the closest/most appropriate hospital with an approved helipad or HEMS aircraft landing site.

2023 S-SV EMS PLAN

TABLE 6

FACILITIES/CRITICAL CARE

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

FACILITIES/CRITICAL CARE

Reporting Year: 2023

Trauma	
1. Number of patients meeting trauma triage criteria	**3,528**
2. Number of major trauma patients transported directly to a trauma center by ambulance	**3,171**
3. Number of major trauma patients transferred to a trauma center	**324**
4. Number of patients meeting trauma triage criteria who weren't treated at a trauma center	**357**

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

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

Note: See attached Sierra – Sacramento Valley EMS Regional Hospitals Capabilities Reference (505-A) document for additional details

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

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797.16, 1797.107, 1797.171, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.102, and 1798.104.

B. CCR, Title 22, Division 9, Chapters 3 & 4.

DEFINITIONS:

A. **Base Hospital –** A hospital that meets the requirements contained in this policy, and utilizes S-SV EMS authorized Mobile Intensive Care Nurses (MICNs) and/or emergency department physicians to provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region. Base hospitals shall have a current base hospital agreement in place with S-SV EMS in order to operate as such.

B. **Modified Base Hospital –** A hospital that meets the requirements contained in this policy, and utilizes only emergency department physicians to provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region. Modified base hospitals shall have a current modified base hospital agreement in place with S-SV EMS in order to operate as such.

C. **Emergency Medical Services Quality Improvement Program (EMSQIP) –** Methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct process, and recognize excellence in performance and delivery of care, pursuant to the provisions of California Code of Regulations, Title 22, Chapter 12 and S-SV EMS policies.

POLICY:

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

PROCEDURE:

A. An S-SV EMS designated base or modified base hospital shall:

1. Be licensed by the California Department of Public Health as a general acute care hospital.

2. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

3. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations, Title 22, Division 5, or have been granted approval by the California EMS Authority for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.

4. Have and agree to utilize/maintain two-way telecommunications capable of direct two-way voice communication with prehospital EMS personnel.

5. Maintain a record of all online medical direction between prehospital EMS and base/modified base hospital personnel as specified in S-SV EMS polices.

6. Have a written agreement with S-SV EMS, which is reviewed every three (3) years, indicating the concurrence of hospital administration, medical staff and emergency department staff to meet the requirements for program participation as specified in this policy.

7. Designate a base/modified base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. The requirement of board certification or prepared for certification may be waived by the S-SV EMS Medical Director. The base/modified base hospital medical director shall be regularly assigned to the emergency department, have experience in and knowledge of base/modified base hospital radio operations and S-SV EMS policies, procedures and protocols, and shall be responsible for functions of the base/modified base hospital including the EMSQIP.

8. Identify a base/modified base hospital coordinator who is a California licensed Registered Nurse with experience in and knowledge of base/modified base hospital operations and S-SV EMS policies, procedures and protocols to act as a prehospital liaison to the local EMS system.

9. Assure that nurses giving medical direction to prehospital personnel are trained and authorized as MICNs by S-SV EMS.

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

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

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

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

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

GENERAL PROVISIONS:

A. Education:

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

1. Act as an education resource for prehospital EMS provider agencies.

2. Maintain approval as an EMS continuing education provider.

3. Provide formal education programs for prehospital EMS personnel.

4. Assist in providing special and mandatory training programs deemed necessary by S-SV EMS.

5. Provide supervised clinical experience for prehospital EMS students/trainees in accordance with CCR, Title 22 and S-SV EMS policies and procedures.

6. Provide clinical skills remediation training for prehospital EMS personnel as needed.

B. EMS System Involvement:

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

C. Patient Care Records:

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

D. Multi Casualty Incidents/Disaster Planning and Response:

1. An S-SV EMS designated base/modified base hospitals shall reasonably participate in local and regional disaster drills; including utilization of EMResource.

2. An S-SV EMS designated base/modified base hospital shall actively participate in local and regional disaster related planning efforts.

3. During a Multi Casualty Incident (MCI) or disaster, the procedures indicated in applicable MCI plans and S-SV EMS policies shall be followed.

Sierra – Sacramento Valley EMS Agency Program Policy			
Base/Modified Base Hospital Recording & Maintenance Of EMS Patient Care Communications			
	Effective: 06/01/2023	Next Review: 05/2026	**306**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797,220, 1798.104, 1798.2.

B. CCR, Title 22, Division 9.

C. GC, Section 34090.6.

POLICY:

A. Base/modified base hospitals shall record all telephone and radio EMS patient care communications with prehospital personnel. Audio files shall be maintained for a minimum of 100 days, or longer if required for evidence or pending litigation.

B. Base/modified base hospital personnel shall document all telephone and radio EMS patient care related communications with prehospital personnel on an appropriate hospital developed report/log. EMS patient care records and hospital communication reports/logs shall be maintained for a minimum of seven (7) years, or, if for a minor, one (1) year past the age of majority, whichever is greater.

C. All communication records shall be maintained in such a manner to allow for medical control and continuing education of prehospital personnel. Quality Improvement records shall be maintained for a minimum of (2) two years.

D. In the event of pending litigation or evidence requests, all audio files and written records shall be maintained until completion/resolution of all issues arising therefrom.

Sierra – Sacramento Valley EMS Agency Program Policy			
Ambulance Patient Offload Time (APOT)			
	Effective: 12/01/2020	Next Review: 11/2023	**307**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

A. To establish standards for the timely transfer of patient care responsibilities from EMS prehospital personnel to hospital emergency department (ED) medical personnel.

B. To establish standardized methodologies for collecting, calculating and reporting Ambulance Patient Offload Time (APOT).

AUTHORITY:

A. HSC, Division 2.5, Chapter 4, Article 1, § 1787.225, § 1797.227 & § 1797.228.

B. CCR, Title 22, Division 9, Chapter 3, § 100127 & Chapter 4, § 100169.

C. S-SV EMS Base/Modified Base Hospital Agreements.

DEFINITIONS:

A. **Ambulance Patient Offload Time (APOT) –** The time interval between the arrival of a 911 ambulance patient at a hospital ED and the time the patient is transferred from the ambulance cot to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient.

B. **APOT 1.1** – An APOT time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a median.

C. **APOT 1.2** – An APOT interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a 90^{th} percentile.

D. **APOT 2** – An APOT time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target, and exceeding that time in reference to 60-, 120- and 180-minute intervals.

POLICY:

A. APOT Documentation and Standards:

1. EMS prehospital personnel shall adequately document APOT on all incidents.

   - All incident times, including 'Patient Arrived at Destination Date/Time' and 'Destination Patient Transfer of Care Date/Time' shall be accurately documented in the electronic patient care report.
   - Any APOT greater than 60 minutes shall be additionally noted/documented in the electronic patient care report narrative (i.e. "delayed patient offload time of greater than 60 minutes" or similar wording).
   - Any misrepresentation of APOT documentation in the electronic patient care report incident times or narrative sections is a serious infraction, which may result in disciplinary action.

2. The expectation is that all ambulance patients are transferred from the ambulance cot/equipment to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient as soon as possible after ED arrival. The standard APOT for the S-SV EMS region is 20 minutes, and 911 ambulance patients shall have an APOT time of 20 minutes or less, 90% of the time. The following time measurements exceed/significantly exceed S-SV EMS APOT standards:

   - Exceeds APOT Standard:
     - APOT 1.1: 21 – 30 minutes
     - APOT 1.2: 21 – 30 minutes
     - APOT 2: 21 – 60 minutes

   - Significantly Exceeds APOT Standard:
     - APOT 1.1: Greater than 30 minutes
     - APOT 1.2: Greater than 30 minutes
     - APOT 2: Greater than 60 minutes

B. APOT Calculations/Reporting:

1. APOT calculations will be completed by S-SV EMS staff on a monthly basis, utilizing electronic patient care report data from the S-SV EMS data system.

   - Incidents with obvious data errors, that cannot be subsequently resolved/ verified, will be excluded from APOT calculations and reporting.

2. S-SV EMS will produce/publish a system-wide APOT report on a monthly basis. This APOT report will be available to all EMS system participants as well as the general public.

3. S-SV EMS will provide APOT data to the California EMS Authority, as required by current statutes and regulations.

4. S-SV EMS will utilize the following National Emergency Medical Services Information System (NEMSIS) Version 3.4 data codes, descriptions and criteria to calculate, evaluate and report APOT measures:

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

Sierra – Sacramento Valley EMS Agency Program Policy			
Patient Destination			
	Effective: 06/01/2021	Next Review: 03/2024	**505**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797.67, 1797.88, 1798.165 & 1798.170.

B. CCR, Title 13, § 1105(c).

C. CCR, Title 22, Division 9, Chapters 2, 3, 4 & 7.

POLICY:

A. In the absence of decisive factors to the contrary, EMS personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients. In determining the most accessible facility, EMS personnel shall take into consideration traffic obstructions, weather conditions, or similar factors which clearly affect transport time.

B. Hospitals unable to accept patients due to incapacitating internal disaster shall be considered not prepared to receive emergency cases.

C. All hospitals shall maintain their current facility status on EMResource, and shall update their facility status no less than once every 24 hours. All hospitals shall respond to EMResource hospital polls initiated by S-SV EMS or the applicable Medical Health Operational Area Coordinator within 30 minutes of notification.

PROCEDURE:

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

1. The base/modified base hospital may direct a patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base/modified base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the prehospital provider's time and/or travel limitations.

2. S-SV EMS policies/protocols governing transport of special category patients to designated special care facilities shall be followed.

3. The Control Facility (CF) is responsible for the dispersal of all patients during multiple casualty incidents (MCIs).

4. In the event of an unprecedented demand for medical/health services beyond the capacity of current providers and resources available through local, regional, state, and/or federal mutual aid, Crisis Standard of Care Procedures may be implemented to include alternate patient transportation/destination orders.

B. A member of a health care service plan should be transported to a hospital that contracts with the plan when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the member permits such transport. However, when prehospital personnel determine that such transport would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of providing appropriate treatment.

C. When a patient, or their legally authorized representative, requests transportation to a hospital other than the most accessible, the request should be honored when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the patient permits such transport; except when prehospital EMS personnel determine that such transport would unreasonably remove the transport unit from the area. In such cases:

1. Arrangements should be made for alternative transport if possible.

2. If such transport cannot be obtained without unacceptable delay, the patient may be transported to the nearest hospital capable of providing appropriate treatment.

D. When a private physician requests emergency transportation to a hospital other than the most accessible, the request should be honored unless:

1. The base/modified base hospital determines that the condition of the patient does not permit such transport. In such cases, base/modified base hospital directions shall be followed. If communication with the requesting physician is feasible, the base/modified base hospital should contact the physician and explain the situation.

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

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

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

Hospital Type Abbreviations/Definitions

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

Stroke Center Abbreviations

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

Hospitals Located Within The S-SV EMS Region

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

S-SV EMS Designated MCI Control Facilities (CFs)

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

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

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

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

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

Updated 12-2023

Sierra – Sacramento Valley EMS Agency Program Policy			
Ambulance Patient Diversion			
	Effective: 08/16/2021	Next Review: 08/2024	**508**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797.67, 1797.88, 1797.220 & 1798.

B. CCR, Title 22, Chapter 4, § 100169 and 100170.

C. CCR, Title 13, § 1105(c).

DEFINITIONS:

A. **Diversion –** The closure of a hospital's emergency department (ED) from receiving ambulance patients, including any specialty services.

B. **Internal Disaster –** An unforeseeable physical or logistical situation/circumstance (fire, flood, facility damage, loss of critical utilities, hazmat, highly infectious patient, active shooter, bomb threat, patient surge resulting from an unprecedented incident, etc.) that curtails routine patient care and renders continued ambulance patient delivery unsafe.

POLICY:

A. Ambulance patient diversion often causes significant impacts on the EMS system as well as patients/family members, and has a high potential to negatively impact patient care. Diversion must only be considered when conditions exist that negatively and profoundly impact the hospital's ability to provide safe/timely patient care, and after all appropriate diversion avoidance measures have been taken.

B. Causes for ambulance patient diversion include any of the following:

1. Inoperable Computed Tomography (CT) Scanner Diversion: If the CT scanner is inoperative, patients with neurological signs/symptoms of a possible acute stroke or head injury may be diverted to the next closest hospital providing similar services.

2. Trauma Diversion: Trauma receiving centers may divert patients meeting trauma triage under one of the following circumstances:
   - Critical diagnostic/treatment equipment failure.
   - The trauma services medical director/designee determines their hospital is unable to care for additional trauma patients.

3. STEMI Diversion: STEMI receiving centers may divert suspected STEMI patients under one of the following circumstances:
   - Critical diagnostic/treatment equipment failure or scheduled maintenance.
   - The STEMI services medical director/designee determines their hospital is unable to care for additional STEMI patients.

4. Patient Surge Limited Diversion: An S-SV EMS hospital may divert patients originating from outside the S-SV EMS region, when the hospital determines that continuing to accept these patients will negatively impact their ability to care for S-SV EMS patients (including when the diversion criteria from the LEMSA where the transport originated is met).
   - The following types of patients shall not be diverted by an S-SV EMS hospital on limited diversion, when they are the time closest hospital to the incident location:
     - Cardiac arrest
     - Unmanageable airway
     - Shock, not responsive to field treatment.
     - Third trimester OB patients with imminent delivery.
     - Trauma patients meeting trauma triage criteria (if the hospital is a designated trauma receiving center and is not on trauma diversion).
     - Suspected STEMI patients (if the hospital is a designated STEMI receiving center and is not on STEMI diversion).
     - Suspected acute stroke patients (if the hospital is a designated stroke receiving center and has an operable CT scanner).
   - Prior to initiating a limited diversion, the hospital shall obtain S-SV EMS Duty Officer (DO) approval, and notify any applicable EMS dispatch center(s).

5. Patient Surge Complete Diversion: If a hospital is unable to safely care for additional patients due to a surge event, they may request/initiate complete diversion as follows:
   - Hospital staff/administration must exercise measures to resolve the conditions resulting in the need to initiate diversion, including but not limited to:
     - Increase in ED and/or other hospital staff.
     - Activation of backup patient care/diagnostic areas.
     - Cancellation of elective surgical procedures, expedited patient discharges and patient transfers to other facilities (when appropriate).
   - Diversion authorization must be obtained from all of the following entities:
     - ED supervisor/designee or house supervisor/designee.
     - ED physician director/designee.
     - Trauma and/or STEMI physician director/designee (if applicable).

- Hospital CEO/designee.
- S-SV EMS DO.

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

6. Internal Disaster:
   - Any hospital may initiate diversion during an internal disaster incident.

C. EMResource Utilization:

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

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

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

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

4. Patient Surge Limited or Complete Diversion:
   - Update EMResource status to 'Diversion', and add appropriate comments.
   - Update EMResource status to 'Open' when the issue has been resolved.

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

D. Documentation

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

1. Inoperable CT Scanner: Complete/submit the form by the end of the next business day (only if CT scanner is inoperable ≥24 hours, otherwise no reporting is required).

2. Trauma Diversion: Complete/submit the form by the end of the next business day.

3. STEMI Diversion: Complete/submit the form by the end of the next business day.

4. Patient Surge Limited Diversion: Complete/submit form by the end of the next business day.

5. Patient Surge Complete Diversion: Completed/submit the form prior to initiating patient diversion. An updated form shall be submitted every three (3) hours until the incident is resolved.

6. Internal Disaster: Complete/submit the form as soon as possible.

E. Additional Diversion Procedures:

1. If a hospital is on patient surge complete diversion, and an adjacent hospital requests to initiate a similar type of diversion, both hospitals will be required to submit an updated 'Ambulance Patient Diversion Form' describing their current status/census. If the S-SV EMS DO determines that both hospitals have taken appropriate diversion avoidance measures, and that diversion by both hospitals would unreasonably impact the EMS system, both hospitals will be required to re-open/remain open to all ambulance traffic.

2. Any hospital on patient surge diversion is required to re-open in the event of a confirmed MCI or declared disaster requiring patient distribution to their facility.

3. A hospital will only be allowed to remain on patient surge limited diversion for a maximum of three (3) hours in a 24-hour period.

4. A hospital will only be allowed to remain on patient surge diversion for a maximum of six (6) hours total (re-evaluated by the S-SV EMS DO every 3 hours), at which point they will be required to re-open for a minimum of a subsequent six (6) hours.

5. Hospitals shall come off diversion immediately upon resolution of the issue.

6. The S-SV EMS DO shall retain authority to update the EMResource status of any hospital as needed to reflect their appropriate approved status.

2023 S-SV EMS PLAN

TABLE 7

DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Butte**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Colusa**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Glenn**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Nevada**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Placer**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Shasta**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Siskiyou**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Sutter**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Tehama**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Yuba**

Reporting Year: **2023**

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No ___

2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**

3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes **X** No ___
   b. Exercise? Yes **X** No ___

4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes **X** No ___

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes ___ No **X**

7. Are you part of a multi-county EMS system for disaster response? Yes **X** No ___

8. Are you a separate department or agency? Yes **X** No ___

9. If not, to whom do you report? **N/A.**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes, we have MOU's in place to coordinate public health and environmental health issues with all local health departments in the S-SV EMS region. Please see attached Medical & Health Disaster Responsibilities By Primary Entity (838-D) policy document for additional information.**

JIM HOLMES
JPA BOARD CHAIRPERSON

JOHN POLAND, PARAMEDIC
REGIONAL EXECUTIVE DIRECTOR

TROY M. FALCK, MD, FACEP, FAAEM
MEDICAL DIRECTOR

SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

535 MENLO DRIVE, SUITE A
ROCKLIN, CA 95765

WWW.SSVEMS.COM

PHONE: (916) 625-1702
FAX: (916) 625-1720

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

MHOAC, S-SV EMS AGENCY & RDMHS CONTACT GUIDELINES

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

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

How to contact the MHOAC?

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

When to contact the S-SV EMS Agency?

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

How to contact the S-SV EMS Agency?

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

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

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

How to contact the RDMHS Program?

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

Additional Contact Notes:

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

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

PURPOSE:

A. To define the conditions/circumstances under which prehospital personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited for during automatic aid/mutual aid/disaster assistance responses.

B. To describe the purpose, requesting process and utilization of Paramedic Fireline (EMPF), Ambulance Strike Team (AST) and Medical Task Force (MTF) resources.

AUTHORITY:

A. HSC, § 1797.170(b), 1797.204 & 1797.220.

B. CCR, Title 22, Division 9.

C. California Disaster and Civil Defense Master Mutual Aid Agreement (11/1950).

D. EMSA 'Ambulance Strike Team/Medical Task Force Guidelines' (07/2003).

E. EMSA 'Compendium of Statutes and Regulations Related to EMT and Paramedic Scope of Practice During Mutual Aid in California' (12/2011).

F. California Fire and Rescue Emergency Mutual Aid System, Mutual Aid Plan (02/2012).

G. Emergency Management Assistance Compact (EMAC).

H. Supplemental Interstate Compact For Emergency Mutual Assistance, July 2007.

I. FIRESCOPE California Incident Command System Position Manual Fireline Emergency Medical Technician/Fireline Paramedic (EMTF/EMPF) ICS 702 (12/2016)

DEFINITIONS:

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

B. **Automatic Aid** – Agreements between two or more jurisdictions where the nearest available resource is dispatched to an emergency irrespective of jurisdictional boundaries, or where two or more agencies are automatically dispatched simultaneously to predetermined types of emergencies. This type of agreement is typically utilized on a routine basis.

C. **Disaster Assistance** – Requests for assistance in the event that a disaster overwhelms local resources. These requests may be under existing mutual aid agreements or the result of unforeseen needs arising from a large-scale disaster.

D. **Medical Task Force (MTF)** – Any combination of resources assembled to support a specific medical mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

E. **Mutual Aid** – Agreements between two or more jurisdictions to provide assistance across jurisdictional boundaries, when requested, as a result of the circumstances of an emergency exceeding local resources.

F. **Paramedic Fireline (EMPF)** – A paramedic who meets FIRESCOPE requirements, and is authorized by their department to provide ALS care on the fireline.

PRINCIPLES:

A. When requested by an authorized automatic aid/mutual aid/disaster assistance response requester, EMS personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited according to CCR, Title 22 and their Local EMS Agency (LEMSA) policies and procedures.

B. EMPF personnel provide emergency medical care on an active fireline, division or other physically challenging assignment. These resources may also provide care in the medical unit and/or at other locations as directed by the Incident Commander or designee.

C. AST/MTF resources provide an EMS operational response to disaster situations with a focus on transportation. These resources may also work in concert with California Medical Assistance Team (CAL-MAT) or other disaster medical personnel, and be used for medical and health system support in various settings including first aid sites, shelters, command posts, and Mobile Field Hospitals.

POLICY:

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

1. BLS (EMR/EMT) Personnel:

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

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

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

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

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

PROCEDURE:

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

1. Prehospital personnel shall follow all S-SV EMS policies/protocols during an automatic aid/mutual aid/disaster assistance response, and shall not administer any medication or perform any procedures listed as ‘Base/Modified Base Hospital Physician Order Only’ without appropriate medical control approval.

2. Controlled substances shall be obtained, secured and inventoried as indicated in S-SV EMS Management of Controlled Substances Policy (710).

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

B. EMPF Programs

1. EMPF programs shall be approved by S-SV EMS.

2. Designation of an individual as an EMPF by an S-SV EMS approved provider verifies that the paramedic has completed standard FIRESCOPE education.

3. The EMPF position is like any other single resource position requested for incident management, and is ordered at the discretion of an Incident Commander through normal ordering channels.

4. EMPF personnel shall carry the items listed in S-SV EMS ALS Specialty Program Provider Inventory Requirements Policy (702) when responding to wildland fires to provide ALS care in this capacity.

5. The EMPF shall present their credentials to the Medical Unit Leader upon arrival at the incident. The Medical Unit Leader is responsible for verifying credentials of all EMPF personnel assigned to the incident, and shall notify S-SV EMS of any EMPF personnel not affiliated with an S-SV EMS approved prehospital provider assigned to an incident in the S-SV EMS region.

C. AST/MTF Resources:

1. AST/MTF resources shall be requested/approved by one of the following entities:

- Medical Health Operational Area Coordinator (MHOAC).
- Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S).
- California State EMS Authority (EMSA).

2. Upon receipt of an official verbal or written AST/MTF resource request, S-SV EMS representatives will identify/coordinate the assignment/deployment of resources. AST/MTF resource assignments will be done in a fair and consistent manner, based on system/incident needs and provider resource availability. ASTs/MTFs may be comprised of resources from multiple different provider agencies at the discretion of S-SV EMS. Any verbal AST/MTF request shall be followed up with an official written resource request from the AST/MTF requesting/approving entity as soon as incident conditions allow.

3. Any S-SV EMS approved ground ambulance transport provider agency may participate in an AST/MTF deployment. By participating in an AST/MTF deployment, provider agencies/personnel agree to the following:

- Resources/personnel should be able to deploy within 1 – 2 hours of a request, and are expected to be self-sufficient for up to 72 hours.
- Personnel will likely be working in austere environments and performing tasks outside their normal day-to-day duties.
- Provider agencies shall not commit resources/personnel that will negatively impact their normal EMS coverage responsibilities.
- Provider agencies agree to accept the current hourly Ambulance Strike Team Reimbursement rates adopted by the California State Association of Counties (CSAC) as recommended by the Emergency Medical Services Administrators Association of California (EMSAAC). Reimbursement shall be “portal to portal” (time of dispatch to return to home base), and no billing for transport or other costs are allowed.

4. Every AST/MTF shall have a leader selected/approved by S-SV EMS. Preference will be given to those individuals who have completed the Ambulance Strike Team Leader training. Provider agencies may choose to assign additional personnel to accompany the leader for training purposes, but the cost of these additional personnel will not be reimbursed by the requesting entity, unless previously agreed to.

5. The following shall apply to AST/MTF deployments within the S-SV EMS region:

   - S-SV EMS will assign appropriate representatives (within the affected area whenever possible) to support/oversee the affected EMS system(s) and all deployed AST/MTF resources as long as necessary/appropriate.
   - S-SV EMS representatives will assess, identify and order (in coordination with the AST/MTF requesting/approving entity) additional AST/MTF support resources/personnel (EMS overhead, fleet maintenance, CISM, etc.).
   - As soon as incident conditions allow, the AST/MTF requesting/approving entity shall be responsible for providing ongoing support to the AST/MTF resources (food, lodging, medical supplies, fuel, etc.).

6. For deployments outside the S-SV EMS region, AST/MTF resources will respond to the requested reporting location and follow the direction of requesting entity or other appropriate incident management personnel.

Sierra – Sacramento Valley EMS Agency Program Policy			
Multiple Casualty Incidents (MCI)			
	Effective: 12/01/2020	Next Review: 09/2023	**837**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

A. HSC, Division 2.5, § 1797.218, 1797.220.

B. CCR, Title 22, Division 9.

C. CCR, Title 19, Division 2, Articles 1-8, § 2400 et seq.

D. California Public Health and Medical Emergency Operations Manual (July, 2011).

E. California Medical and Health Operational Area Coordinator Manual (January, 2017).

DEFINITIONS:

A. **Multiple Casualty Incident (MCI) –** An incident which requires more emergency medical resources to adequately deal with victims, than those available during routine responses. This includes an incident that meets any of the following criteria:

1. Five (5) or more IMMEDIATE and/or DELAYED patients, or

2. Ten (10) or more MINOR patients, irrespective of the number of IMMEDIATE and/or DELAYED patients, or

3. At the discretion of prehospital or hospital providers.

B. **Control Facility (CF) –** An acute care hospital or EMS dispatch center responsible for patient dispersal during an MCI (Refer to S-SV EMS Hospital Capabilities Policy No. 505-A for a list of S-SV EMS designated CFs).

POLICY:

A. The Nor-Cal EMS/S-SV EMS Regional MCI Plan, in coordination with S-SV EMS policies, shall be used as a standard for training personnel and managing MCIs within the S-SV EMS region. Provider agencies are responsible for ensuring that their personnel have appropriate knowledge/training to adequately manage MCI's.

B. S-SV EMS treatment and destination policies/protocols shall apply during an MCI. The CF shall consider trauma triage criteria before directing the transport of trauma patients. IMMEDIATE trauma patients shall be transported to designated trauma centers until the trauma centers are unable to accept further trauma patients.

PROCEDURE:

A. MCI Response/Management:

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

1. CF Notification:

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

2. Establish/Utilize ICS:

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

3. Triage:

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

4. Treatment:

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

5. Patient Tracking:

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

6. Transportation/CF Communication:

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

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

7. S-SV EMS Notification:

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

8. Incident Documentation:

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

B. MCI Review:

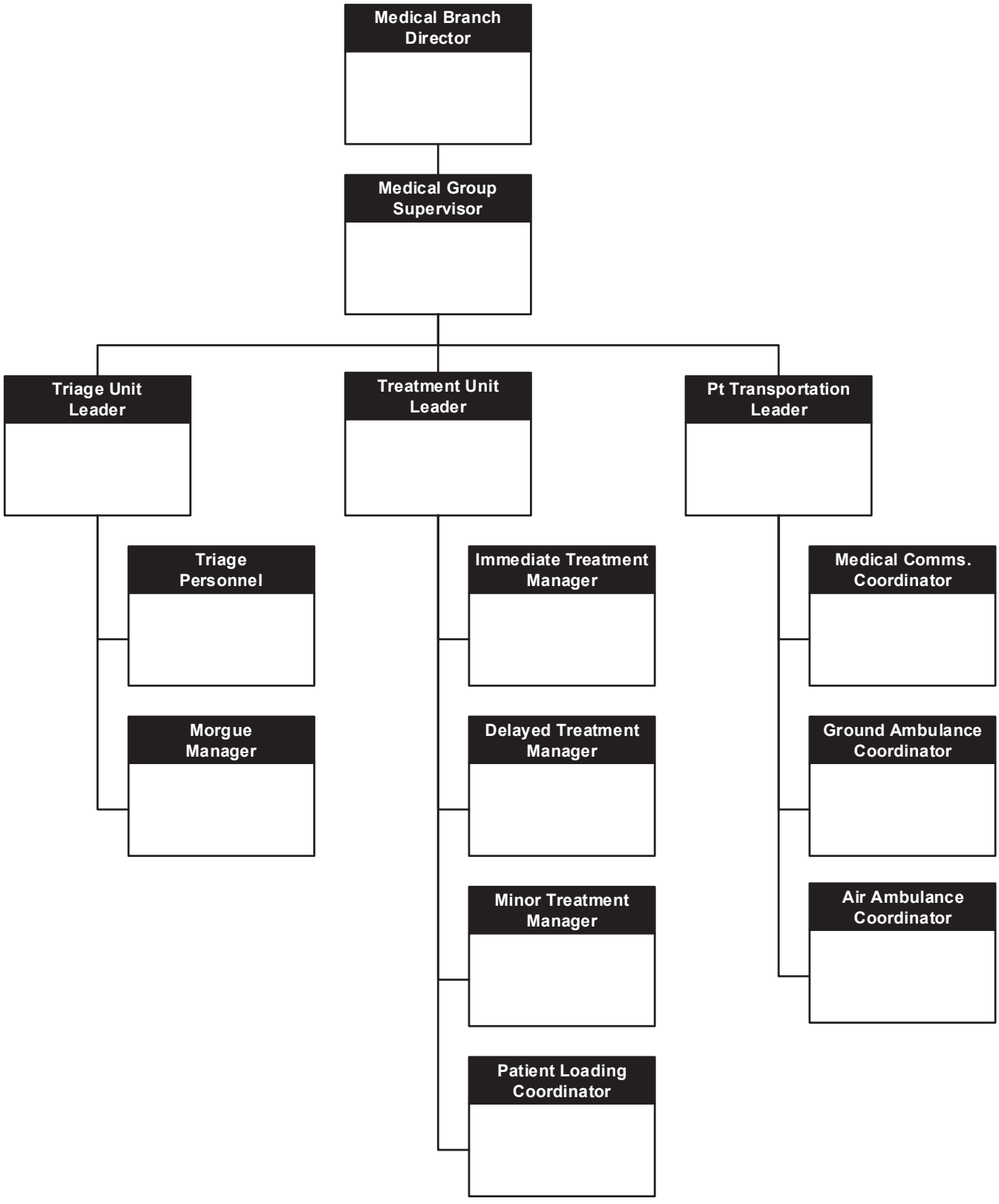
1. EMS provider agencies should conduct a hotwash as soon as possible after the conclusion of the incident.

2. An MCI Details/Feedback Form shall be submitted to S-SV EMS within seven (7) calendar days by the following providers:

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

3. S-SV EMS will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.

MCI MEDICAL BRANCH ORGANIZATIONAL CHART



MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES

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

MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

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

Notes

Patient Tracking Worksheet (837-B)

Incident Name/Location	Incident Date	Form Completed By	Contact Telephone #

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

County of Origin Codes

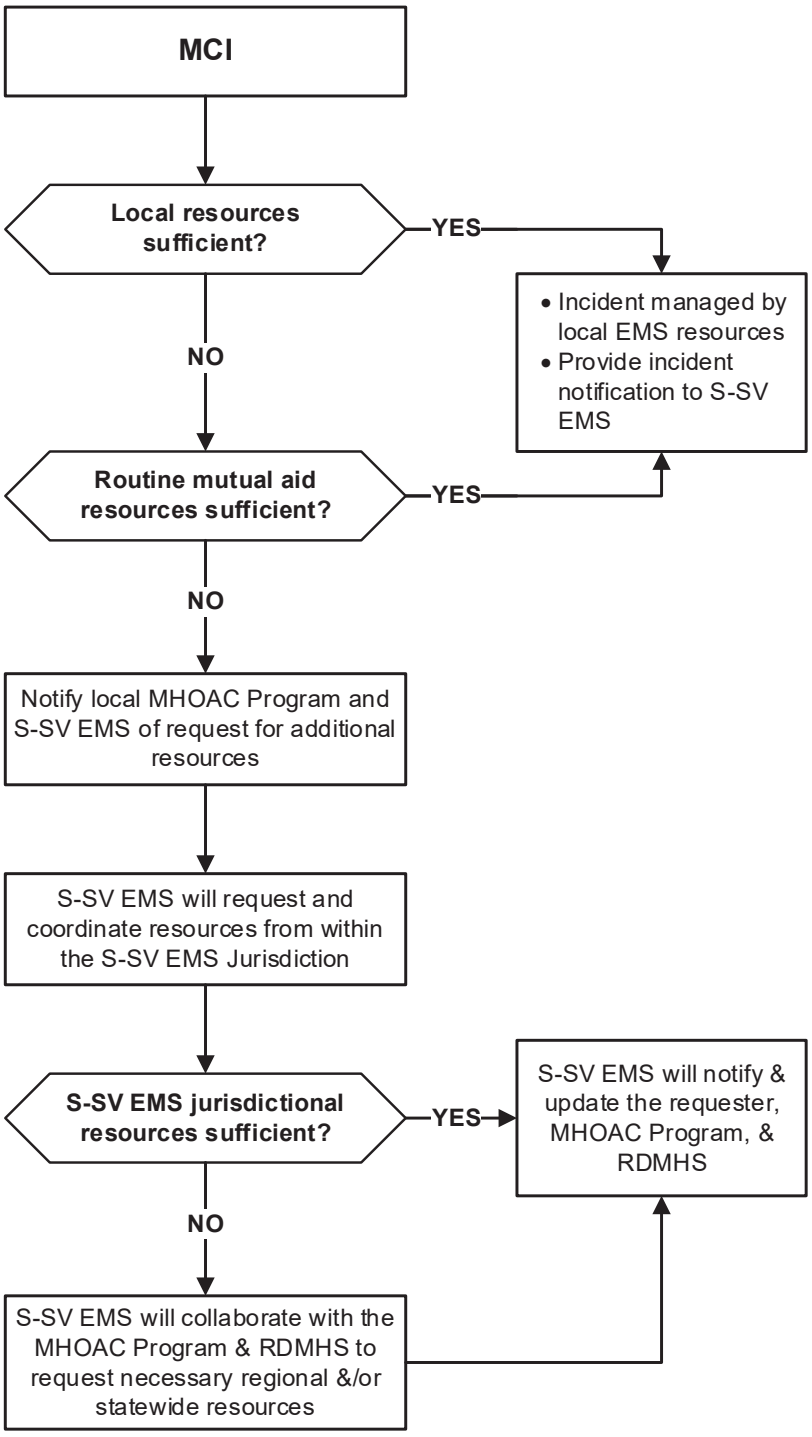
Butte **(XBU)** Colusa **(XCO)** Glenn **(XGL)** Lassen **(XLS)** Modoc **(XMO)** Nevada **(XNE)** Placer **(XPL)** Plumas **(XPU)**

Shasta **(XSH)** Sierra **(XSI)** Siskiyou **(XSK)** Sutter **(XSU)** Tehama **(XTE)** Trinity **(XTR)** Yuba **(XYU)**

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

MCI SUPPORT RESOURCES

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



	MCI Details/Feedback Form	837-D

REPORTING ENTITY	
Reporting Agency:	Reporting Person:
Telephone:	Email Address:

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)		
Incident Date:		Incident Name:
Incident Location:		
Dispatch Time:	On Scene Time:	Incident End Time:
First Responder Agencies Utilized:		
Ground Transport Agencies Utilized:		
Air Transport Agencies Utilized:		
Other Type Of Transport Resources Utilized:		
Incident Commander:		Medical Group Supervisor:
Triage Unit Leader:		Treatment Unit Leader:
Pt. Trans. Unit Leader:		Were MCI ID Vests Used? ☐ Yes ☐ No
Were Triage Tags Used? ☐ Yes ☐ No		Were Pt. Tracking Sheets Used? ☐ Yes ☐ No

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

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

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

Sierra – Sacramento Valley EMS Agency Program Policy			
Crisis Standard Of Care Procedures			
	Effective: 06/01/2023	Next Review: 01/2026	**838**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

A. HSC, Article 1, § 101040.

B. HSC, Division 2.5, § 1797.172.

C. CCR, Title 13, Division 2, Ch. 5, Art. 1, § 1100.3.

D. CCR, Title 22, Division 9.

DEFINITIONS:

A. **Operational Area (OA) –** An intermediate level of the State of California emergency organization, consisting of a county and all political subdivisions within the geographical boundaries of the county.

B. **Medical/Health Operational Area Coordinator (MHOAC) –** The public health officer/designee who is responsible for obtaining and coordinating services and allocation of resources within the OA in the event of a disaster or major incident where mutual aid is requested. The MHOAC role is shared between the public health officer/designee and S-SV EMS administrator/designee in some counties, and assumed by the public health officer/designee alone in other counties (838-D).

C. **OA EOC –** The OA (county) Emergency Operations Center.

D. **Crisis Standard of Care –** A level of medical care delivered to individuals under conditions of duress (disaster, pandemic, etc.), or when medical/health resources are insufficient for demand.

E. **Quick Response Vehicle (QRV) –** A non-transport vehicle staffed with at least one AEMT or Paramedic and equipped with appropriate medical equipment/supplies.

F. **Field Treatment Site (FTS) –** A site activated to manage casualties/medical evacuees when the local area capacity to rapidly treat/place these individuals at an established medical facility is overwhelmed. A FTS is used for the assembly, triage, medical stabilization and subsequent evacuation of casualties to an established medical facility if and when necessary/available. A FTS provides medical care for a period of up to 72 hours, or until patients are no longer arriving at the site. FTS activation, coordination, and support is managed from the Medical/Health Branch of the OA EOC, and supported by the public health department and S-SV EMS.

G. **Alternate Care Site (ACS) –** A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility, but rather are designated under the authority of the local government. ACSs are established by the public health department with support from the OA EOC and S-SV EMS. Activation of an ACS usually requires a minimum of 72 hours. ACSs may also be activated to provide on-going treatment to injured patients when a FTS is demobilized and hospital capacity is still overwhelmed.

ASSUMPTIONS:

A. The Medical/Health Branch of the OA EOC or MHOAC has established collaboration with the S-SV EMS medical director and other affected agencies to coordinate EMS system response changes.

B. Mutual-aid resources are scarce or unavailable.

C. Appropriate waivers, proclamations, and/or declarations required to implement specific medical/health system changes have been identified and secured.

PROCEDURE:

A. MHOAC and S-SV EMS Collaboration:

1. During a significant incident, prior to a locally declared emergency, the S-SV EMS medical director should collaborate with the affected county public health officer, Office of Emergency Services (OES), and other appropriate agencies to modify the EMS delivery system in order to meet increased demand.

2. During a locally declared emergency, the MHOAC or Medical/Health Branch Director of the OA EOC should collaborate with the S-SV EMS medical director, and other appropriate agencies, to modify the EMS delivery system in order to meet increased demand.

B. System Access:

1. The MHOAC and S-SV EMS should collaborate with the OA EOC to establish priorities for 911 medical-aid response based upon available system resources.

2. The MHOAC and S-SV EMS should collaborate to complete the Crisis Standard Of Care EMS System Orders (838-B) and inform all public safety answering points (PSAPs), ambulance dispatch centers, control facilities (CFs), hospitals, and EMS providers of these orders to maintain the stability of the EMS system.

3. The MHOAC and S-SV EMS should collaborate to ensure notification of all medical/health system providers that a public access telephone number (e.g. 211) and/or website for individuals seeking minor medical care, social services and/or other non-emergent needs has been established.

4. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider establishing FTSs for rapid triage, treatment and referral.

5. The MHOAC and S-SV EMS should collaborate to authorize altered triage and response protocols for the 911 system, including consideration of the following:

   - Suspension of emergency medical dispatch (EMD) pre-arrival instructions.
   - Implementation of symptom-specific triage (i.e., specialized EMD specific to a pandemic outbreak).
   - Implementation of the Altered 911/EMD Triage Algorithm (838-A).

6. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider establishing a transport center for medical transport requests from all system access points (public access numbers, PSAPs, EMS providers, FTSs, ACSs, hospitals, other healthcare facilities), including consideration of the following:

   - Augmenting medical transportation with alternative vehicles (buses, taxis, etc.).
   - Developing and implementing a medical transportation scheduling process.
   - Working with designated CFs to direct destinations of transport resources (including ACSs, clinics, etc.).

C. EMS Response:

1. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider:

   - Establishing EMS muster stations to consolidate personnel, equipment, supplies, and emergency response/transport vehicles.
   - Expanding available EMS resources by converting all ambulances to BLS transport units (EMR/EMT staffing) and implementing QRVs with available AEMT or Paramedic personnel.

- QRVs may consist of supervisor vehicles, other company vehicles, shared resources from other emergency response agencies, rental vehicles, private vehicles, etc.
- QRVs will be equipped with appropriate communications equipment, LALS/ALS equipment and supplies, etc.

- Implementation of Crisis Standard Of Care Prehospital Treatment Orders (838-C) to establish alternative treatment and transport of patients in the prehospital setting.
- Developing additional disaster caches to augment EMS supplies (i.e., flu cache of electrolyte replacement fluids, ibuprofen, Pepcid, etc.).
- Developing, equipping and deploying a specialty response team to respond to specific types of patients.

2. The OA EOC should work collaboratively with the MHOAC and S-SV EMS to develop a family/patient brochure for distribution by EMS personnel to the public, which may include the following:

   - Explanation of the current healthcare situation and the crisis standard of care directions currently being implemented.
   - Preventive measures to avoid exposure to the applicable health threat(s).
   - Available community resources (public access telephone number, website, etc.).

D. Just-In-Time Training:

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

1. Altered 911/EMD Triage Algorithm (838-A).

2. Crisis Standard Of Care EMS System Orders (838-B).

3. Crisis Standard Of Care Prehospital Treatment Orders (838-C).

4. Family/patient brochure.

5. Consideration of other appropriate just-in-time training (grief support, etc.).

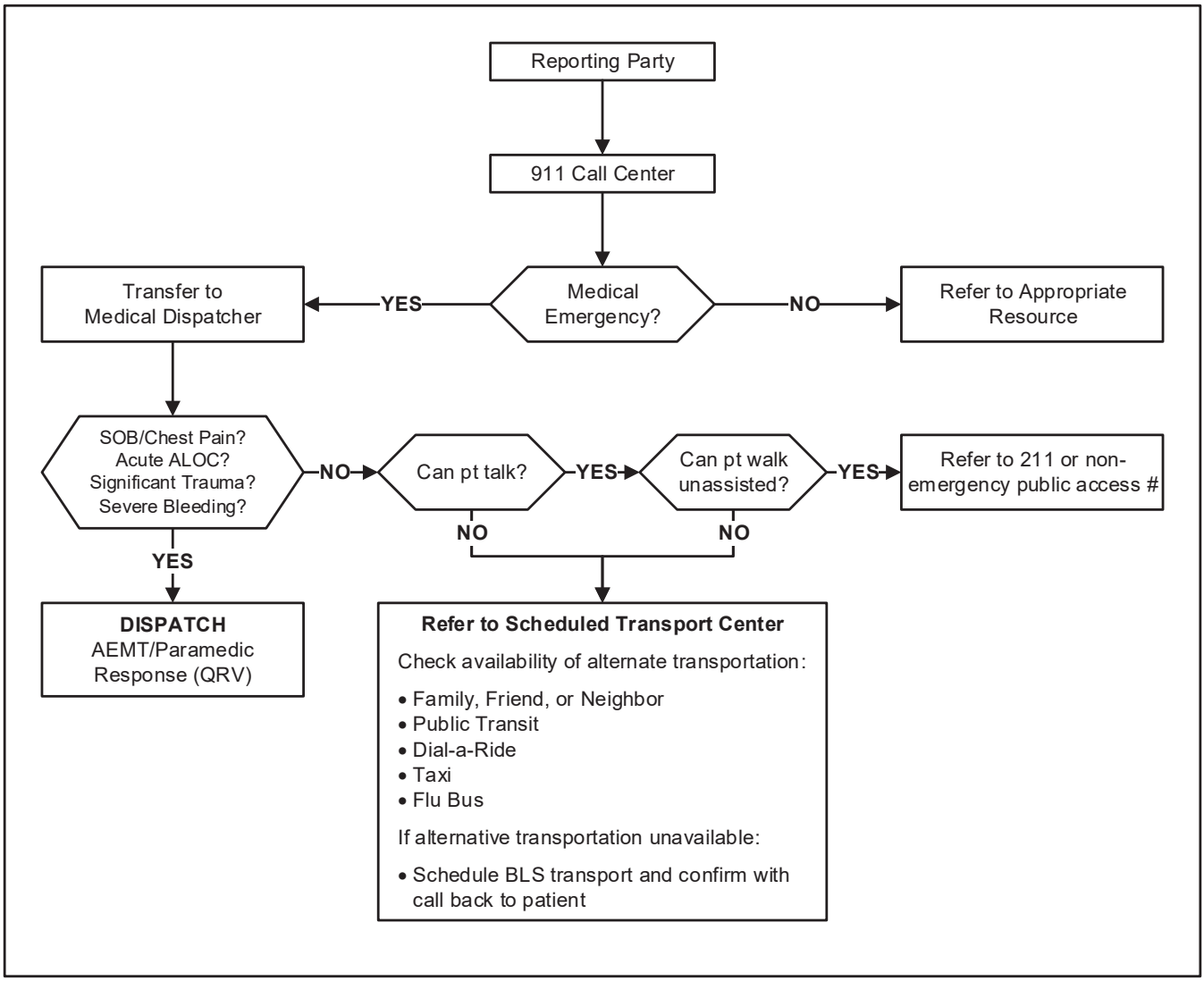
EXAMPLES:

Example of Altered 911/EMD Triage

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

Example of Altered EMS System Response

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


Reporting Party
911 Call Center
Medical Emergency?
YES
Transfer to Medical Dispatcher
NO
Refer to Appropriate Resource
SOB/Chest Pain? Acute ALOC? Significant Trauma? Severe Bleeding?
NO
Can pt talk?
YES
Can pt walk unassisted?
YES
Refer to 211 or non-emergency public access #
NO
NO
YES
DISPATCH
AEMT/Paramedic Response (QRV)
Refer to Scheduled Transport Center
Check availability of alternate transportation:
• Family, Friend, or Neighbor
• Public Transit
• Dial-a-Ride
• Taxi
• Flu Bus
If alternative transportation unavailable:
• Schedule BLS transport and confirm with call back to patient

	Crisis Standard Of Care EMS System Orders	838-B

NOTICE

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

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

Effective Date/Time:	End Date/Time:

Affected OA(s): ☐ Butte ☐ Colusa ☐ Glenn ☐ Nevada ☐ Placer ☐ Shasta ☐ Siskiyou ☐ Sutter ☐ Tehama ☐ Yuba

CRISIS STANDARD OF CARE EMS SYSTEM ORDERS

Name:	Title:
Signature:	Date/Time:

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

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

	Crisis Standard Of Care EMS System Orders	838-B

	Order #	Initial to Execute	DESCRIPTION
CONTROL FACILITY	CSO-10		**Use of non-traditional patient transport resources (buses, taxis, etc.) are authorized**
	CSO-11		**Notify all hospitals of Crisis Standard of Care System Orders**
	CSO-12		**Suspend system communications on _____ radio frequency** Notify all hospitals that use of the _____ radio frequency is suspended and allocated for EMS command net communications.
	CSO-13		**Direct all ambulance patient destinations (including alternate care sites, clinics, etc.)**
EMS PROVIDERS	CSO-14		**Implement/continue ambulance system surge actions**
	CSO-15		**Alert all EMS command staff (managers, supervisors, etc.)**
	CSO-16		**Activity Suspension** Announce to all on-duty units that the following activities have been suspended: ☐ Off-duty times ☐ Meal breaks ☐ Inter-facility transports.
	CSO-17		**Ambulances shall transport to the closest open emergency department**
	CSO-18		**Ambulances shall contact the control facility for all patient destinations**
	CSO-19		**Replace ePCRs with interim patient care reports or triage tags** Discontinue use of ePCRs, and replace with written interim patient care reports or triage tags for patient care documentation purposes.
	CSO-20		**Move all ambulances to muster stations** All available ambulances shall be staged at the following muster locations: **RESOURCE** **LOCATION** #1 _____ _____ #2 _____ _____

Notes:

Discontinue the following orders:

Total number of actions to execute:	**Total number of actions to discontinue:**

	Crisis Standard Of Care Prehospital Treatment Orders	838-C

NOTICE

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

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

Effective Date/Time:	End Date/Time:

Affected OA(s): ☐ Butte ☐ Colusa ☐ Glenn ☐ Nevada ☐ Placer ☐ Shasta ☐ Siskiyou ☐ Sutter ☐ Tehama ☐ Yuba

CRISIS STANDARD OF CARE PREHOSPITAL TREATMENT ORDERS

Name:	Title:
Signature:	Date/Time:

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

Initial to Execute	General Prehospital EMS Directions
	Implement changes to accommodate BLS transport

Adult Treatment Protocols

Initial to Execute	Treatment Protocol	Altered Treatment	Altered Disposition
	C-1 Pulseless Arrest	No treatment	Refer to Public Access #
	C-2 Return of Spontaneous Circulation	No change	Schedule BLS transport
	C-3 Bradycardia With Pulses	No change	Schedule BLS transport
	C-4 Tachycardia With Pulses	No change	Schedule BLS transport
	C-5 Ventricular Assist Device	No change	Schedule BLS transport
	C-6 Chest Discomfort/Suspected ACS	No change	Schedule BLS transport
	R-1 Airway Obstruction	No change	Schedule BLS transport
	R-2 Respiratory Arrest	Attempt to open & establish airway if appropriate	Refer to public access # for deceased - schedule BLS transport for all others
	R-3 Acute Respiratory Distress	No change	Schedule BLS transport
	M-1 Allergic Reaction/Anaphylaxis	No change	Schedule BLS transport

Adult Treatment Protocols (continued)			
Initial to Execute	**Treatment Protocol**	**Altered Treatment**	**Altered Disposition**
	M-3 Phenothiazine/Dystonic Reaction	No change	Schedule BLS transport
	M-5 Ingestions & Overdoses	No change	Schedule BLS transport
	M-6 General Medical Treatment	No change	Schedule BLS transport
	M-7 Nausea/Vomiting	Treat for shock if indicated - trial of PO fluids & OTC antiemetic	Schedule BLS transport
	M-8 Pain Management	No change	Schedule BLS transport
	M-9 CO Exposure/Poisoning	No change	Schedule BLS transport
	M-11 Behavioral Emergencies	No change	Schedule BLS transport
	N-1 Altered Level of Consciousness	No change	Competent adults with normal V/S, blood glucose & mental status 10 min after ALS intervention may be released-at-scene if their condition cause & solution have been identified
	N-2 Seizure	No change	Competent adults with normal V/S, blood glucose & mental status 10 min after ALS intervention may be released-at-scene if their condition cause & solution have been identified
	N-3 Suspected Stroke	No change	Schedule BLS transport
	OB/G-1 Childbirth	No change	Schedule BLS transport
	E-1 Hyperthermia	No change	Schedule BLS transport
	E-2 Hypothermia & Avalanche Resus.	No change	Schedule BLS transport
	E-3 Frostbite	No change	Schedule BLS transport
	E-4 Bites/Envenomations	No change	Schedule BLS transport
	E-7 Hazardous Materials Exposure	No change	Schedule BLS transport
	E-8 Nerve Agent Treatment	No change	Schedule BLS transport

Adult Treatment Protocols (continued)			
Initial to Execute	**Treatment Protocol**	**Altered Treatment**	**Altered Disposition**
	T-1 General Trauma Management	If shock develops & does not respond to IV bolus of 2000 ml, provide palliative care only - provide immobilization, ice packs and pain control (EMS or OTC pain meds as appropriate) - clean wounds with soap and water, remove foreign bodies/debris, irrigate with NS or clean water as available & apply dressings - signs of infection require a higher level of care	Schedule BLS transport
	T-2 Tension Pneumothorax	No change	Schedule BLS transport
	T-3 Suspected Moderate/Severe TBI	No change	Schedule BLS transport
	T-4 Hemorrhage	No change	Schedule BLS transport
	T-5 Burns	No change	Schedule BLS transport
Pediatric Treatment Protocols			
	P-1 General Pediatric Protocol	No change	Schedule BLS transport
	P-2 Neonatal Resuscitation	No change	Schedule BLS transport
	P-3 Brief Resolved Unexplained Event	No change	Schedule BLS transport
	P-4 Pulseless Arrest	No treatment	Refer to public access #
	P-6 Bradycardia – With Pulses	No change	Schedule BLS transport
	P-8 Tachycardia – With Pulses	No change	Schedule BLS transport
	P-10 Foreign Body Airway Obstruction	No change	Schedule BLS transport
	P-12 Respiratory Failure/Arrest	Attempt to open & establish airway if appropriate	Refer to public access # for deceased - schedule BLS transport for all others
	P-14 Respiratory Distress – Wheezing	No change	Schedule BLS transport
	P-16 Respiratory Distress – Stridor	No change	Schedule BLS transport
	P-18 Allergic Reaction/Anaphylaxis	No change	Schedule BLS transport
	P-20 Shock	Oral rehydration (water, electrolyte replacement fluids, etc.)	Schedule BLS transport

Pediatric Treatment Protocols (continued)			
Initial to Execute	**Treatment Protocol**	**Altered Treatment**	**Altered Disposition**
	P-22 Overdose/Poisoning	No change	Schedule BLS transport
	P-24 Altered Level of Consciousness	No change	Schedule BLS transport
	P-26 Seizure	No change	Schedule BLS transport
	P-28 Suspected Moderate/Severe TBI	No change	Schedule BLS transport
	P-34 Pain Management	No Change	Schedule BLS transport

Additions/Notes:

Medical & Health Disaster Responsibilities By Primary Entity

838-D

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

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

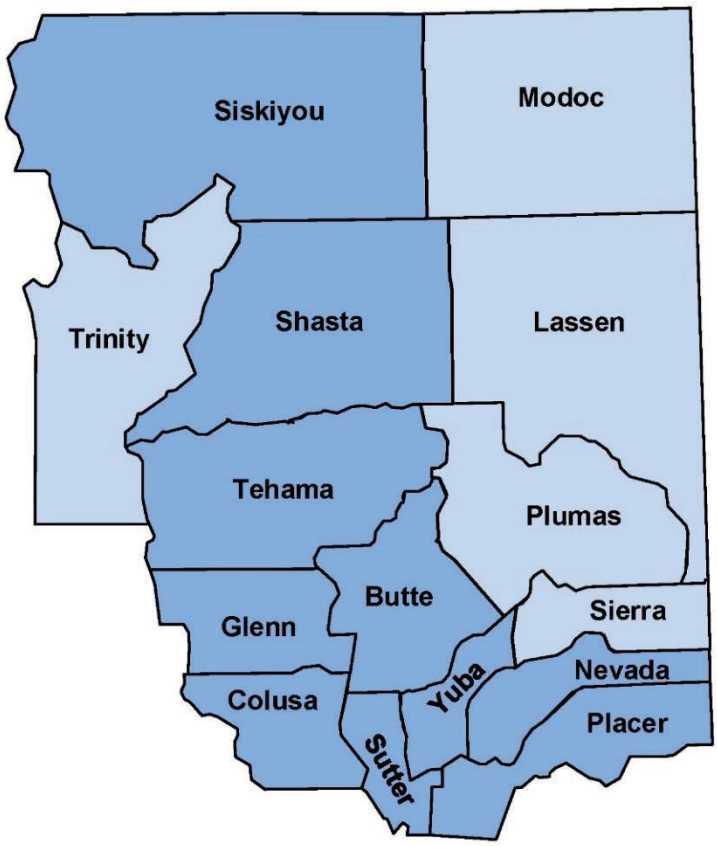
RESPONSE (cont.)	Butte	Colusa	Glenn	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba	COMMENT
3. Coordination of patient distribution/evaluations	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*SSV **PHD	*Prehospital EMS **All other
4. Coordination with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

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

RESPONSE (cont.)	Butte	Colusa	Glenn	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba	COMMENT
• Authorize non-standard patient transport (buses, private vehicles etc.)	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*SSV	*In coordination with PHD & local providers
8. Coordinate establishment of field treatment sites	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*PHD	*SSV coordinates prehospital EMS
9. Coordinate establishment of alternate care sites	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
10. Health surveillance and epidemiological analysis of community health status	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
11. Assurance of food safety	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
12. Management of exposure to hazardous agents	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
13. Provision or coordination of mental health services	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
14. Provision of medical/health public information protective action recommendations	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
15. Provision or coordination of vector control services	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
16. Assurance of drinking water safety	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
17. Assurance of the safe management of liquid, solid, and hazardous wastes	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	
18. Investigation and control of communicable diseases	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	PHD	

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

NOR-CAL EMS/S-SV EMS
Regional MCI Plan – Manual 1
Field Operations



NOR-CAL EMS

S-SV EMS AGENCY

REVISED 11-2020

Table of Contents

SECTION 1: Introduction 1
SECTION 2: Incident Command 2
SECTION 3: Communications 5
SECTION 4: Equipment & Supplies 6
SECTION 5: Activation/Notification 6
Resource Mobilization 6
Control Facility (CF) Notification 6
SECTION 6: Incident Operations 8
Scene Initiation of ICS 8
MCI Medical Branch 8
Designated Areas 11
Triage 13
Treatment 15
EMS Resource Management 16
Patient Transportation/Dispersal 16
Hospital Communications 17
Hazardous Materials Incidents 17
Active Shooter/Mass Violence Incidents 18
SECTION 7: Documentation 19
SECTION 8: MCI Incident Review/Quality Improvement 20
SECTION 9: Training 20
APPENDICES A – H (MCI References & Standardized Forms) 21

SECTION 1: Introduction

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

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

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

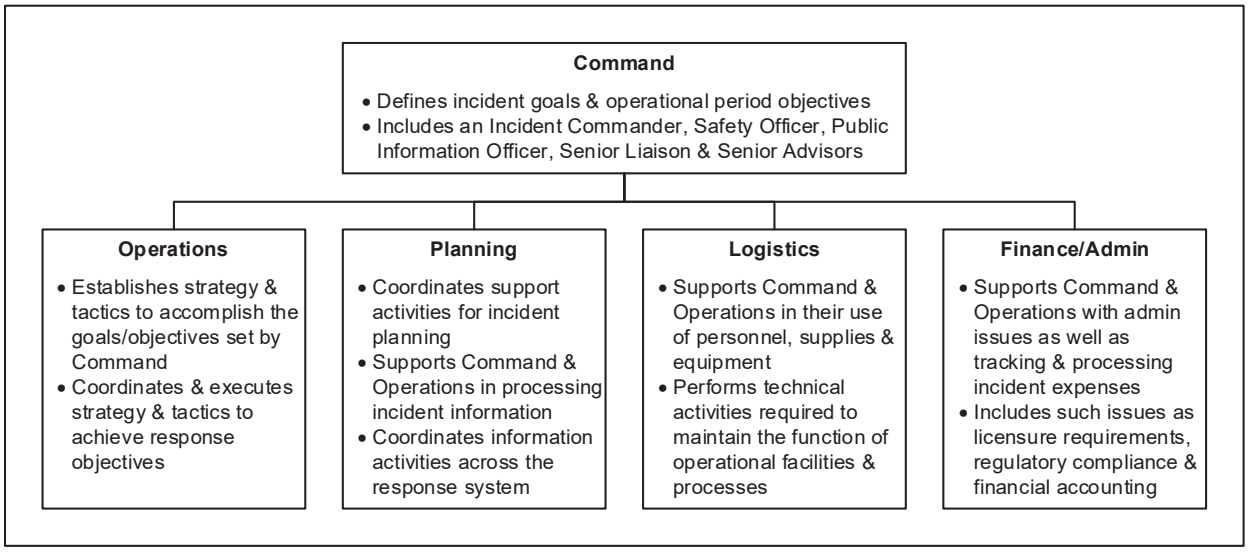
The State of California approved Incident Command System (ICS) is used to provide the basic organizational structure for this manual. The ICS was developed through a cooperative inter-agency (local, State and Federal) effort. The basic organizational structure of the ICS has been developed over time,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

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

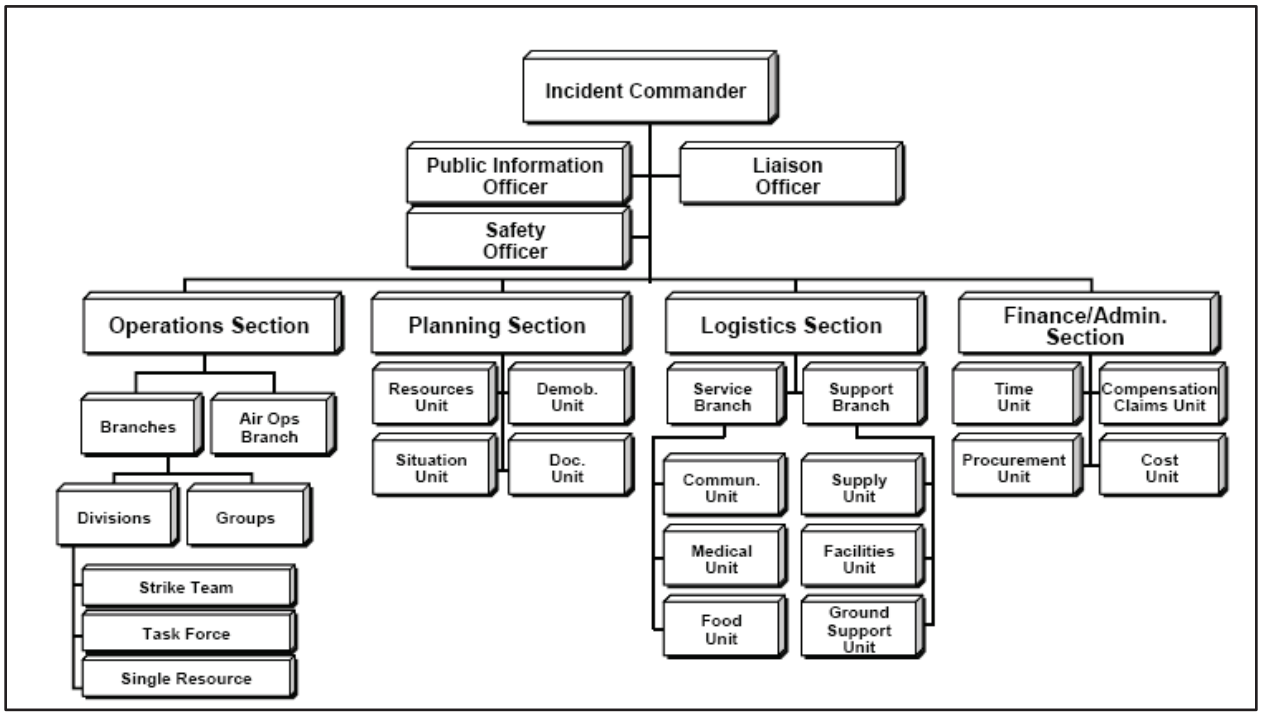
SECTION 2: Incident Command

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

ICS Functions



Basic ICS Organizational Chart



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

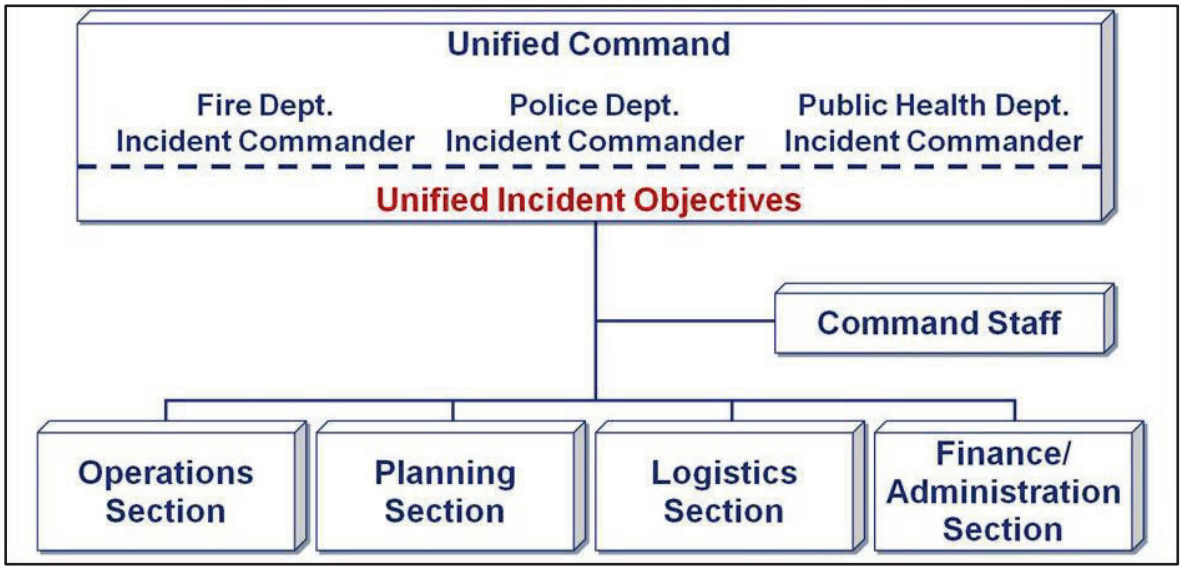
- **California Highway Patrol (CHP)**
  - All freeways; all roadways in unincorporated areas to include right-of-way.
- **Sheriff's Office**
  - Off-highway unincorporated areas (parks, private property, etc.).
- **Local Fire/Police**
  - Specific areas of authority within their jurisdiction except freeways.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

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

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

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

Sample Unified Command Organizational Chart



The IC is responsible for the following general functions:

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

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

SECTION 3: Communications

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

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

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

SECTION 4: Equipment & Supplies

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

SECTION 5: Activation/Notification

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

Resource Mobilization

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

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

Control Facility (CF) Notification

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

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

SECTION 6: Incident Operations

Scene Initiation of ICS

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

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

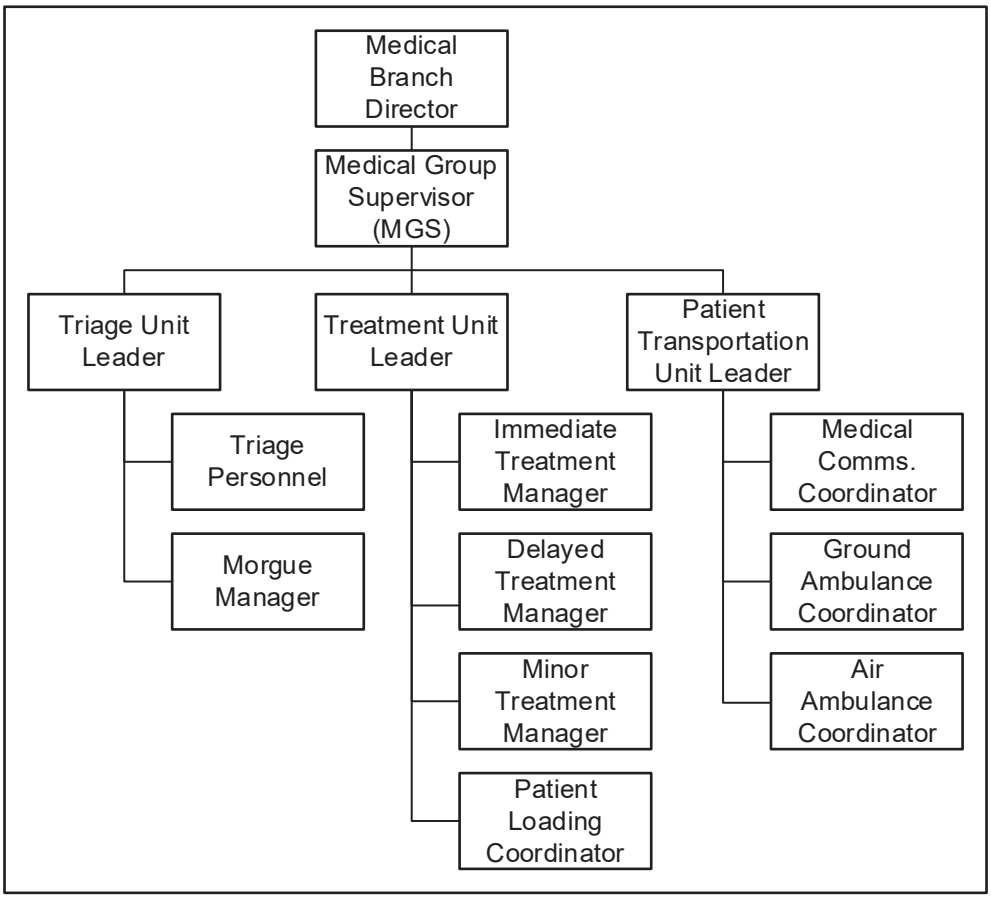
Note: The first in ambulance should generally be the last ambulance to leave the scene. Medical supplies from the first in ambulance should be used by the triage/treatment units.

MCI Medical Branch

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

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

MCI Medical Branch Organizational Chart



MCI Medical Branch Supervisor/Leader Positions

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

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

- **Triage Unit Leader**
  - The Triage Unit Leader will coordinate the triage of all patients. After all patients have been triaged and tagged, this individual will supervise the movement of patients to a treatment area. This person will remain at the triage area and will report to the MGS. The Triage Unit Leader may assign the following additional personnel as needed:
    - Triage Personnel.
    - Morgue Manager.

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

Designated Areas

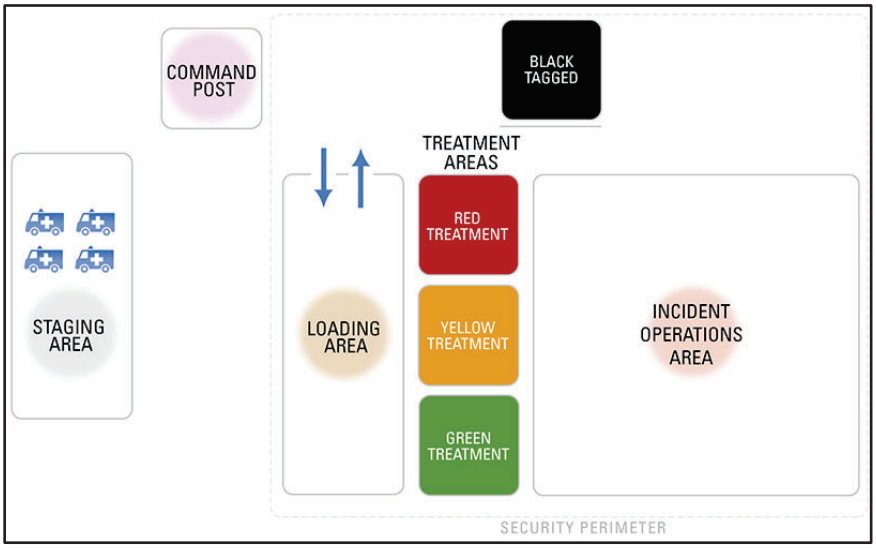
Locations of designated areas, as detailed below, shall be approved by the IC (or designee). Once the location has been identified, the MGS (or designee) will oversee the organizing of specific areas within the agreed upon location.

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

- If necessary, a supply cache will be established at the staging area.
- In a large incident, the staging area may include other non-medical assets. In this case, the Ground Ambulance Coordinator will handle EMS resources and report to the person in charge of staging for the incident. EMS staging may be incorporated in a joint staging area if one has been established by the Operations Section Chief.

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

Sample MCI Scene Designated Areas

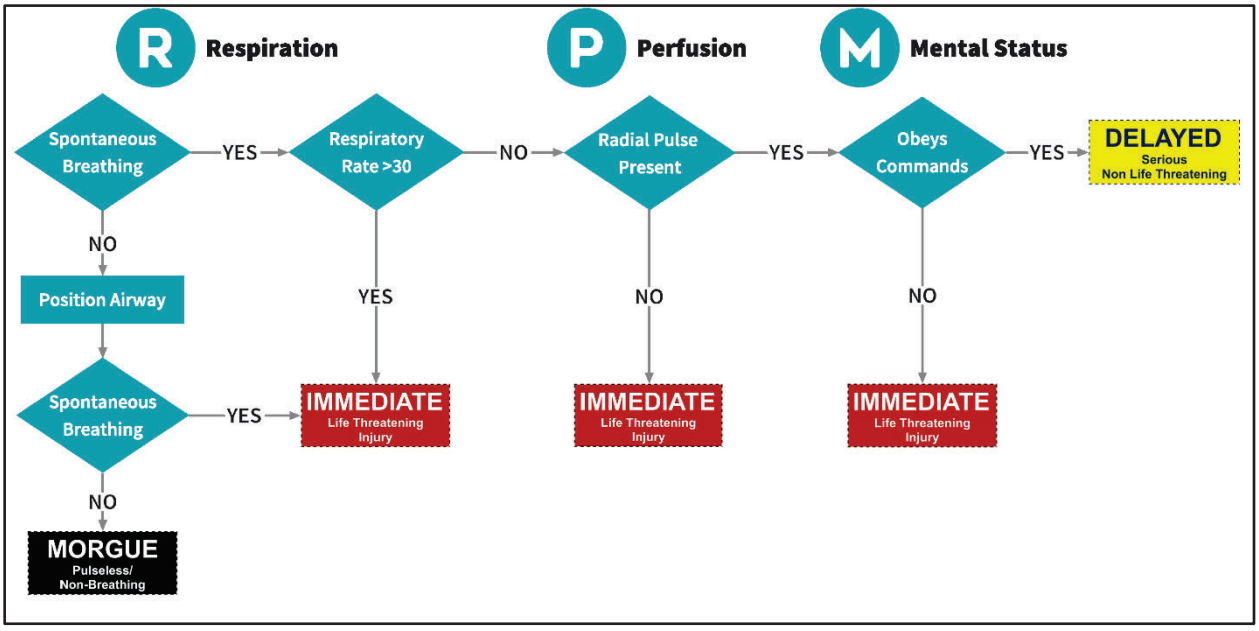


Triage

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

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

START 'RPM' Method for Triage of Non-Walking Wounded Patients



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

Treatment

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

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

EMS Resource Management

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

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

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

Patient Transportation/Dispersal

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

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

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

Hospital Communications

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

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

Hazardous Materials Incidents

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

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

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

Active Shooter/Mass Violence Incidents

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

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

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

SECTION 7: Documentation

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

  - Copies of completed patient tracking worksheets shall be submitted to the applicable LEMSA as soon as possible (either during or immediately following the conclusion of the event as appropriate).

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

SECTION 8: MCI Incident Review/Quality Improvement

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

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

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

SECTION 9: Training

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

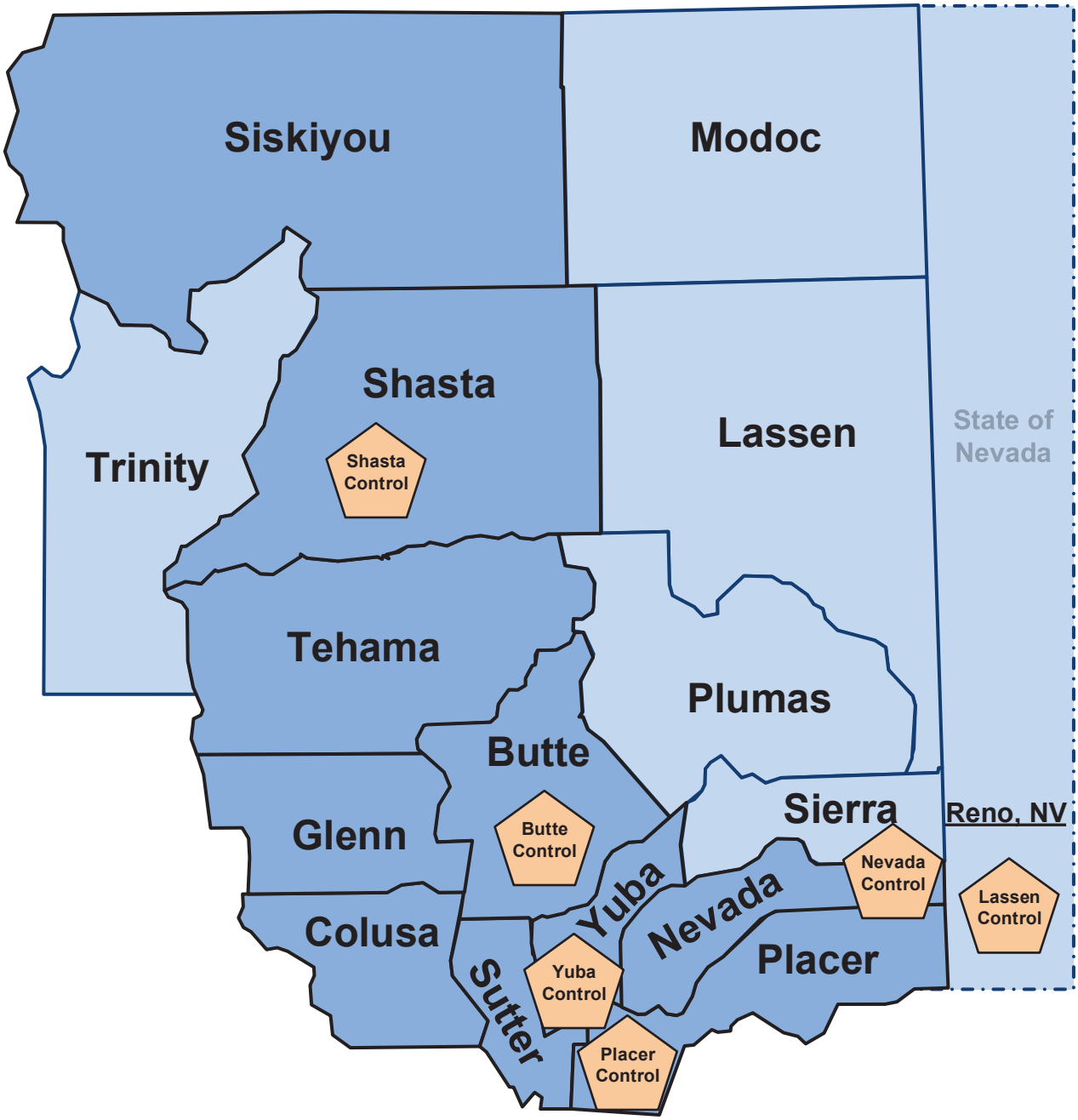
- Scene size up and CF notification procedures.
- Triage Training. This training may include regularly scheduled “Triage Days” where providers utilize Triage Tags for regular patient contacts.
- Patient Tracking.
- MCI/disaster drills or planned events.

APPENDICES A – H (MCI References & Standardized Forms)

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

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

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



Local EMS Agencies (LEMSAs)

- Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)
- S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

Control Facilities (CFs)

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

Updated 10-2020

Appendix B
MCI Kit Recommended Inventory

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

MCI Equipment/Supplies	Quantity
Folio or gear bag for MCI Kit contents	1 each
MCI position vests for Triage Unit Leader & Medical Group Supervisor	1 each
MCI Medical Branch Position responsibilities (Appendix C) references for the following: • Medical Branch Director • Medical Group Supervisor • Triage Unit Leader • Treatment Unit Leader • Treatment Area Manager • Patient Loading Coordinator • Patient Transportation Unit Leader • Medical Communications Coordinator • Ground Ambulance Coordinator • Air Ambulance Coordinator	1 each
DMS All Risk START Triage Tags	10 each
Grease pencils & ball point pens	2 each
Trauma shears	1 each
Clipboard (consider small dry erase clipboard with markers)	1 each
Barrier tape	1 roll
Glow sticks	2 each
CF Communications Plan/Reference/Map	1 each
Forms: • MCI Medical Branch Worksheet (Appendix D) • Patient Tracking Worksheet (Appendix E) • Ground Ambulance Resource Staging Log (Appendix F) • ICS 214 Activity Log (Appendix G)	2 each

Appendix C
MCI Medical Branch
Position Responsibilities

MEDICAL BRANCH DIRECTOR	MEDICAL GROUP SUPERVISOR
• Review Group Assignments for effectiveness of current operations and modify as needed • Provide input to Operations Section Chief for the Incident Action Plan • Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques • Report to Operations Section Chief on Branch activities • Maintain ICS 214 Activity Log	• **R-A-C-I-N-G:** ○ **R**esources (assess resource needs) ▪ Equipment and supplies ▪ Manpower: ALS, BLS, litter bearers ▪ Transportation: ambulances, buses, vans ○ **A**ssignments: ▪ Establish the Medical Group and assign personnel ▪ Direct/supervise Medical Group personnel ○ **C**ommunications ▪ Ensure early notification of the applicable Control Facility (CF) ▪ Participate in Medical Branch/Operations Section planning activities ○ **I**ngress/Egress ▪ Report staging location and transport routes to dispatch ○ **N**ame ▪ Confer with IC/Operations Section Chief to determine incident name, relay to dispatch & Control Facility (CF) ○ **G**eography ▪ Designate treatment area locations ▪ Isolate MORGUE and MINOR treatment areas from IMMEDIATE/DELAYED treatment areas ▪ Request adequate security, traffic control and access for the Medical Group work areas • Maintain ICS 214 Activity Log

Appendix C
MCI Medical Branch
Position Responsibilities

TRIAGE UNIT LEADER	TREATMENT UNIT LEADER

• Develop organization sufficient to handle assignment
• Inform Medical Group Supervisor of resource needs
• Implement triage process
  ○ May utilize a colored ribbon system for initial on-scene triage process
  ○ Ensure approved triage tags are properly applied to each victim prior to transport
• Coordinate movement of patients from the Triage Area to appropriate Treatment Area
• Ensure adequate patient decontamination and proper notifications are made (if applicable)
• Give periodic status reports to the Medical Group Supervisor, including total victim counts by triage category
• Maintain security and control of the Triage Area
• Establish a temporary Morgue Area in coordination with Law Enforcement/Corner (if necessary)
• Maintain ICS 214 Activity Log
	• Develop organization sufficient to handle assignment
	• Direct/supervise IMMEDIATE, DELAYED and MINOR treatment areas and Patient Loading Coordinator
	• Ensure adequate patient decontamination and proper notifications are made (if applicable)
	• Ensure continued assessment of patients and re-assess/re-locate as necessary throughout Treatment Areas
	• Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader
	• Assign incident personnel to be treatment personnel/litter bearers
	• Request sufficient medical equipment/supplies (including DMSU or medical cache support trailers)
	• Establish communications/coordination with the Patient Transportation Unit Leader
	• Direct movement of patients to ambulance loading areas
	• Give periodic status reports to the Medical Group Supervisor
	• Request specialized medical resources as needed
	• Maintain ICS 214 Activity Log

Appendix C
MCI Medical Branch
Position Responsibilities

TREATMENT AREA MANAGER	PATIENT LOADING COORDINATOR
• Assign treatment personnel to patients received in the treatment area • Provide assessment of patients and re-asses/ re-locate as necessary • Ensure appropriate level of treatment is provided to patients • Ensure that patients are prioritized for transportation • Coordinate transportation of patients with Patient Loading Coordinator • Notify Patient Loading Coordinator of patient readiness and priority for transportation • Ensure that appropriate patient information is recorded • Maintain ICS 214 Activity Log	• Establish/maintain communications with the IMMEDIATE, DELAYED and MINOR Treatment Managers • Establish/maintain communications with the Patient Transportation Unit Leader • Verify that patients are prioritized for transportation • Advise Medical Communications Coordinator of patient readiness and priority for transport • Coordinate transportation of patients with Medical Communications Coordinator • Ensure that appropriate patient tracking information is recorded • Coordinate ambulance loading with the Treatment Managers and ambulance personnel • Maintain ICS 214 Activity Log

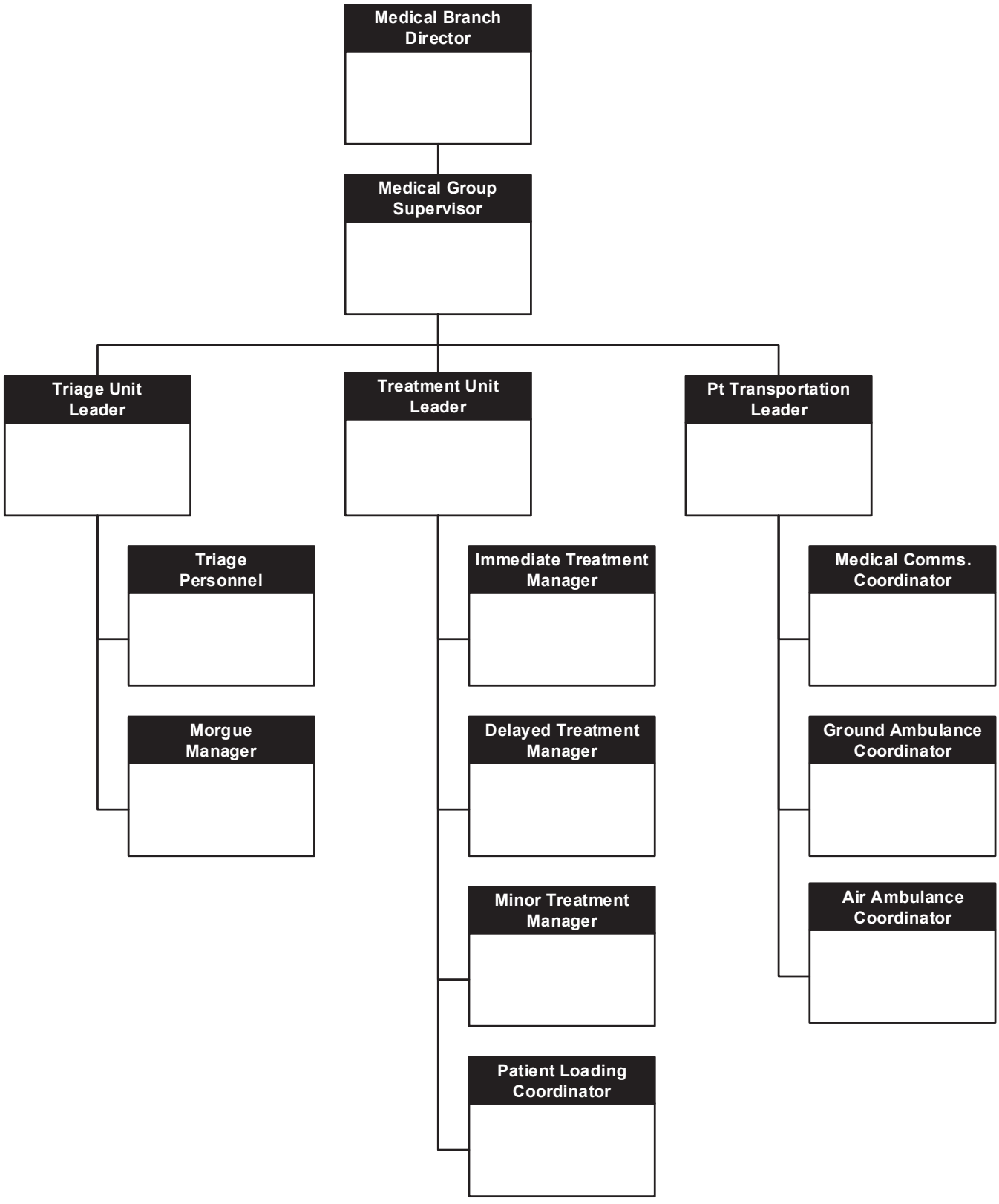
Appendix C
MCI Medical Branch
Position Responsibilities

PATIENT TRANSPORTATION UNIT LEADER	MEDICAL COMMS. COORDINATOR
• Establish/maintain communications with the Control Facility (CF) • Designate Ambulance Staging Area(s) • Direct patient destinations as determined by the Medical Communications Coordinator, in coordination with the Control Facility (CF) • Ensure that patient information and destinations are adequately recorded • Establish/maintain communications with the Ground Ambulance Coordinator, the Air Ambulance Coordinator (if established), and the Helispot Manager • Request additional medical transportation resources (air/ground) as required • Notify the Ground Ambulance Coordinator and the Air Ambulance Coordinator of ambulance requests • Coordinate the establishment of the Helispot(s) with the Medical Group Supervisor, the Air Ambulance Coordinator, and the Helispot Manager • Maintain ICS 214 Activity Log	• Establish/maintain communications with the Control Facility (CF), in coordination with the Patient Transportation Unit Leader – provide pertinent information and periodic updates • Determine/maintain current status of receiving facility availability and capacity • Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator • Coordinate patient destination with the Control Facility (CF) • Communicate patient ground transportation needs to the Ground Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator • Communicate patient air transportation needs to the Air Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator • Maintain ICS 214 Activity Log

Appendix C
MCI Medical Branch
Position Responsibilities

GROUND AMBULANCE COORDINATOR	AIR AMBULANCE COORDINATOR
• Establish an appropriate staging area for ambulances • Establish routes of travel for ambulances for incident operations • Establish/maintain communications with Air Ambulance Coordinator and the Helispot Manager regarding air transportation assignments • Establish/maintain communications the Medical Communications Coordinator and Patient Loading Coordinator • Provide ambulances upon request from the Medical Communications Coordinator • Ensure that necessary equipment is available in the ambulance for patient needs during transportation • Establish/maintain contact with ambulance providers on scene • Request additional ground transportation resources as appropriate • Consider the use of alternate transportation resources (buses, vans, etc.) • Provide an inventory of medical supplies available at Ambulance Staging Area for use at the scene • Maintain ICS 214 Activity Log	• Coordinate air ambulance staging and patient loading procedures at the Helispot with the Helispot Manager • Establish/maintain communications with the Medical Communications Coordinator and Patient Transportation Unit Leader to determine receiving hospital destinations • Confirm the type of air resources and patient capacities with the Helispot Manager, and provide information to the Medical Communication Coordinator and Patient Transportation Unit Leader • Confirm the patient destination with the air ambulance crew, and relay any diversions to the Medical Communication Coordinator and Patient Transportation Unit Leader • Monitor patient care and status at the Helispot when patients are waiting for air transportation • Maintain ICS 214 Activity Log

MCI MEDICAL BRANCH ORGANIZATIONAL CHART



MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES

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

MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

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

Notes

Appendix E: Patient Tracking Worksheet

Incident Name/Location	Incident Date	Form Completed By	Contact Telephone #

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

County of Origin Codes

Butte **(XBU)** Colusa **(XCO)** Glenn **(XGL)** Lassen **(XLS)** Modoc **(XMO)** Nevada **(XNE)** Placer **(XPL)** Plumas **(XPU)**

Shasta **(XSH)** Sierra **(XSI)** Siskiyou **(XSK)** Sutter **(XSU)** Tehama **(XTE)** Trinity **(XTR)** Yuba **(XYU)**

Submit completed worksheets to applicable LEMSA

Appendix F
Ground Ambulance
Resource Staging Log

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

Appendix G: ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:	
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

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

 Date/Time: _____

ACTIVITY LOG (ICS 214)

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

7. Activity Log (continuation)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: __________________ Signature: ____________________

 Date/Time: ____

ICS 214
Activity Log

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

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

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

Notes:

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

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Name**	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	**ICS Position**	Enter the name and ICS position of the individual in charge of the Unit.
5	**Home Agency** (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	**Resources Assigned**	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	• ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	• Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	**Activity Log** • Date/Time • Notable Activities	• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

NOR-CAL EMS	Appendix H MCI Details/Feedback Form	S-SV EMS AGENCY

REPORTING ENTITY	
Reporting Agency:	Reporting Person:
Telephone:	Email Address:

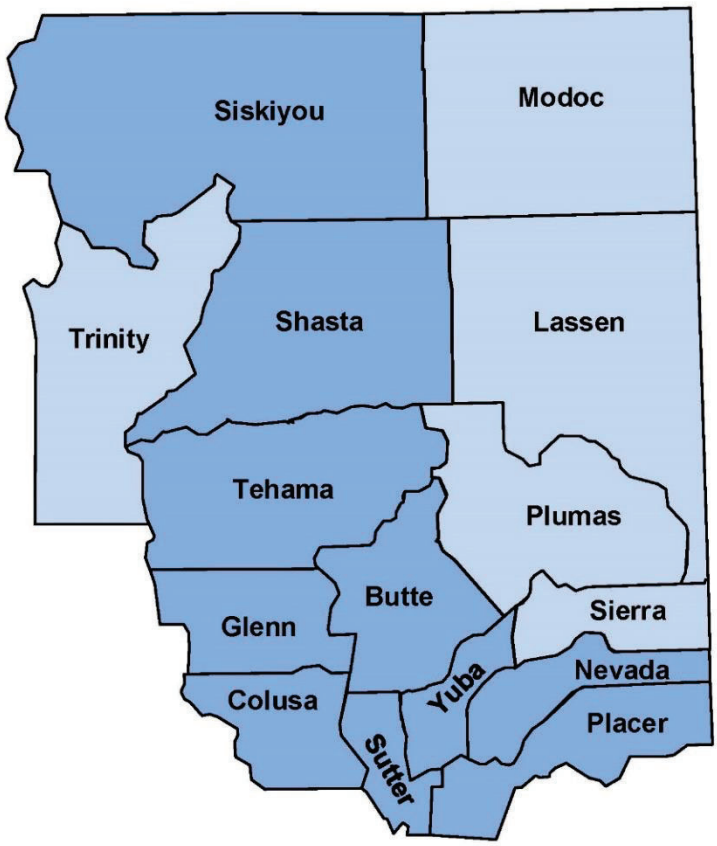
INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)		
Incident Date:		Incident Name:
Incident Location:		
Dispatch Time:	On Scene Time:	Incident End Time:
First Responder Agencies Utilized:		
Ground Transport Agencies Utilized:		
Air Transport Agencies Utilized:		
Other Type Of Transport Resources Utilized:		
Incident Commander:		Medical Group Supervisor:
Triage Unit Leader:		Treatment Unit Leader:
Pt. Trans. Unit Leader:		Were MCI ID Vests Used? ☐ Yes ☐ No
Were Triage Tags Used? ☐ Yes ☐ No		Were Pt. Tracking Sheets Used? ☐ Yes ☐ No

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

Control Facility (CF) Information	
CF Name:	Initial CF Contact Time:
CF Issues/Comments:	

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

NOR-CAL EMS/S-SV EMS
Regional MCI Plan – Manual 2
Patient Distribution



NOR-CAL EMS

S-SV EMS AGENCY

REVISED 02-2020

Table of Contents

Introduction 1
Purpose 1
Authority 2
Background....2
SECTION 1: Control Facility (CF) 3
Pre-Event Responsibilities 3
MCI Response 4
EMResource Hospital Bed Availability Polling....8
EMResource Regional Announcement 8
SECTION 2: Receiving Facilities 9
Pre-Event Responsibilities 9
Facility Status Updates 9
Responding to an MCI Event....10
Hospital Bed Availability Polling....10
SECTION 3: LEMSA/MHOAC Program....11
SECTION 4: RDMHC/S, EMSA, NDMS....12
SECTION 5: Glossary....13
APPENDIX A: Receiving Facility Patient Capacity Worksheet....15
APPENDIX B: Control Facility MCI Patient Destination Worksheet 16
Appendix C: Communications Failure Procedures....17
APPENDIX D: Facilities List....18
APPENDIX E: Regional Control Facility Locations Map 20
APPENDIX F: MCI Details/Feedback Form 21

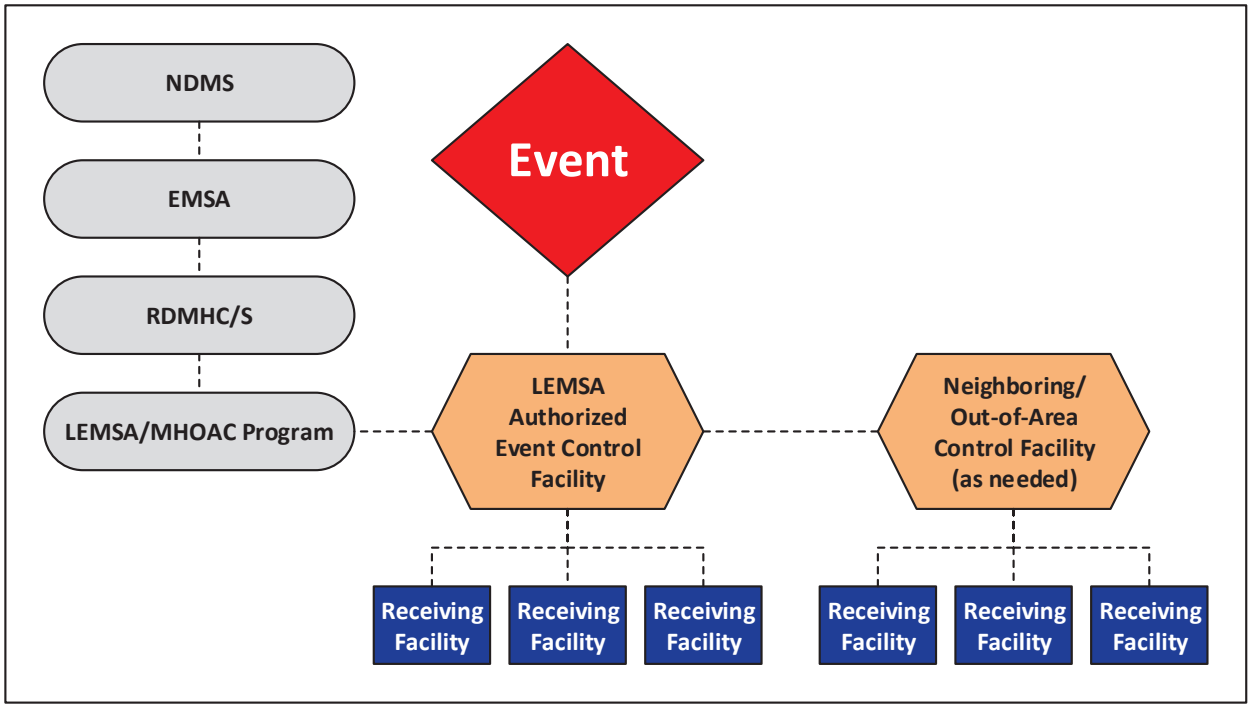
Introduction

Purpose

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

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

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



Authority

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

Background

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

SECTION 1: Control Facility (CF)

Pre-Event Responsibilities

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

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

MCI Response

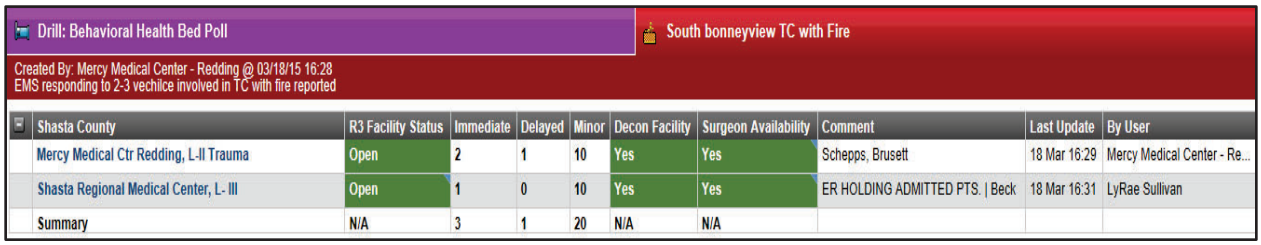
- **Creating an EMResource MCI Event**
  - MCI procedures shall be initiated/utilized by the CF when information about the potential need to coordinate patient movement among multiple receiving facilities is received from any of the following entities:
    - Dispatch agencies.
    - EMS response personnel.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

Sample Field to CF Communications – Initial Incident Notification

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

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

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



Drill: Behavioral Health Bed Poll | South bonneyview TC with Fire

Created By: Mercy Medical Center - Redding @ 03/18/15 16:28
EMS responding to 2-3 vechilce involved in TC with fire reported

Shasta County	R3 Facility Status	Immediate	Delayed	Minor	Decon Facility	Surgeon Availability	Comment	Last Update	By User
Mercy Medical Ctr Redding, L-II Trauma	Open	2	1	10	Yes	Yes	Schepps, Brusett	18 Mar 16:29	Mercy Medical Center - Re...
Shasta Regional Medical Center, L- III	Open	1	0	10	Yes	Yes	ER HOLDING ADMITTED PTS. | Beck	18 Mar 16:31	LyRae Sullivan
Summary	N/A	3	1	20	N/A	N/A			

- **MCI Communications**
  - The Patient Transportation Unit Leader/Medical Communications Coordinator shall be referred to by Incident Name + Medical. (e.g. *"East Avenue Medical"*), NOT by ambulance unit, ambulance company, or personal name.
  - CFs shall be referred to by County Name + Control (e.g. *"Shasta Control"*).
  - All EMS patient destination traffic shall be routed through the CF, even for non-MCI patients, as local ambulance traffic will potentially affect receiving facility capacities.
  - Patient reports shall not be given directly to the receiving facilities by transporting units, unless this can be accomplished using an alternate communications system that will not interfere with MCI communications.
- **Updating the EMResource MCI Event**
  - The CF shall update the EMResource MCI Event information any time new information is received from the field, including: total patient count by triage category, patient destinations, etc.
  - The CF shall confirm the total number of transport resources available, and utilize the Control Facility MCI Patient Destination Worksheet (see Appendix B).
  - When transport or on-scene times are extended, the CF should consider re-assessing receiving facility capacities.
- **Patient Destinations**
  - When notified by the Patient Transportation Unit Leader/Medical Communications Coordinator that triage is complete, the CF shall document patient information on the Control Facility MCI Patient Destination Worksheet (see Appendix B).

Sample Field to CF Communications – Triage Completed

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

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

Sample Field to CF Communications – Patient Destinations

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

- **Patient Destination Guidelines**
  - Immediate Patients
    - Send to Immediate Teams at facilities within 30 minutes (30 miles) transport time from the incident whenever possible.
    - Send specialty patients (trauma, burn, pediatric, etc.) to the nearest specialty patient receiving centers when possible (as indicated by LEMSA policies).
    - When more patients exist than available teams to accept those patients, consider one or more of the following:

      - Requesting receiving facilities to increase patient capacity.

      - Sending more patients to local teams than standard guidelines.

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

      - Requesting receiving facilities to increase patient capacity.

      - Sending more patients to local teams than standard guidelines.

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

      - Requesting receiving facilities to increase patient capacity.

      - Sending more patients to local teams than standard guidelines.

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

        - Consider sending patients by EMS aircraft to farthest appropriate facilities (those with helipads within the transport time radius), allowing ground units to transport to nearer appropriate facilities.

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

EMResource Hospital Bed Availability Polling

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

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

EMResource Regional Announcement

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

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

SECTION 2: Receiving Facilities

Pre-Event Responsibilities

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

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

Facility Status Updates

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

MCI Response

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

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

  Note: If staff/resources are available to receive 2 Immediate patients, the receiving facility shall report "2 Immediates", even if there are only Delayed patients on scene.
- Report patient receiving capabilities by category (Immediate, Delayed and Minor) in the appropriate EMResource data fields within 5 minutes of the CF request.
- Notify the Charge Nurse of the Event, providing pertinent incident and department staffing/resource updates as necessary.
- Monitor EMResource incident information/updates.
- Notify/update appropriate hospital personnel (treatment teams, trauma services, etc.) of incoming patient counts, triage categories, conditions and estimated arrival times.
- Hospital admitting personnel shall use the triage tag number in the admitting process in such a means that patient information and medical records may be retrieved rapidly by the use of the triage tag number.
- Once the event has been completed, all participating receiving facilities shall complete/ submit an MCI Feedback/Details Form (see Appendix F) and file all MCI paperwork.

EMResource Hospital Bed Availability Polling

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

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

SECTION 3: LEMSA/MHOAC Program

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

SECTION 4: RDMHC/S, EMSA, NDMS

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

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

SECTION 5: Glossary

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

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

APPENDIX A: Receiving Facility Patient Capacity Worksheet

FORM COMPLETION INSTRUCTIONS

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

PATIENT RECEIVING CAPACITIES BY TRIAGE CATEGORY

Immediate Patients: 1 Patient Per Team			Total Teams	Total Patients
☐ ED Physician ☐ Surgeon (Trauma MCI) ☐ 2 – RNs ☐ 1 – ED Bed	☐ ED Physician ☐ Surgeon (If Trauma MCI)* ☐ 2 – RNs ☐ 1 – ED Bed	☐ ED Physician ☐ Surgeon (If Trauma MCI)* ☐ 2 – RNs ☐ 1 – ED Bed		
Delayed Patients: 2 Patients Per Team			**Total Teams**	**Total Patients**
☐ ED Physician ☐ RN ☐ 2 – ED Beds	☐ ED Physician ☐ RN ☐ 2 – ED Beds	☐ ED Physician ☐ RN ☐ 2 – ED Beds		
Minor Patients: 10 Patients Per Team			**Total Teams**	**Total Patients**
☐ RN	☐ RN	☐ RN		

APPENDIX B: Control Facility MCI Patient Destination Worksheet

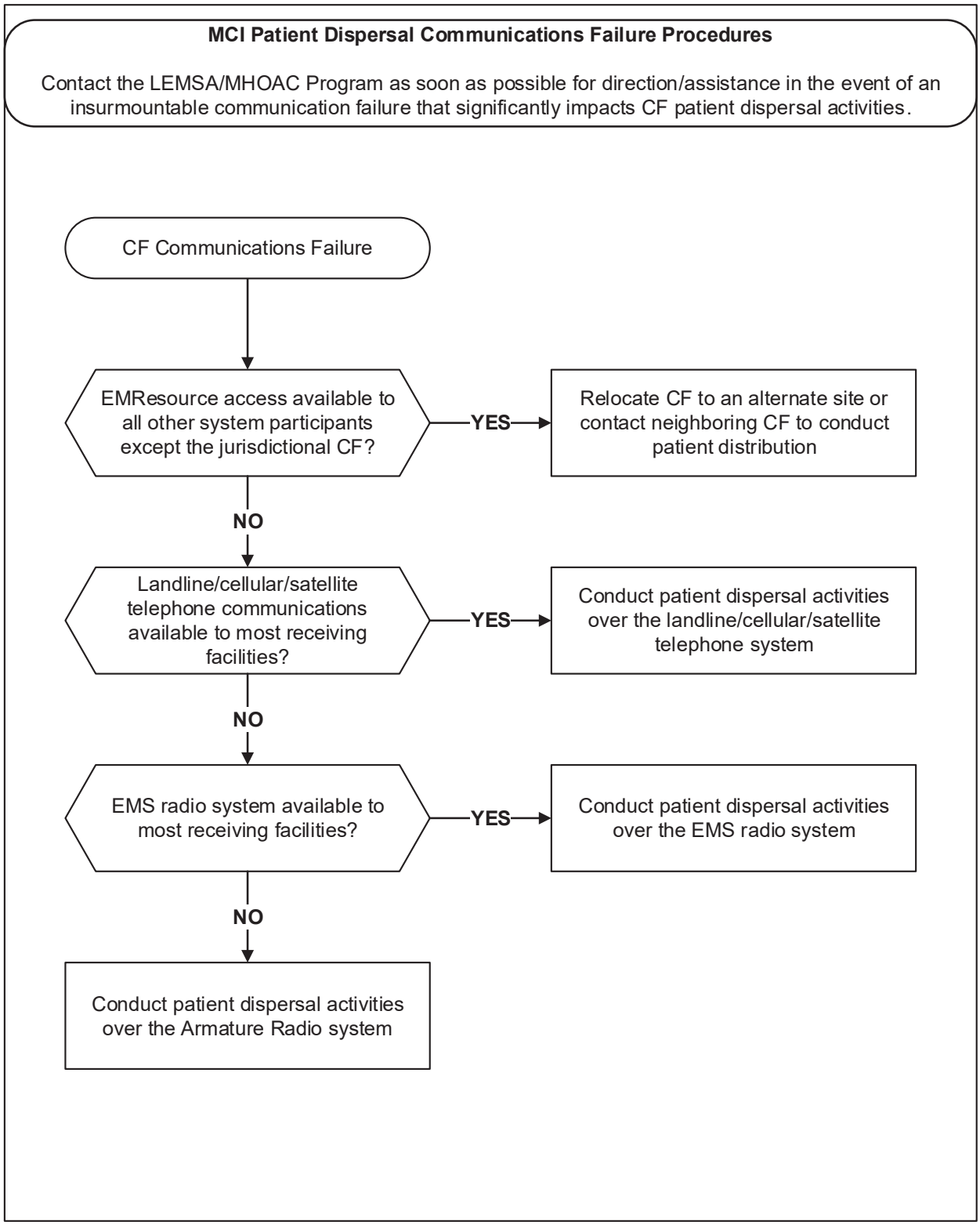
MCI Date:	MCI Name:	MCI Type: ☐ Trauma ☐ Medical ☐ Haz-Mat
Total EMS Transport Units Available: Air: _____ Ground: _____	Total Patients: EMS Transported: _____ Deceased: _____ AMA: _____	

I	__ __ __ __ __ __ __ __	D	__ __ __ __ __ __ __ __	M	__ __ __ __ __ __ __ __

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

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

Appendix C: Communications Failure Procedures



APPENDIX D: Facilities List

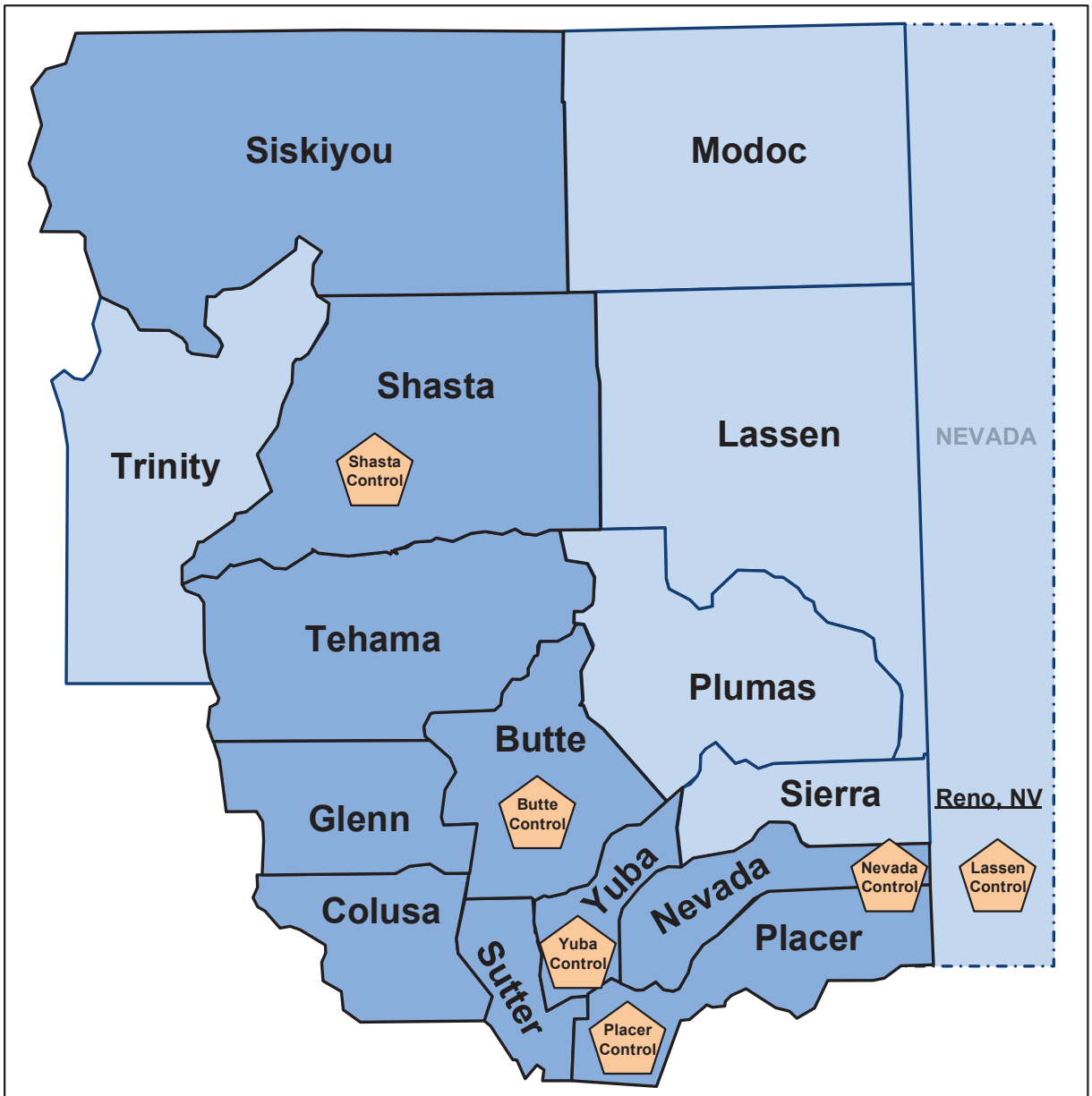
County	Hospital	ED Telephone	CF	Jurisdictional CF
Butte	Enloe Medical Center	530-332-7417	✓	**EMC**
Butte	Orchard Hospital	530-846-9068		**EMC**
Butte	Oroville Hospital	530-523-8342		**EMC**
Colusa	Colusa Medical Center	530-619-0841		**EMC**
Glenn	Glenn Medical Center	530-934-1840		**EMC**
Lassen	Banner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

Notes

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

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

APPENDIX E: Regional Control Facility Locations Map



Local EMS Agencies (LEMSAs)

- Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)
- S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

Control Facilities (CFs)

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

APPENDIX F: MCI Details/Feedback Form

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR FACILITY ROLE)	
Role: ☐ Control Facility (CF) ☐ Receiving Facility	Incident Date:
Incident Name:	Incident Location:
Facility Name:	Reporting Person:
Telephone:	Email Address:
CF Name:	Initial CF Contact Name:
Initial CF Notification Received From (Dispatch, Field, etc.):	

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

Were Triage Tags Used On All Patients? ☐ Yes ☐ No ☐ Unknown

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

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

2023 S-SV EMS PLAN

TABLE 8

EMS PROVIDER

RESOURCES DIRECTORY &

AMBULANCE ZONE SUMMARY FORMS

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 1

INTERFACILITY & SPECIAL EVENT GROUND EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 34

Phone Number: 916-635-2011

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport ☑ ALS ☑ BLS ❑ LALS ❑ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ☑ Private	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

4706 Total number of responses	4706 Total number of transports
0 Number of emergency responses	0 Number of emergency transports
4706 Number of non-emergency responses	4706 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: 2023

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-890-6194

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☐ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

430	Total number of responses	430	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
430	Number of non-emergency responses	430	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: 2023

Response/Transportation/Providers

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

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

Address: 13257 Saticoy Street
North Hollywood, CA 91605

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 818-859-7999

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☐ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

524	Total number of responses	524	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
524	Number of non-emergency responses	524	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: 2023

Response/Transportation/Providers

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

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

Address: 959 Detroit Ave
Concord,. CA 94518

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 925-689-9000

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

844	Total number of responses	844	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
844	Number of non-emergency responses	844	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: 2023

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 63

Phone Number: 510-223-1171

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ☑ BLS ❑ LALS; ❑ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public ☑ Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

1765	Total number of responses	1765	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
1765	Number of non-emergency responses	1765	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: 2023

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-893-5254

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Transport ☐ Non-Transport; ☐ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

0	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: 2023

Response/Transportation/Providers

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

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

Address: 3300 Business Drive
Sacramento, CA 95820

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 916-564-9040

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ☑ BLS ❑ LALS; ❑ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ☑ Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

4454	Total number of responses	4231	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4454	Number of non-emergency responses	4231	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: 2023

Response/Transportation/Providers

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

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

Address: 234 Gateway Road
Mt. Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-605-5205

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1815 Stockton Blvd.
Sacramento, CA 95816

Number of Ambulance Vehicles in Fleet: 33

Phone Number: 916-860-7900

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ☑ BLS ❑ LALS; ❑ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❐ Public ☑ Private	❐ Fire ❐ Law ❐ Other Explain:	❐ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

4752	Total number of responses	4752	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4752	Number of non-emergency responses	4752	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: 2023

Response/Transportation/Providers

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

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

Address: 8707 Lupin Lane
Granite Bay, CA 95746

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

Phone Number: 916-709-5023

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Transport ☑ Non-Transport; ☐ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 7636 Poppy Way
Citrus Heights, CA 95610

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

Phone Number: (530) 521-7456

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 720 Portal Street
Cotati, CA 94931

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 800-650-4003

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

890	Total number of responses	890	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
890	Number of non-emergency responses	890	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: 2023

Response/Transportation/Providers

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

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

Address: 5250 Hwy 162
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-5981

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Transport ☑ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-368-2222

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☐ ALS ☑ BLS ☐ LALS; ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1022 Total number of responses	1022 Total number of transports
0 Number of emergency responses	0 Number of emergency transports
1022 Number of non-emergency responses	1022 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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 2

BUTTE COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 333 Huss Dr Ste 100
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 530-879-5512

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

30000	Total number of responses	21000	Total number of transports
27000	Number of emergency responses	20000	Number of emergency transports
1400	Number of non-emergency responses	1300	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: 2023

Response/Transportation/Providers

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

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

Address: 176 Nelson Avenue
Oroville, CA 95965

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-538-7111

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ☑ County ☑ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-897-3400

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 3515 Myers Street
Oroville CA 95966

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-533-4484

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	❑ Yes ☑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 3

COLUSA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 506 Lucas Street
Arbuckle, CA 95912

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-476-2231

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 5122 E. Park Road
Stonyford, CA 95979

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-963-3231

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1199 Big Tree
St Helena, CA 94574

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-994-2441

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ☑ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1531 Esplanade
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1300	Total number of responses	800	Total number of transports
1200	Number of emergency responses	700	Number of emergency transports
100	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: 2023

Response/Transportation/Providers

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

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

Address: 750 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-7721

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 231 Oak Street
Maxwell, CA 95955

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-438-2320

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 342 Winter Street
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-439-2235

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 235 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-0239

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 810 E Street
Williams, CA 95987

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-473-2269

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 4

GLENN COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 740 Main Street
Artois, CA 95913

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-5351

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 2555 County Road West
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2593

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1947 Biggs-Willows Road
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-982-2111

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 810 5th Street
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-1625

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 445 S Butte Street
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-3323

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 3288 Road 308
Elk Creek, CA 95939

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-968-5325

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1516 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-330-9043

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 420 1st Street
Hamilton City, California, 95951

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-826-3355

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1709 County Roadd D
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2672

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 3221 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-570-6510

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Westside Ambulance Association **Response Zone:** Glenn County Zone 1

Address: 604 Fourth St.
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-865-5981

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1500	Total number of responses	1100	Total number of transports
1500	Number of emergency responses	1100	Number of emergency transports
50	Number of non-emergency responses	50	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: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Enloe Ambulance **Response Zone:** Glenn County Zone 2

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1400	Total number of responses	1000	Total number of transports
1000	Number of emergency responses	700	Number of emergency transports
350	Number of non-emergency responses	300	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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 5

NEVADA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** City of Grass Valley/Nevada City Fire Department **Response Zone:** N/A

Address: 125 E. Main St
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☑ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Higgins Fire Protection District **Response Zone:** N/A

Address: 10106 Combie Road
Auburn, CA 95602

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-4431

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☐ ALS ☑ BLS ☑ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** North San Juan Fire Protection District **Response Zone:** N/A

Address: 13200 Tyler Foote Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-292-9159

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☐ ALS ☐ BLS ☑ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Ophir Hill Fire Protection District **Response Zone:** N/A

Address: 12668 Colfax Highway
Cedar Ridge, CA 95924

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-8351

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Peardale Chicago Park Fire Protection District **Response Zone:** N/A

Address: 18934 Colfax Highway
Grass Valley, CA, 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-2503

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Penn Valley Fire Protection District **Response Zone:** Nevada County Zone 3

Address: 10513 Spenceville Road
Penn Valley, Ca 95946

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-432-2630

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

800	Total number of responses	600	Total number of transports
800	Number of emergency responses	600	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: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Rough and Ready Fire Department-Combined with PVFPD **Response Zone:** N/A

Address: 14506 Rough and Ready Highway
Rough and Ready, CA 95975

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-477-9812

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Sierra Nevada Ambulance **Response Zone:** Nevada County Zone 2

Address: 155 Glasson Way
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-265-2351

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9000	Total number of responses	7000	Total number of transports
6300	Number of emergency responses	5000	Number of emergency transports
2000	Number of non-emergency responses	2000	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: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Nevada County Zone 1 & Zone 4

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1700	Total number of responses	1100	Total number of transports
1500	Number of emergency responses	1000	Number of emergency transports
200	Number of non-emergency responses	200	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: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Washington Fire Department **Response Zone:** N/A

Address: 15406 Washington Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-3166

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 6

PLACER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Alta Fire Protection District **Response Zone:** N/A

Address: 33950 Alta Bonnynook Road
Alta, CA 95701

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** AMR Placer **Response Zone:** Placer County Zone 3

Address: 6101 Pacific St
Rocklin, CA 95765

Number of Ambulance Vehicles in Fleet: 26

Phone Number: 916-563-0704

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

42000	Total number of responses	30000	Total number of transports
35000	Number of emergency responses	24000	Number of emergency transports
7000	Number of non-emergency responses	6000	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: 2023

Response/Transportation/Providers

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

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

Address: 1225 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4211

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Foresthill Fre Protection District **Response Zone:** Placer County Zone 1

Address: 24320 Main Street
Foresthill, CA 95631

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-389-2287

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

400	Total number of responses	300	Total number of transports
400	Number of emergency responses	300	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: 2023

Response/Transportation/Providers

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

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

Address: 126 Joiner Parkway
Lincoln, CA 95648

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-434-2400

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Newcastle Fire Protection District **Response Zone:** N/A

Address: 9211 Cypress Street
Newcastle, CA 95658

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3323

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** North Tahoe Fire Protection District **Response Zone:** Placer County Zone 4

Address: 222 Fairway Drive
Tahoe City, CA 96145

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-583-6913

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1300	Total number of responses	1000	Total number of transports
1100	Number of emergency responses	800	Number of emergency transports
200	Number of non-emergency responses	200	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: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Northstar Fire Department **Response Zone:** N/A

Address: 910 Northstar Drive
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Olympic Valley Fire Department **Response Zone:** N/A

Address: 305 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-583-6111

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Palisades Tahoe Ski Patrol **Response Zone:** N/A

Address: 1960 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☑ Other Explain: ALS Ski Patrol	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Penryn Fire Protection District **Response Zone:** N/A

Address: 7206 Church Street
Penryn, CA 95663

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3389

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 13760 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4904

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☑ County ☑ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Placer Hills Fire Protection District **Response Zone:** N/A

Address: 16999 Placer Hills Road
Meadow Vista, CA 95722

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-878-0405

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 4060 Rocklin Road
Rocklin, CA 95677

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-632-4150

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 316 Vernon Street #480
Roseville, CA 95678

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-774-5844

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** South Placer Fire Protection District **Response Zone:** Placer County Zone 2

Address: 6900 Eureka Road
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-791-7059

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1800	Total number of responses	1300	Total number of transports
1700	Number of emergency responses	1300	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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 7

SHASTA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** AMR Shasta **Response Zone:** Shasta County Zone 3

Address: 4989 Mountain Lake Blvd
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 11

Phone Number: 530-241-2323

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

18000	Total number of responses	13000	Total number of transports
17000	Number of emergency responses	12000	Number of emergency transports
1000	Number of non-emergency responses	600	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: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Anderson Fire Protection District **Response Zone:** N/A

Address: 1925 Howard St
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-379-6699

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Burney Fire Protection District **Response Zone:** Shasta County Zone 2

Address: 37072 Main Street
Burney, CA 96013

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-335-2212

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☑ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

700	Total number of responses	500	Total number of transports
700	Number of emergency responses	500	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: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Cottonwood Fire Protection District **Response Zone:** N/A

Address: 20875 4th Street
Cottonwood, CA 96022

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-347-4737

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Fall River Valley Fire Protection District **Response Zone:**

Address: 444283 Hwy 299 E.
McArthur, CA 96056

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-336-5026

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Happy Valley Fire Protection District **Response Zone:** N/A

Address: 17441 Palm Avenue
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-357-2345

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Mayers Memorial Healthcare District **Response Zone:** Shasta County Zone 1

Address: 43563 CA-299
Fall River Mills, CA 96028

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-336-5511

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

500	Total number of responses	400	Total number of transports
300	Number of emergency responses	200	Number of emergency transports
200	Number of non-emergency responses	100	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: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Mercy Medical Center Redding Ambulance Service **Response Zone:** Shasta County Zone 3

Address: 2175 Rosalina Ave
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-245-4847

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

10000	Total number of responses	7500	Total number of transports
9000	Number of emergency responses	6500	Number of emergency transports
1000	Number of non-emergency responses	900	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: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Mountain Gate Volunteer Fire Department **Response Zone:** N/A

Address: 14508 Wonderland Boulevard
Redding, CA 96003

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-3003

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Old Shasta Fire Department **Response Zone:** N/A

Address: 10644 High Street
Shasta, CA 96087

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-241-4615

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 777 W Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-225-4141

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 875 Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-224-2460

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ☑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ☑ County ☑ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta Lake Fire Protection District **Response Zone:** N/A

Address: 4126 ASHBY Court
Shasta Lake CA 96019

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-7474

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 8

SISKIYOU COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Ambulance-Temporarily Closed **Response Zone:** Siskiyou County Zone 1

Address: 104 N Railroad
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-397-2105

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☐ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

90	Total number of responses	87	Total number of transports
89	Number of emergency responses	86	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: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Fire Protection District **Response Zone:** N/A

Address: 12320 Old State Highway
Macdoel, CA 96058

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-398-4332

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Copco Lake Fire Department **Response Zone:** N/A

Address: 27805 Copco Road
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-0434

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 307 S Main Street
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2121

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 1604 CA-3
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-467-3295

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Fort Jones Fire Department **Response Zone:** N/A

Address: 31 Newton Street
Fort Jones, CA 96032

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2261

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Lake Shastina Fire Department **Response Zone:** N/A

Address: 16309 Everhart Drive
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4113

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 121 S. 10th Street
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-5343

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Colestine Rural Fire District (Hilt VFD) **Response Zone:** N/A

Address: 1701 Colestin Road
Ashland, OR 97520

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 541-488-1768

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Dunsmuir - Castella Fire Department **Response Zone:** N/A

Address: 5915 Dunsmuir Avenue
Dunsmuir, California 96025

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-235-4822 ext 106

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Etna Ambulance **Response Zone:** Siskiyou County Zone 2

Address: 450 Main Street
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-467-3331

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ❑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ☑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❐ Private	❐ Fire ❐ Law ☑ Other Explain: City of Etna	☑ City ❐ County ❐ State ❐ Fire District ❐ Federal	❐ Rotary ❐ Fixed Wing	❐ Auxiliary Rescue ❐ Air Ambulance ❐ ALS Rescue ❐ BLS Rescue

Transporting Agencies

400	Total number of responses	300	Total number of transports
400	Number of emergency responses	300	Number of emergency transports
30	Number of non-emergency responses	20	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: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Gazelle Volunteer Fire Department **Response Zone:** N/A

Address: 18338 Old Highway 99 South
Gazelle, CA 96034

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-435-2331

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Grenada Fire Protection District **Response Zone:** N/A

Address: 6055 4th Avenue
Grenada CA 96038

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-5783

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Hammond Ranch Fire Department **Response Zone:** N/A

Address: 8800 North Old Stage Road
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4200

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Happy Camp Volunteer Ambulance **Response Zone:** Siskiyou County Zone 3

Address: 26 4th Ave
Happy Camp, CA 96039

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-493-2643

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☐ ALS ☐ BLS ☑ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

260	Total number of responses	70	Total number of transports
260	Number of emergency responses	70	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: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Hornbrook Volunteer Fire Department **Response Zone:** N/A

Address: 16100 Front Street
Hornbrook, CA 96044

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-475-3064

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Klamath River Volunteer Fire Company **Response Zone:** N/A

Address: 30330 Walker Road
Klamath River, CA 96050-9033

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3546

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mayten Fire Protection District **Response Zone:** N/A

Address: 7427 County Highway A12
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-3296

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of McCloud Fire Department **Response Zone:** Siskiyou County Zone 4

Address: 409 Tucci Ave
McCloud, CA 96057

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-964-2017

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: CSD	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

45	Total number of responses	37	Total number of transports
45	Number of emergency responses	37	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: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mt. Shasta Ambulance Service Inc. **Response Zone:** Siskiyou County Zones 5 & 6

Address: 1020 Oak Street
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ☑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public ☑ Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

5500	Total number of responses	4000	Total number of transports
4700	Number of emergency responses	3300	Number of emergency transports
800	Number of non-emergency responses	750	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: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Mt. Shasta City Fire Department **Response Zone:** N/A

Address: 305 N. Mt Shasta Blvd
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-926-7546

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mount Shasta Vista Volunteer Fire Company **Response Zone:** N/A

Address: 13502 Roland Drive
Montague, California, 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-2297

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Orleans Volunteer Fire Department **Response Zone:** N/A

Address: 38162 CA-96
Orleans, CA 95556

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-627-3344

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Pleasant Valley Fire Company **Response Zone:** N/A

Address: 2543 Durham Drive
Dorris, California, 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Salmon River Volunteer Fire and Rescue **Response Zone:** N/A

Address: 15600 Salmon River Road
Forks of Salmon, CA 96031

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-462-4605

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Scott Valley Fire Protection District **Response Zone:** N/A

Address: 317 Maple Street
Greenview, CA 96037

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2170

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Seiad Volunteer Fire Department **Response Zone:** N/A

Address: 44601 CA-96
Seiad Valley, CA 96086

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3164

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** CAL FIRE Siskiyou Unit **Response Zone:** N/A

Address: 1890 Fairlane Road
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-3516

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ☑ County ☑ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** South Yreka Fire District **Response Zone:** N/A

Address: 3420 Easy Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-1477

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Tulelake Volunteer Fire Department **Response Zone:** N/A

Address: 1 Ray Oehlerich Way
Tulelake, CA 96134

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-521-2232

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 128 Roseburg Parkway
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (530) 938-5030

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	☑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ☑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 401 West Miner Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-841-2383

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 9

SUTTER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Sutter County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

36000	Total number of responses	30000	Total number of transports
33000	Number of emergency responses	27000	Number of emergency transports
2600	Number of non-emergency responses	3000	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: 2023

Response/Transportation/Providers

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

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

Address: 1100 3rd Street
Meridian, CA 95957

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-696-2306

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Sutter **Provider:** Pleasant Grove / East Nicolaus Fire Department **Response Zone:** N/A

Address: 3100 Howsley Road
Pleasant Grove, CA 95668

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-655-3937

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 2340 California Street
Sutter, CA 95982

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-755-0266

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ☑ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 824 Clark Ave
Yuba City, CA 95991

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-822-4686

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 10

TEHAMA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tehama & Glenn **Provider:** Capay Fire Protection District **Response Zone:**

Address: 50 4th Ave
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-2070

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 814 5th Street
Corning, CA 96021

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-824-7044

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tehama **Provider:** Red Bluff City Fire Department **Response Zone:** N/A

Address: 555 Washington Street, Suite C
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-527-1126

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tehama **Provider:** St. Elizabeth Community Hospital Ambulance **Response Zone:** Tehama County Zone 1

Address: 2550 Sister Columba Dr
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-529-8318

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9000	Total number of responses	6000	Total number of transports
7500	Number of emergency responses	5000	Number of emergency transports
1000	Number of non-emergency responses	800	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: 2023

Response/Transportation/Providers

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

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

Address: 604 Antelope Boulevard
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-528-5199

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ☑ County ☑ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 11

YUBA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Yuba **Provider:** Beale Air Force Base Ambulance Services **Response Zone:** Yuba County Zone 2

Address: 6451 B St
Beale AFB 95903

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-634-8672

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

130	Total number of responses	50	Total number of transports
120	Number of emergency responses	50	Number of emergency transports
10	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: 2023

Response/Transportation/Providers

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

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Yuba County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

36000	Total number of responses	30000	Total number of transports
33000	Number of emergency responses	27000	Number of emergency transports
2600	Number of non-emergency responses	3000	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: 2023

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Camptonville Volunteer Fire Department **Response Zone:** N/A

Address: 15410 Mill Street
Camptonville, CA 95922

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-288-3303

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☐ ALS ☑ BLS ☑ LALS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Yuba **Provider:** Dobbins / Oregon House Fire Protection District **Response Zone:** N/A

Address: 9162 Marysville Road
Oregon House, CA 95962

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-692-2255

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** Foothill Fire Protection District **Response Zone:** N/A

Address: 16796 Willow Glen Road
Brownsville, CA 95919

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-675-0633

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** City of Linda FIre Department **Response Zone:** N/A

Address: 1286 Scales Avenue
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-1553

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** Loma Rica / Browns Valley Fire Department **Response Zone:** N/A

Address: 11485 Loma Rica Road
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-0755

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport ❑ ALS ☑ BLS ❑ LALS ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** City of Marysvile Fire Department **Response Zone:** N/A

Address: 107 9th Street
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-6622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** City of Olivehurst Fire Department **Response Zone:** N/A

Address: 1962 9th Avenue
Olivehurst, CA 95961

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-7117

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** Smartsville Fire Protection District **Response Zone:** N/A

Address: 8459 Blue Gravel Road
Smartsville, CA 95977

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-639-0405

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Yuba **Provider:** City of Wheatland Fire Department **Response Zone:** N/A

Address: 313 Main Street
Wheatland, CA 95692

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-633-0861

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ☑ No	❑ Yes ☑ No	☑ Yes ❑ No	❑ Transport ☑ Non-Transport; ❑ ALS ☑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT; ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❒ Other Explain:	☑ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 12

EMS AIRCRAFT PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: S-SV EMS Region (Placer County Base) **Provider:** CALSTAR **Response Zone:** N/A

Address: 13750 Lincoln Wy
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ❑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ☑ CCT ☑ IFT; ❑ Ground ☑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ☑ Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	☑ Rotary ☑ Fixed Wing	❒ Auxiliary Rescue ☑ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

	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

376	Total number of responses	376	Total number of transports
83	Number of emergency responses	83	Number of emergency transports
293	Number of non-emergency responses	293	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: S-SV EMS Region (Nevada County Base) **Provider:** CAREFLIGHT **Response Zone:** N/A

Address: 10356 Truckee Airport
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ❑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ☑ CCT ☑ IFT; ❑ Ground ☑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ☑ Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	☑ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ☑ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

	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

97	Total number of responses	97	Total number of transports
31	Number of emergency responses	31	Number of emergency transports
66	Number of non-emergency responses	66	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: S-SV EMS Region (Placer & Shasta Bases) **Provider:** California Highway Patrol (CHP) Air Operations **Response Zone:** N/A

Address: 601 N, 7th Street
Sacramento, CA 95811

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-843-3300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS ☐ LALS; ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☐ IFT; ☐ Ground ☑ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☐ Fire ☑ Law ☐ Other Explain:	☐ City ☐ County ☑ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☑ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	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

155	Total number of responses	58	Total number of transports
155	Number of emergency responses	58	Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: S-SV EMS Region (Butte County Base) **Provider:** Enloe Flightcare **Response Zone:** N/A

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-680-2428

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ❑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ☑ CCT ☑ IFT; ❑ Ground ☑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public ☑ Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal	☑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ☑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

	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

949	Total number of responses	949	Total number of transports
238	Number of emergency responses	238	Number of emergency transports
711	Number of non-emergency responses	711	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: S-SV EMS Region (Shasta County Base) **Provider:** PHI **Response Zone:** N/A

Address: 5900 Old Oregon Trail
Redding, CA 96002

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ❑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ☑ IFT; ❑ Ground ☑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ☑ Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	☑ Rotary ☑ Fixed Wing	❒ Auxiliary Rescue ☑ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

	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

645	Total number of responses	645	Total number of transports
113	Number of emergency responses	113	Number of emergency transports
532	Number of non-emergency responses	532	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: S-SV EMS Region (Colusa, Shasta & Yuba Bases) **Provider:** REACH **Response Zone:** N/A

Address: 10034 Missle Way
Mather, CA 95655

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑ Yes ❑ No	☑ Yes ❑ No	☑ Transport ❑ Non-Transport; ☑ ALS ❑ BLS ❑ LALS; ☑ 9-1-1 ❑ 7-Digit ❑ CCT ☑ IFT; ❑ Ground ☑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ☑ Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	☑ Rotary ☑ Fixed Wing	❒ Auxiliary Rescue ☑ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

	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

1220	Total number of responses	1220	Total number of transports
221	Number of emergency responses	221	Number of emergency transports
999	Number of non-emergency responses	999	Number of non-emergency transports

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Butte County EMS, LLC**
Area or Subarea (Zone) Name or Title: **Butte County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Butte County.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance Service, ALS Interfacility Ground Ambulance Transports**
Method to achieve Exclusivity, if applicable (HS 1797.224): **Exclusivity achieved through a competitive bid process, conducted in 2023 awarded to Butte County EMS, resulting in the execution of an EOA agreement with an initial term of 10/1/2023 – 9/30/2028.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Enloe EMS**
Area or Subarea (Zone) Name or Title: **Colusa County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Colusa County.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive for 2023 with a competitive RPF process initiated with EOA going into effect on 4/1/2024.**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Orland Community Ambulance Association, DBA – Westside Ambulance Association**
Area or Subarea (Zone) Name or Title: **Glenn County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Glenn County, north of CR 33.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Enloe EMS**
Area or Subarea (Zone) Name or Title: **Glenn County Zone 2**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Glenn County, south of CR 33.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Truckee Fire Protection District at Donner Summit**
Area or Subarea (Zone) Name or Title: **Nevada County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of the Donner Summit Public Utilities District (PUD).**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Sierra Nevada Memorial – Miners Hospital, DBA – Sierra Nevada Ambulance**
Area or Subarea (Zone) Name or Title: **Nevada County Zone 2**
Area or Subarea (Zone) Geographic Description: **The City of Grass Valley, the City of Nevada City and surrounding rural areas, all areas within the geographic boundaries of the Nevada County Consolidated Fire Protection District, North San Juan Fire Protection District, Ophir Hill Fire Protection District, Peardale-Chicago Park Fire Protection District, and Washington Fire Department, the Hwy 49 corridor from the junction of I-80 (east) through the geographic boundaries of the Higgins Fire Protection District (Placer County Line), to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Penn Valley Fire Protection District**
Area or Subarea (Zone) Name or Title: **Nevada County Zone 3**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of the Penn Valley Fire Protection District, including Penn Valley proper and the Lake Wildwood area.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Truckee Fire Protection District**
Area or Subarea (Zone) Name or Title: **Nevada County Zone 4**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of the Truckee Fire Protection District and immediate surrounding areas.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Foresthill Fire Protection District**
Area or Subarea (Zone) Name or Title: **Placer County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of the Foresthill Fire Protection District, including the town of Foresthill, Todd Valley Estates, and Baker Ranch.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **South Placer Fire Protection District**
Area or Subarea (Zone) Name or Title: **Placer County Zone 2**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of the South Placer Fire Protection District, excluding the town of Loomis.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **American Medical Response West**
Area or Subarea (Zone) Name or Title: **Placer County Zone 3**
Area or Subarea (Zone) Geographic Description: **I-80 corridor from the Emigrant Gap area south/west to the Sacramento County Line (including the cities/towns/areas of Blue Canyon, Dutch Flat, Gold Run, Alta, Colfax, Meadow Vista, Applegate, Bowman, Auburn, North Auburn, Newcastle, Penryn, Loomis, Rocklin and Roseville, and immediate surrounding areas), Hwy 49 corridor from the El Dorado County Line to the Nevada County Line (and immediate surrounding areas outside the geographic boundaries of the Foresthill Fire Protections District), Hwy 65 corridor from the junction of I-80 to the Yuba County Line (including the cities/areas of Lincoln, Sheridan, and immediate surrounding areas).**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **North Tahoe Fire Protection District**
Area or Subarea (Zone) Name or Title: **Placer County Zone 4**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of the North Tahoe Fire Protection District.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Mayers Memorial Hospital**
Area or Subarea (Zone) Name or Title: **Shasta County Zone 1**
Area or Subarea (Zone) Geographic Description: **SR 299 from the Shasta/Modoc County line (east) to the junction of SR 89 (west), SR 89 from the Siskiyou County Line (north) to the junction of SR 44/Lassen National Park entrance (south), and all other surrounding areas of Shasta County east of the geographic boundaries of the Burney Fire Protection District.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Burney Fire Protection District**
Area or Subarea (Zone) Name or Title: **Shasta County Zone 2**
Area or Subarea (Zone) Geographic Description: **SR 299 from the junction of SR 89 (east) to Hatchet Summit (west), and all surrounding areas within the geographic boundaries of the Burney Fire Protection District.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency

Name of Current Provider:

American Medical Response West and Mercy Medical Center Redding Ambulance

Area or Subarea (Zone) Name or Title:

Shasta County Zone 3

Area or Subarea (Zone) Geographic Description:

SR 299 from Hatchet Summit (east) to the Trinity County Line (west), I-5 corridor from the Siskiyou County Line (north) to the Tehama County Line (south), SR 44 from the junction of SR 299 (west) to the junction of SR 44/Lassen National Park entrance (east), Hwy 89 from the junction of SR 44/Lassen National Park entrance (north) to the Tehama County Line (south) – including associated areas within the Lassen National Park, and all other surrounding areas of Shasta County to the west of the geographic boundaries of the Burney Fire Protection District.

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

N/A

Method to achieve Exclusivity, if applicable (HS 1797.224):

N/A

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency

Name of Current Provider:

Butte Valley Ambulance

Area or Subarea (Zone) Name or Title:

Siskiyou County Zone 1

Area or Subarea (Zone) Geographic Description:

North: Oregon State Line, South: SR 97 at Grass Lake, East: Approximately from the West Klamath Wildlife Refuge to Toe Modoc Plateau, West: Refuge Unit on Hwy 161, and those wilderness areas most accessible by ground from these corridors.

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Non-Exclusive: Due to staffing issues, transport permit was suspended on November 30, 2023 and not restored in 2023.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

N/A

Method to achieve Exclusivity, if applicable (HS 1797.224):

N/A

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name:

Sierra-Sacramento Valley EMS Agency

Name of Current Provider:

City of Etna Ambulance

Area or Subarea (Zone) Name or Title:

Siskiyou County Zone 2

Area or Subarea (Zone) Geographic Description:

North: SR 3 to Forest Mountain Summit, South: SR 3 to Scott Mountain Summit, Southwest: Cecilville Road to Cecilville Summit, East: Gazelle-Callahan Road to Gazelle Summit, West: Sawyers Bar Road to Etna Summit, Northwest: Scott River Road to Thompson Creek, and those wilderness areas best accessed by ground from these corridors.

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

N/A

Method to achieve Exclusivity, if applicable (HS 1797.224):

N/A

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Happy Camp Volunteer Ambulance**
Area or Subarea (Zone) Name or Title: **Siskiyou County Zone 3**
Area or Subarea (Zone) Geographic Description: **North: A line from the Oregon Border as the Del Norte County Line to SR 96 at Horse Creek, South: SR 96 at Somes Bar, East: Lines from Horse Creek to Scotts Bar, then Southwest, Southwest: SR 44 at the Lassen National Park turnoff, West: A line from the Oregon Border at the Del Norte County Line, passing SSW to approx. the latitude of Somes Bar, and those wilderness areas best accessed by ground from these corridors.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **McCloud Fire Department**
Area or Subarea (Zone) Name or Title: **Siskiyou County Zone 4**
Area or Subarea (Zone) Geographic Description: **North: Military Pass Road, 1 mile South of Medicine Lake, South: Southwest Gerard Ridge, East of Sims, South of Grizzly Peak, Southeast Ponderosa at SR 89, East: SR 89 to the Modoc County Line, West: Mt. Shasta Peak, Snowman Summit, SR 89 at Gerald Ridge, and those wilderness areas best accessed by ground from these corridors.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Mt. Shasta Ambulance Service Inc.**
Area or Subarea (Zone) Name or Title: **Siskiyou County Zone 5**
Area or Subarea (Zone) Geographic Description: **North: I-5 to Parks Creek, US 97 to Grass Lake, South: I-5 at the Siskiyou/Shasta County Line, East: SR 89 to the Siskiyou County Line, West: Mt. Eddy Range, and those wilderness areas best accessed by ground from these corridors.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Mt. Shasta Ambulance Service, Inc.**
Area or Subarea (Zone) Name or Title: **Siskiyou County Zone 6**
Area or Subarea (Zone) Geographic Description: **North: Oregon State Line, South: I-5 at Parks Creek, East: West Siskiyou Mountains, West: SR 96 to Horse Creek, SR 3 to Fort Jones Road, and those wilderness areas best accessed by ground from these corridors.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Bi-County Ambulance**
Area or Subarea (Zone) Name or Title: **Sutter County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Sutter County.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **St. Elizabeth Community Hospital**
Area or Subarea (Zone) Name or Title: **Tehama County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Tehama County.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Bi-County Ambulance**
Area or Subarea (Zone) Name or Title: **Yuba County Zone 1**
Area or Subarea (Zone) Geographic Description: **All areas within the geographic boundaries of Yuba County, excluding Beale Air Force Base federal land.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **ALS Emergency/9-1-1 Ground Ambulance**
Method to achieve Exclusivity, if applicable (HS 1797.224): **'Grandfathered' exclusive operating area (EOA), previously approved by EMSA, based on provider's delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.**

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

Local EMS Agency or County Name: **Sierra-Sacramento Valley EMS Agency**
Name of Current Provider: **Beale Air Force Base Ambulance Services**
Area or Subarea (Zone) Name or Title: **Yuba County Zone 2**
Area or Subarea (Zone) Geographic Description: **All areas on Beale Air Force Base federal land.**
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): **Non-Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **N/A**
Method to achieve Exclusivity, if applicable (HS 1797.224): **N/A**

2023 S-SV EMS PLAN

TABLE 9

HOSPITAL RESOURCES DIRECTORY

TABLE 9: FACILITIES

County: Butte	Year: 2023	Table 9 Page #: 1 of 17

FACILITY INFORMATION	
Name: **Enloe Medical Center**	
Address: **1531 Esplanade, Chico, CA 95926**	
Telephone Number: **(530) 332-7300**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A	
Trauma Center Level: ☐ Level I ☒ Level II ☐ Level III ☐ Level IV ☐ N/A		
STEMI Center: ☒ Yes ☐ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Butte	Year: 2023	Table 9 Page #: 2 of 17

FACILITY INFORMATION	
Name: **Orchard Hospital**	
Address: **240 Spruce Street, Gridley, CA 95948**	
Telephone Number: **(530) 846-9021**	
Base Hospital: ☐ Yes ☒ No	Written Contact: ☐ Yes ☒ No

FACILITY DESIGNATIONS/CAPABILITIES

General Emergency Service Capabilities

☐ Referral Emergency ☒ Standby Emergency

☐ Basic Emergency ☐ Comprehensive Emergency

Pediatric Emergency Service Capabilities

PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No

Specialty Care Center Service Capabilities

Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A	
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☐ Yes ☒ No
Stroke Center Level: ☐ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☒ N/A	

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Butte	Year: 2023	Table 9 Page #: 3 of 17

FACILITY INFORMATION	
Name: **Oroville Hospital**	
Address: **2767 Olive Hwy, Oroville, CA 95966**	
Telephone Number: **(530) 533-8500**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Colusa	Year: 2023	Table 9 Page #: 4 of 17

FACILITY INFORMATION	
Name: **Colusa Medical Center**	
Address: **199 E Webster Street, Colusa, CA 95932**	
Telephone Number: **(530) 619-0800**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☒ Standby Emergency	
☐ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☐ Yes ☒ No	
Stroke Center Level: ☐ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☒ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Glenn	Year: 2023	Table 9 Page #: 5 of 17

FACILITY INFORMATION	
Name: **Glenn Medical Center**	
Address: **1133 W Sycamore Street, Willows, CA 95988**	
Telephone Number: **(530) 934-1800**	
Base Hospital: ☐ Yes ☒ No	Written Contact: ☐ Yes ☒ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☒ Standby Emergency	
☐ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☐ Yes ☒ No	
Stroke Center Level: ☐ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☒ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Nevada	Year: 2023	Table 9 Page #: 6 of 17

FACILITY INFORMATION	
Name: **Sierra Nevada Memorial Hospital**	
Address: **155 Glasson Way, Grass Valley, CA 95945**	
Telephone Number: **(530) 274-6227**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES

General Emergency Service Capabilities

☐ Referral Emergency ☐ Standby Emergency
☒ Basic Emergency ☐ Comprehensive Emergency

Pediatric Emergency Service Capabilities

PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No

Specialty Care Center Service Capabilities

Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A	
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☒ Yes ☐ No
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A	

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Nevada	Year: 2023	Table 9 Page #: 7 of 17

FACILITY INFORMATION	
Name: **Tahoe Forest Hospital**	
Address: **10121 Pine Avenue, Truckee, CA 96161**	
Telephone Number: **(530) 582-6629**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☒ Level III ☐ Level IV ☐ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☐ Yes ☒ No	
Stroke Center Level: ☐ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☒ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Placer	Year: 2023	Table 9 Page #: 8 of 17

FACILITY INFORMATION	
Name: **Kaiser Roseville Medical Center**	
Address: **1600 Eureka Road, Roseville, CA 95661**	
Telephone Number: **(916) 784-4000**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☒ Yes ☐ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☒ Yes ☐ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Placer	Year: 2023	Table 9 Page #: 9 of 17

FACILITY INFORMATION	
Name: **Sutter Auburn Faith Hospital**	
Address: **11815 Education Street, Auburn, CA 95602**	
Telephone Number: **(530) 888-4557**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Placer	Year: 2023	Table 9 Page #: 10 of 17

FACILITY INFORMATION	
Name: **Sutter Roseville Medical Center**	
Address: **1 Medical Plaza Drive**	
Telephone Number: **(916) 781-1000**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES

General Emergency Service Capabilities

☐ Referral Emergency	☐ Standby Emergency
☒ Basic Emergency	☐ Comprehensive Emergency

Pediatric Emergency Service Capabilities

PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No

Specialty Care Center Service Capabilities

Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A
Trauma Center Level: ☐ Level I ☒ Level II ☐ Level III ☐ Level IV ☐ N/A	
STEMI Center: ☒ Yes ☐ No	Stroke Center: ☒ Yes ☐ No
Stroke Center Level: ☐ Primary ☒ Thrombectomy Capable ☐ Comprehensive ☐ N/A	

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Shasta	Year: 2023	Table 9 Page #: 11 of 17

FACILITY INFORMATION	
Name: **Mayers Memorial Hospital**	
Address: **43563 State Highway 299 E, Fall River Mills, CA 96028**	
Telephone Number: **(530) 336-5511**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☒ Standby Emergency	
☐ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☐ Yes ☒ No	
Stroke Center Level: ☐ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☒ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Shasta	Year: 2023	Table 9 Page #: 12 of 17

FACILITY INFORMATION		
Name: **Mercy Medical Center Redding**		
Address: **2175 Rosaline Avenue, Redding, CA 96001**		
Telephone Number: **(530) 225-6000**		
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency		
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A	
Trauma Center Level: ☐ Level I ☒ Level II ☐ Level III ☐ Level IV ☐ N/A		
STEMI Center: ☒ Yes ☐ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☐ Primary ☒ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Shasta	Year: 2023	Table 9 Page #: 13 of 17

FACILITY INFORMATION		
Name: **Shasta Regional Medical Center**		
Address: **1100 Butte Street, Redding, CA 96001**		
Telephone Number: **(530) 244-5454**		
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency		
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☐ Yes ☒ No	ACS Verified: ☐ Yes ☐ No ☒ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☒ N/A		
STEMI Center: ☒ Yes ☐ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Siskiyou	Year: 2023	Table 9 Page #: 14 of 17

FACILITY INFORMATION	
Name: **Fairchild Medical Center**	
Address: **444 Bruce Street, Yreka, CA 96097**	
Telephone Number: **(530) 841-6200**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☐ Yes ☒ No ☐ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☐ Level III ☒ Level IV ☐ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Siskiyou	Year: 2023	Table 9 Page #: 15 of 17

FACILITY INFORMATION		
Name: **Mercy Medical Center Mt. Shasta**		
Address: **914 Pine Street, Mount Shasta, CA 96067**		
Telephone Number: **(530) 926-9381**		
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No	
FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency		
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☒ Level III ☐ Level IV ☐ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Tehama	Year: 2023	Table 9 Page #: 16 of 17

FACILITY INFORMATION	
Name: **St. Elizabeth Community Hospital**	
Address: **2550 Sister Mary Columba Drive, Red Bluff, CA 96080**	
Telephone Number: **(530) 529-8000**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☒ Level III ☐ Level IV ☐ N/A		
STEMI Center: ☐ Yes ☒ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yuba	Year: 2023	Table 9 Page #: 17 of 17

FACILITY INFORMATION	
Name: **Adventist Health And Rideout**	
Address: **726 4th Street, Marysville, CA 95901**	
Telephone Number: **(530) 749-4300**	
Base Hospital: ☒ Yes ☐ No	Written Contact: ☒ Yes ☐ No

FACILITY DESIGNATIONS/CAPABILITIES		
General Emergency Service Capabilities		
☐ Referral Emergency	☐ Standby Emergency	
☒ Basic Emergency	☐ Comprehensive Emergency	
Pediatric Emergency Service Capabilities		
PCC[1]: ☐ Yes ☒ No	EDAP[2]: ☐ Yes ☒ No	PICU[3]: ☐ Yes ☒ No
Specialty Care Center Service Capabilities		
Burn Center: ☐ Yes ☒ No	Pediatric Trauma Center: ☐ Yes ☒ No	
Adult Trauma Center: ☒ Yes ☐ No	ACS Verified: ☒ Yes ☐ No ☐ N/A	
Trauma Center Level: ☐ Level I ☐ Level II ☒ Level III ☐ Level IV ☐ N/A		
STEMI Center: ☒ Yes ☐ No	Stroke Center: ☒ Yes ☐ No	
Stroke Center Level: ☒ Primary ☐ Thrombectomy Capable ☐ Comprehensive ☐ N/A		

[1]Meets EMSA Pediatric Critical Care Center (PCCC) Standards
[2]Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3]Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

2023 S-SV EMS PLAN

TABLE 10

APPROVED EMS TRAINING PROGRAMS

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2023	Table 10 Page #: 1 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Butte Community College**
Address: **3356 Butte Campus Drive, Oroville, CA 95965**
Telephone Number: **(530) 895-2487**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No
Program Approval Expiration	**12/31/2024**	**N/A**	**12/31/2025**
Student Eligibility	**General Public**	**N/A**	**General Public**
Initial Program Cost	**$1400**	**N/A**	**$4450**
Refresher Program Cost	**$43**	**N/A**	**N/A**
# Of Annual Students* – Initial	**192**	**N/A**	**24**
# Of Annual Students* – Refresher	**15**	**N/A**	**N/A**
# Of Annual Courses – Initial	**8**	**N/A**	**1**
# Of Annual Course – Refresher	**2**	**N/A**	**0**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2023	Table 10 Page #: 2 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Butte College - Fire Academy**
Address: **3536 Butte Campus Drive, Oroville, CA 95965**
Telephone Number: **(530) 895-2402**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2024**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$625**	**N/A**	**N/A**
Refresher Program Cost	**$154**	**N/A**	**N/A**
# Of Annual Students* – Initial	**56**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**0**	**N/A**	**N/A**
# Of Annual Courses – Initial	**2**	**N/A**	**N/A**
# Of Annual Course – Refresher	**0**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2023	Table 10 Page #: 3 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **EMST, LLC / Oroville Adult Education Center**
Address: **1900 Oro Dam Blvd #12-375**
Telephone Number: **530-403-8432**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2026**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$1285.00**	**N/A**	**N/A**
Refresher Program Cost	**N/A**	**N/A**	**N/A**
# Of Annual Students* – Initial	**25**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**N/A**	**N/A**	**N/A**
# Of Annual Courses – Initial	**2**	**N/A**	**N/A**
# Of Annual Course – Refresher	**N/A**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Colusa	Year: 2023	Table 10 Page #: 4 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Woodland Community College - Colusa Campus**
Address: **99 Ella Street, Williams, CA 95987**
Telephone Number: **(530) 668-2500**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**06/30/2024**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$752**	**N/A**	**N/A**
Refresher Program Cost	**$56**	**N/A**	**N/A**
# Of Annual Students* – Initial	**14**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**0**	**N/A**	**N/A**
# Of Annual Courses – Initial	**1**	**N/A**	**N/A**
# Of Annual Course – Refresher	**1**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Nevada/Placer	Year: 2023	Table 10 Page #: 5 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Sierra College**
Address: **5100 Sierra College Blvd, Rocklin, CA 95677**
Telephone Number: **(916) 781-6251**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2025**	**12/31/2027**	**N/A**
Student Eligibility	**General Public**	**General Public**	**N/A**
Initial Program Cost	**$414**	**$437**	**N/A**
Refresher Program Cost	**$46**	**N/A**	**N/A**
# Of Annual Students* – Initial	**289**	**7**	**N/A**
# Of Annual Students* – Refresher	**49**	**N/A**	**N/A**
# Of Annual Courses – Initial	**14**	**1**	**N/A**
# Of Annual Course – Refresher	**3**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Placer	Year: 2023	Table 10 Page #: 6 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **NCTI-Roseville**
Address: **2995 Foothills Boulevard, Suite 100, Roseville, CA 95747**
Telephone Number: **(916) 960-6284**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No
Program Approval Expiration	**12/31/2025**	**N/A**	**12/31/2025**
Student Eligibility	**General Public**	**N/A**	**General Public**
Initial Program Cost	**$2549**	**N/A**	**$13,500**
Refresher Program Cost	**N/A**	**N/A**	**N/A**
# Of Annual Students* – Initial	**50**	**N/A**	**66**
# Of Annual Students* – Refresher	**N/A**	**N/A**	**N/A**
# Of Annual Courses – Initial	**4**	**N/A**	**3**
# Of Annual Course – Refresher	**N/A**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Shasta	Year: 2023	Table 10 Page #: 7 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Shasta College EMS Program**
Address: **11555 Old Oregon Trail, Redding, CA 96003**
Telephone Number: **(530) 242-7563 / (530) 242-2207**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2025**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$368.50**	**N/A**	**N/A**
Refresher Program Cost	**$92.50**	**N/A**	**N/A**
# Of Annual Students* – Initial	**95**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**20**	**N/A**	**N/A**
# Of Annual Courses – Initial	**6**	**N/A**	**N/A**
# Of Annual Course – Refresher	**2**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Shasta	Year: 2023	Table 10 Page #: 8 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Shasta Union High School District**
Address: **2200 Eureka Way, Redding, CA 96001**
Telephone Number: **(530) 241-3261, (916) 834-8995**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2025**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$0**	**N/A**	**N/A**
Refresher Program Cost	**N/A**	**N/A**	**N/A**
# Of Annual Students* – Initial	**12**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**N/A**	**N/A**	**N/A**
# Of Annual Courses – Initial	**1**	**N/A**	**N/A**
# Of Annual Course – Refresher	**0**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou	Year: 2023	Table 10 Page #: 9 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **College of The Siskiyous**
Address: **800 College Ave, Weed, CA 96094**
Telephone Number: **(530) 938-5530**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No
Program Approval Expiration	**12/31/2026**	**N/A**	**12/31/2025**
Student Eligibility	**General Public**	**N/A**	**General Public**
Initial Program Cost	**$557.46**	**N/A**	**$5002**
Refresher Program Cost	**$250**	**N/A**	**0**
# Of Annual Students* – Initial	**53**	**N/A**	**25**
# Of Annual Students* – Refresher	**5**	**N/A**	**0**
# Of Annual Courses – Initial	**4**	**N/A**	**2**
# Of Annual Course – Refresher	**4**	**N/A**	**0**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Siskiyou	Year: 2023	Table 10 Page #: 10 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **NOLS Wilderness Medicine Institute**
Address: **800 College Ave., Weed, CA 96094**
Telephone Number: **(307) 335-2359**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2024**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$4750**	**N/A**	**N/A**
Refresher Program Cost	**N/A**	**N/A**	**N/A**
# Of Annual Students* – Initial	**150**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**0**	**N/A**	**N/A**
# Of Annual Courses – Initial	**5**	**N/A**	**N/A**
# Of Annual Course – Refresher	**0**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yuba	Year: 2023	Table 10 Page #: 11 of 14

EMS TRAINING PROGRAM INFORMATION
Name: **Yuba Community College**
Address: **2088 N. Beale Road, Marysville, CA 95901**
Telephone Number: **(530) 749-3879**

EMS TRAINING PROGRAM DETAILS			
Item/Description	**EMT Training Program**	**AEMT Training Program**	**Paramedic Training Program**
Training Program Approval	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Program Approval Expiration	**12/31/2024**	**N/A**	**N/A**
Student Eligibility	**General Public**	**N/A**	**N/A**
Initial Program Cost	**$1000**	**N/A**	**N/A**
Refresher Program Cost	**$500**	**N/A**	**N/A**
# Of Annual Students* – Initial	**120**	**N/A**	**N/A**
# Of Annual Students* – Refresher	**0**	**N/A**	**N/A**
# Of Annual Courses – Initial	**3**	**N/A**	**N/A**
# Of Annual Course – Refresher	**1**	**N/A**	**N/A**

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2023	Table 10 Page #: 12 of 14

S-SV EMS Approved Public Safety First Aid (PSFA) Training Programs			
Program Name	**Program Approval Expiration**	**Program County**	**Program Phone Number**
Accredited EMS Fire Training	12/31/2024	Colusa	925-708-5377
Assoc. Students - Wildcat Rec. Center	6/30/2025	Butte	530-898-5070
Auburn Rec. District	12/31/2025	Placer	530-885-8461
Butte Community College	12/31/2024	Butte	530-895-2321
Butte Valley Ambulance	12/31/2024	Siskiyou	530-397-2105
Chico Parks & Rec.	12/31/2025	Butte	530-895-4711
Craig Dunn Training	12/31/2026	Colusa	530-531-7501
Darcy Seipert	12/31/2025	Butte	530-321-7535
Durham Parks & Rec.	12/31/2026	Butte	209-329-1875
Glenn Codora Fire Protection District	12/31/2026	Glenn	530-330-9043
Grenada Fire Protection District	12/31/2024	Siskiyou	530-436-2200
Mountain Medics	1/31/2024	Siskiyou	530-605-5205
Mt. Shasta Fire District	12/31/2027	Siskiyou	530-926-0702
Nathan Borer	12/31/2026	Butte	530-838-8142
Orland Volunteer Fire Dept	12/31/2027	Glenn	530-865-1625
Rachel Jannsen	7/31/2026	Nevada	423-309-8335
Roseville Parks & Rec.	12/31/2025	Placer	916-774-5971
Shasta Community College	12/31/2025	Shasta	530-242-7500
Smartsville Fire Protection District	12/31/2026	Nevada	530-639-0405
Steve Duncan	12/31/2026	Siskiyou	928-542-6721
Training Alliance for Public Safety	12/31/2027	S-SV Region	530-521-7456
Truckee Donner Parks & Rec. District	12/31/2026	Nevada	530-550-4408
Yuba Community College	12/31/2026	Yuba	530-751-2023

***Note: PSFA Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2023	Table 10 Page #: 13 of 14

S-SV EMS Approved Emergency Medical Responder (EMR) Training Programs			
Program Name	**Program Approval Expiration**	**Program County**	**Program Phone Number**
Accredited EMS Fire Training	12/31/2027	Placer	925-708-5377
Butte Community College	12/31/2024	Butte	530-895-2321
Butte Valley Ambulance	12/31/2026	Siskiyou	530-397-2105
College of the Siskiyous	12/31/2026	Siskiyou	530-938-5578
Cottonwood Fire Protection District	12/31/2027	Shasta	530-347-4737
Craig Dunn Training	12/31/2026	Colusa	530-531-7501
EMSCES911	12/31/2024	Sutter	530-632-8204
Glenn-Codora Fire Protection District	12/31/2026	Glenn	530-330-9043
Grenada Fire Protection District	12/31/2024	Siskiyou	530-436-2200
Mountain Medics	1/31/2024	Siskiyou	530-605-5205
Mt. Shasta Fire District	12/31/2027	Siskiyou	530-926-7546
Orland Volunteer Fire Dept	12/31/2027	Glenn	530-865-1625
Shasta Community College	12/31/2027	Shasta	530-242-2207
Shasta Union High School District	12/31/2025	Shasta	916-834-8995
Sierra Community College	12/31/2024	Placer	916-781-6251
Smartsville Fire Protection District	12/31/2026	Nevada	530-639-0405
Training Alliance for Public Safety	12/31/2026	S-SV Region	530-521-7456

***Note: EMR Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2023	Table 10 Page #: 14 of 14

S-SV EMS Approved Tactical Casualty Care (TCC) Training Programs			
Program Name	**Program Approval Expiration**	**Program County**	**Program Phone Number**
Accredited EMS Fire Training	12/31/2024	S-SV Region	925-708-5377

***Note: TCC Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

2023 S-SV EMS PLAN

TABLE 11

DISPATCH AGENCIES

TABLE 11: DISPATCH AGENCY

County: Butte	Year: 2023	Table 11 Page #: 1 of 13

Dispatch Center Name: **Butte County Sheriff's Office Dispatch**						
Address: **5 Gillick Way, Oroville, CA 95965**						
Telephone Number: **(530) 538-7321**			Primary Contact: **Kory Honea**			
Ownership:	☒ Public	☐ Private	If Public:	☐ Fire	☒ Law	
If Public:	☐ City	☒ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **CAL FIRE Oroville Emergency Command Center (ECC)**						
Address: **176 Nelson Avenue, Oroville, CA 95965**						
Telephone Number: **(530) 538-7111**			Primary Contact: **John Gaddie**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☐ Law	
If Public:	☒ City	☒ County	☒ State	☐ Federal	☒ Fire District	
Contract:	☒ Yes	☐ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS			

Dispatch Center Name: **City of Chico Dispatch**						
Address: **1460 Humboldt Road, Chico, CA 95928**						
Telephone Number: **(530) 897-4900**			Primary Contact: **Jeramie Struthers**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Butte	Year: 2023	Table 11 Page #: 2 of 13

Dispatch Center Name: **City of Oroville Dispatch**						
Address: **2055 Lincoln Street, Oroville, CA 95966**						
Telephone Number: **(530) 538-2444**			Primary Contact: **Dispatch Supervisor**			
Ownership:	☒ Public	☐ Private	If Public:	☐ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **Enloe MEDCOM Dispatch**						
Address: **1444 Magnolia Ave, Chico, CA 95926**						
Telephone Number: **(530) 332-3030**			Primary Contact: **Robert Sutton**			
Ownership:	☐ Public	☒ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☒ Yes	☐ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Colusa	Year: 2023	Table 11 Page #: 3 of 13

Dispatch Center Name: **Colusa County Sheriff's Office Dispatch**						
Address: **929 Bridge Street, Colusa, CA 95932**						
Telephone Number: **(530) 458-0233**			Primary Contact: **Brenna Van Atta**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☐ City	☒ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **Enloe MEDCOM Dispatch**						
Address: **1444 Magnolia Avenue, Chico, CA 95926**						
Telephone Number: **(530) 332-3030**			Primary Contact: **Robert Sutton**			
Ownership:	☐ Public	☒ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☒ Yes	☐ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Glenn	Year: 2023	Table 11 Page #: 4 of 13

Dispatch Center Name: **Glenn County Sheriff's Office Dispatch**						
Address: **543 W. Oak Street, Willows, CA 95988**						
Telephone Number: **(530) 934-6441**			Primary Contact: **Dispatch Supervisor**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☐ City	☒ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **Enloe MEDCOM Dispatch**						
Address: **1444 Magnolia Avenue, Chico, CA 95926**						
Telephone Number: **(530) 332-3030**			Primary Contact: **Robert Sutton**			
Ownership:	☐ Public	☒ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☒ Yes	☐ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Nevada	Year: 2023	Table 11 Page #: 5 of 13

Dispatch Center Name: **CAL FIRE Grass Valley Emergency Command Center (ECC)**									
Address: **13120 Loma Rica Drive, Grass Valley, CA 95945**									
Telephone Number: **(530) 477-0641**					Primary Contact: **Kevin McKeown**				
Ownership:	☒ Public	☐ Private			If Public:	☒ Fire	☐ Law		
If Public:	☒ City	☒ County	☒ State	☐ Federal	☒ Fire District				
Contract:	☒ Yes	☐ No			Medical Director:	☒ Yes	☐ No		
EMD:	☒ Yes	☐ No							
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS						

Dispatch Center Name:									
Address:									
Telephone Number:					Primary Contact:				
Ownership:	☐ Public	☐ Private			If Public:	☐ Fire	☐ Law		
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District				
Contract:	☐ Yes	☐ No			Medical Director:	☐ Yes	☐ No		
EMD:	☐ Yes	☐ No							
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS						

Dispatch Center Name:									
Address:									
Telephone Number:					Primary Contact:				
Ownership:	☐ Public	☐ Private			If Public:	☐ Fire	☐ Law		
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District				
Contract:	☐ Yes	☐ No			Medical Director:	☐ Yes	☐ No		
EMD:	☐ Yes	☐ No							
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS						

TABLE 11: DISPATCH AGENCY

County: Placer	Year: 2023	Table 11 Page #: 6 of 13

Dispatch Center Name: **American Medical Response Sacramento Dispatch**					
Address: **1041 Fee Drive, Sacramento, CA 95815**					
Telephone Number: **(800) 913-9112**			Primary Contact: **Timothy Reeser**		
Ownership:	☐ Public	☒ Private	If Public:	☐ Fire	☐ Law
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District
Contract:	☒ Yes	☐ No	Medical Director:	☒ Yes	☐ No
EMD:	☒ Yes	☐ No			
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS		

Dispatch Center Name: **CAL FIRE Grass Valley Emergency Command Center (ECC)**					
Address: **13120 Loma Rica Drive, Grass Valley, CA 95945**					
Telephone Number: **530-477-0641**			Primary Contact: **Kevin McKeown**		
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☐ Law
If Public:	☒ City	☒ County	☒ State	☐ Federal	☒ Fire District
Contract:	☒ Yes	☐ No	Medical Director:	☒ Yes	☐ No
EMD:	☒ Yes	☐ No			
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS		

Dispatch Center Name: **City of Lincoln Dispatch**					
Address: **770 7th Street, Lincoln, CA 95648**					
Telephone Number: **(916) 645-4040**			Primary Contact: **Jeff Morse**		
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No
EMD:	☐ Yes	☒ No			
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS		

TABLE 11: DISPATCH AGENCY

County: Placer	Year: 2023	Table 11 Page #: 7 of 13

Dispatch Center Name: **Placer County Sheriff's Office Dispatch**						
Address: **2929 Richardson Drive, Auburn, CA 95603**						
Telephone Number: **(530) 889-7800**			Primary Contact: **Kimberly Thomson**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☐ City	☒ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **City of Rocklin Dispatch**						
Address: **4080 Rocklin Road, Rocklin, CA 95677**						
Telephone Number: **(916) 625-5400**			Primary Contact: **Myra Salazar**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **City of Roseville Dispatch**						
Address: **1051 Junction Boulevard, Roseville, CA 95678**						
Telephone Number: **(916) 774-5000**			Primary Contact: **Claudia Harlan**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Shasta	Year: 2023	Table 11 Page #: 8 of 13

Dispatch Center Name: **CAL FIRE Redding Emergency Command Center (ECC)**						
Address: **875 Cypress Avenue, Redding, CA 96001**						
Telephone Number: **(530) 225-2418**			Primary Contact: **Sean Johnson**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☐ Law	
If Public:	☐ City	☒ County	☒ State	☐ Federal	☒ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **SHASCOM**						
Address: **3101 South Street, Redding, CA 96001**						
Telephone Number: **(530) 245-6500**			Primary Contact: **Jessica Larmour**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☒ County	☐ State	☐ Federal	☒ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☐ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Siskiyou	Year: 2023	Table 11 Page #: 9 of 13

Dispatch Center Name: **CAL FIRE Yreka Interagency Command Center (YICC)**						
Address: **1809 Fairlane Road, Yreka, CA 96097**						
Telephone Number: **(530) 842-3516**			Primary Contact: **Keith Mapes**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☐ Law	
If Public:	☒ City	☒ County	☒ State	☒ Federal	☒ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Sutter	Year: 2023	Table 11 Page #: 10 of 13

Dispatch Center Name: **Bi County Ambulance Dispatch**					
Address: **1900 Poole Boulevard, Yuba City, CA 95993**					
Telephone Number: **(530) 674-2780**			Primary Contact: **Cameron Bumpus**		
Ownership:	☐ Public	☒ Private	If Public:	☐ Fire	☐ Law
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District
Contract:	☒ Yes	☐ No	Medical Director:	☐ Yes	☒ No
EMD:	☐ Yes	☒ No			
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS		

Dispatch Center Name: **Sutter County Sheriff's Office Dispatch**					
Address: **1077 Civic Center Boulevard, Yuba City, CA 95993**					
Telephone Number: **(530) 822-7307**			Primary Contact: **Tabatha Lopez**		
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law
If Public:	☐ City	☒ County	☐ State	☐ Federal	☐ Fire District
Contract:	☐ Yes	☒ No	Medical Director:	☒ Yes	☐ No
EMD:	☒ Yes	☐ No			
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☐ MPDS		

Dispatch Center Name: **City of Yuba City Dispatch**					
Address: **1545 Poole Boulevard, Yuba City, CA 95993**					
Telephone Number: **(530) 822-4797**			Primary Contact: **Tawnya Smallwood**		
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No
EMD:	☐ Yes	☒ No			
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS		

TABLE 11: DISPATCH AGENCY

County: Tehama	Year: 2023	Table 11 Page #: 11 of 13

Dispatch Center Name: **CAL FIRE Red Bluff Emergency Command Center (ECC)**						
Address: **604 Antelope Boulevard, Red Bluff, CA 96080**						
Telephone Number: **(530) 528-5199**			Primary Contact: **Travis Bowersox**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☐ Law	
If Public:	☒ City	☒ County	☒ State	☐ Federal	☒ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **City of Corning Dispatch**						
Address: **814 5th Street, Corning, CA 96021**						
Telephone Number: **(530) 824-7044**			Primary Contact: **Tom Tomlinson**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **City of Red Bluff Dispatch**						
Address: **555 Washington Street, Red Bluff, CA 96080**						
Telephone Number: **(530) 527-3131**			Primary Contact: **Kyle Sanders**			
Ownership:	☒ Public	☐ Private	If Public:	☐ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

TABLE 11: DISPATCH AGENCY

County: Yuba	Year: 2023	Table 11 Page #: 12 of 13

Dispatch Center Name: **Bi County Ambulance Dispatch**						
Address: **1900 Poole Boulevard, Yuba City, CA 95993**						
Telephone Number: **(530) 674-2780**			Primary Contact: **Cameron Bumpus**			
Ownership:	☐ Public	☒ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☒ Yes	☐ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name: **CAL FIRE Grass Valley Emergency Command Center (ECC)**						
Address: **13120 Loma Rica Drive, Grass Valley, CA 95945**						
Telephone Number: **(530) 477-0641**			Primary Contact: **Kevin McKeown**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☒ County	☒ State	☐ Federal	☒ Fire District	
Contract:	☒ Yes	☐ No	Medical Director:	☒ Yes	☐ No	
EMD:	☒ Yes	☒ No				
EMD Type:	☐ N/A	☒ Pre-arrival instructions	☒ MPDS			

Dispatch Center Name: **City of Marysville Dispatch**						
Address: **316 6th Street, Marysville, CA 95901**						
Telephone Number: **(530) 749-3900**			Primary Contact: **Kelly Mincer**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

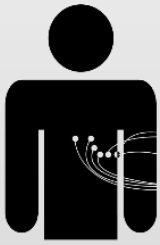
TABLE 11: DISPATCH AGENCY

County: Yuba	Year: 2023	Table 11 Page #: 13 of 13

Dispatch Center Name: **Yuba County Sheriff's Office Dispatch**						
Address: **720 Yuba Street, Marysville, CA 95901**						
Telephone Number: **(530) 749-7777**			Primary Contact: **Nina Wideman**			
Ownership:	☒ Public	☐ Private	If Public:	☒ Fire	☒ Law	
If Public:	☒ City	☒ County	☐ State	☐ Federal	☒ Fire District	
Contract:	☐ Yes	☒ No	Medical Director:	☐ Yes	☒ No	
EMD:	☐ Yes	☒ No				
EMD Type:	☒ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			

Dispatch Center Name:						
Address:						
Telephone Number:			Primary Contact:			
Ownership:	☐ Public	☐ Private	If Public:	☐ Fire	☐ Law	
If Public:	☐ City	☐ County	☐ State	☐ Federal	☐ Fire District	
Contract:	☐ Yes	☐ No	Medical Director:	☐ Yes	☐ No	
EMD:	☐ Yes	☐ No				
EMD Type:	☐ N/A	☐ Pre-arrival instructions	☐ MPDS			



2023 STEMI Critical Care System Plan Update

Sierra-Sacramento Valley EMS Agency

Updated: January 2024

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS) was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional STEMI system planning. The S-SV EMS region covers approximately 21,000 square miles and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by both public and private providers. Hospitals providing STEMI services within the S-SV EMS region are well distributed into both rural and urban areas, and well serve the needs of STEMI patients. The S-SV EMS region is currently served by the following EMS system resources:

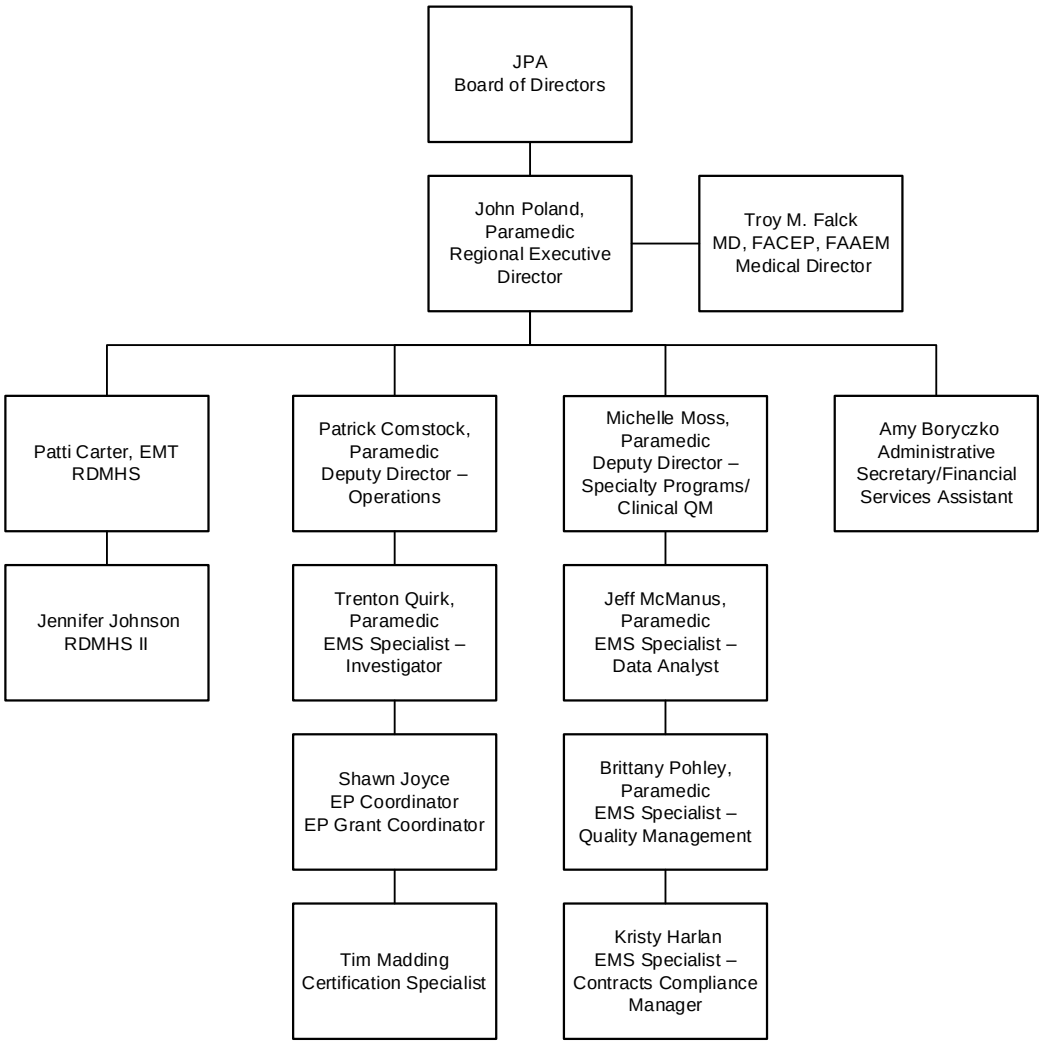
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 6 of which are S-SV EMS designated STEMI Receiving Centers

The S-SV EMS STEMI system is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional STEMI Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Committee
- S-SV EMS Regional Emergency Medical Advisory Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS STEMI System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS STEMI System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS STEMI System related duties as necessary/appropriate. In addition, George Fehrenbacher, MD, Sutter Roseville Medical Center Interventional Cardiologist serves as the S-SV EMS STEMI QI Committee Chairperson,



S-SV EMS STEMI System Changes

There were no significant changes to the S-SV EMS STEMI system in 2023.

Number and Designation of Designated STEMI Receiving Centers

As of January 2024, there are 6 designated STEMI Receiving Centers within the S-SV EMS region. As an agency, we have worked diligently to assist these centers with obtaining and reporting quality data. We have developed an internal assessment tool for ongoing performance evaluation and quality improvement of our STEMI system. The following facilities are currently designated as STEMI Receiving Centers (SRCs) by the S-SV EMS Agency:

Facility	Location	SRC Contract Expiration
Adventist Health +Rideout	Marysville, CA	12/31/2024
Enloe Medical Center	Chico, CA	12/31/2024
Kaiser Roseville Medical Center	Roseville, CA	12/31/2024
Mercy Medical Center Redding	Redding, CA	12/31/2024
Shasta Regional Medical Center	Redding, CA	12/31/2024
Sutter Roseville Medical Center	Roseville, CA	12/31/2024

S-SV EMS STEMI System Data Collection

S-SV EMS has been collecting comprehensive STEMI patient data from the regional SRCs since 2010. S-SV EMS has been utilizing the AHA GWTG-CAD registry for SRC reporting since January 2020. All S-SV EMS designated SRCs are users within the system and S-SV EMS accesses the data as a super-user.

S-SV EMS STEMI System Public Education

All S-SV EMS designated SRCs are required to provide public education about STEMI warning signs and the importance of early utilization of the 911 system. This public education information is reported by the SRCs to S-SV EMS on an annual basis. In addition, multiple EMS prehospital agencies provide EMS public education in various settings on an ongoing basis (health fairs and other similar events). This public education information is reported by

EMS prehospital provider agencies to S-SV EMS as part of their annual EMSQIP reports/ updates.

S-SV EMS STEMI System Quality Improvement

The S-SV EMS Regional STEMI QI Committee meets twice per year. A comprehensive review of STEMI patient data and case reviews are discussed during these meetings, as well as reviews of S-SV EMS policies and protocols which direct care and management of STEMI patients in the S-SV EMS region. The S-SV EMS region 2023 SRC reporting metrics are included on the following page.

S-SV EMS STEMI System Policies/Protocols

The following S-SV EMS policies/protocols are currently utilized to direct the prehospital care and management of STEMI patients in the S-SV EMS Region:

- Chest Discomfort/Suspected Acute Coronary Syndrome (ACS) (C-6)
- STEMI Receiving Center Designation Criteria, Requirements & Responsibilities (506)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)
- 12-Lead EKG Procedure (1107)

Copies of these current policies/protocols are included on the following pages.

S-SV EMS STEMI System 2023 SRC Reporting Metrics

SRC		
#	Measure	Population
1	STEMI Patient volume by SRC (EMS, WI, IFT)	All patients with a cardiac diagnosis of: Confirmed AMI - STEMI
2	Average ED time (EMS/WI)	All patients with a cardiac diagnosis of : Confirmed AMI-STEMI.
3	Average FMC to PCI (EMS/WI)	All patients with a cardiac diagnosis of: Confirmed AMI - STEMI, AND STEMI or STEMI Equivalent on First ECG, AND no EMS transports >45 minutes, AND PCI was performed, AND no lytics prior to PCI, AND no Non-System reasons for delay
4	Average Time from EMS Pre-Alert to Cath Lab Activation	All patients who are transported directly to the SRC by EMS, AND have STEMI or STEMI on EMS EKG.
5	% EMS First Medical Contact to PCI <= 90 minutes or <= 120 minutes if transport is > 45 minutes	All patients for whom PCI is the primary reperfusion strategy AND who have STEMI or STEMI equivalent first noted on first ECG, AND who arrive at the SRC via ambulance, AND essential calculation data not missing, AND time from FMC to first device activation is not > 12 hours. EXCLUDES TRANSFERS AND PATIENTS RECEIVING LYTICS.
EMS		
#	Measure	Population
1	Median FMC to 12 lead, by provider	All patients who are transported from scene to SRC by EMS, AND 1st 12 Lead is performed prior to arrival at SRC. EXCLUDES TRANSFERS
2	Median time from FMC to destination alert for STEMI patients	All patients who are transported from scene to SRC by EMS, AND 1st 12 Lead is performed prior to arrival at SRC, AND prehospital EKG indicates STEMI or STEMI equivalent. EXCLUDES TRANSFERS
3	Median Scene time, by provider	
4	Over-Under triage, by provider	All patients with a STEMI indicated on PCR by way of Primary/Secondary Impression, STEMI alert or STEMI on ECG prior to hospital arrival. EXCLUDES TRANSFERS.
IFT		
#	Measure	Population
1	Transfer patient volume	All AHA-GWTG patients who were transferred from a SRH.
2	Average door to 12 lead, by SRH	
3	# Receiving thrombolytics at SRH	All AHA-GWTG patients who were transferred from a SRH and received thrombolytics.
4	Average time to thrombolytics, by SRH	
5	Average SRH arrive to transfer time, by SRH	All AHA-GWTG patients who were transferred from a SRH.
6	Average SRH arrive to PCI	All AHA-GWTG patients who received primary PCI.

Sierra – Sacramento Valley EMS Agency Treatment Protocol	C-6
Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)	
Approval: Troy M. Falck, MD – Medical Director	Effective: 06/01/2022
Approval: Victoria Pinette – Executive Director	Next Review: 05/2025

- **Common symptoms associated with ACS include, but are not limited to:**
  - **Dyspnea/SOB**
  - **Palpitations**
  - **Diaphoresis**
  - **Nausea/vomiting**
  - **Lightheadedness/near-syncope/syncope**
  - **Upper abdominal pain or heartburn unrelated to meals**
  - **Discomfort in the throat or abdomen may occur in pts with diabetes, women & elderly pts**
- **Fleeting or sharp chest pain that increases with inspiration & lying supine is unlikely to be ACS related.**
- **Pt assessment, treatment & transport destination determination should occur concurrently.**

BLS

- Assess V/S, including SpO_2
- O_2 at appropriate rate if hypoxemic (SpO_2 <94%), short of breath, or signs of heart failure or shock
- P-Q-R-S-T

Aspirin
- 160 - 325 mg chewable PO (anticoagulant use is not a contraindication to administration)

ALS

- Cardiac monitor
- 12-lead EKG as soon as possible (prior to nitroglycerin administration)
  - Criteria for ST Elevation Myocardial Infarction (STEMI):
    1. Machine readout: 'Meets ST Elevation MI Criteria', 'Acute MI', 'STEMI' (or equivalent)
    2. ST elevation in 2 or more contiguous leads
  - For pts with suspected ACS, serial 12-lead EKGs should be obtained if the pt's clinical status changes or if EKG changes are noted on the monitor, and every 15 mins if transport times are long
- IV/IO at appropriate time during treatment
  - Administer 250 mL NS fluid boluses to maintain SBP >90
  - Do not administer fluid if signs of heart failure

If discomfort persists following initial 12-lead acquisition:

Nitroglycerin
- 0.4 mg SL (tablet or spray), repeat every 5 mins if discomfort persists
- Do not administer if SBP <100,
- Use with caution for pts with suspected inferior MI (establish vascular access prior to administration)
- Consult with base/modified base hospital prior to administration if pt takes erectile dysfunction or pulmonary hypertension medication

SEE PAGE 2 FOR ADDITIONAL ALS TREATMENT & PT DESTINATION

Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)

ADDITIONAL ALS TREATMENT & PT DESTINATION

If discomfort persists following one or more EMS administered nitroglycerine doses:

Fentanyl
- 25 mcg slow IV/IO
- May repeat every 5 mins if discomfort persists (maximum cumulative dose: 200 mcg)

Morphine Sulfate
- 2 mg slow IV/IO
- May repeat every 5 mins if discomfort persists (maximum cumulative dose: 20 mg)

ⓘ Do not administer fentanyl or morphine to pts with any of the following contraindications:
- Systolic BP <100 - Hypoxia or RR <12 - ALOC or evidence of head injury

ⓘ If administering fentanyl & morphine to the same pt, maximum cumulative dose: 100 mcg fentanyl & 10 mg morphine

For current or potential nausea/vomiting:

Zofran (Ondansetron)
- 4 - 8 mg slow IV/IO, IM or ODT
- May be administered concurrently with fentanyl or morphine to reduce potential nausea/vomiting

STEMI Criteria Met? — NO → **Transport to Closest Facility**

YES

Both STEMI Criteria Met? — NO → **Contact closest facility for destination consultation**
- Transmit 12-lead to closest facility if able

YES

≤45 min to STEMI Receiving Center (SRC) — NO → **Contact closest facility for destination consultation**

YES

Any of the following criteria met?
- CPR in progress
- Unmanageable airway
- Unstable v-tach

YES → **Contact closest facility for destination consultation**

NO

Transport Directly to SRC
- Transmit 12-lead to SRC if able
- Advise SRC of "STEMI ALERT"

STEMI Pt Notes

- When possible, any 12-lead meeting STEMI criteria shall be transmitted within 10 mins of first STEMI positive 12-lead.
- Scene time for STEMI pts should be ≤10 mins.
- When possible, obtain & relay to the receiving hospital the name/contact information of an individual who can make decisions on behalf of the pt.
- Always relay pertinent medical directives (DNR, POLST, etc.) to the receiving hospital.

Sierra – Sacramento Valley EMS Agency Program Policy			
STEMI Receiving Center Designation Criteria, Requirements & Responsibilities			
	Effective: 06/01/2022	Next Review: 01/2025	**506**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish STEMI receiving center (SRC) designation criteria, requirements and responsibilities.

AUTHORITY:

A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.

B. California Code of Regulations, Title 13, § 1105 (c).

C. California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

A. **Percutaneous Coronary Intervention (PCI)** – A procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient.

B. **Primary PCI –** Urgent balloon angioplasty (with or without stenting), without the previous administration of fibrinolytic therapy or platelet glycoprotein IIb/IIIa inhibitors, to open the infarct-related artery during an acute myocardial infarction with ST-segment elevation.

C. **ST-Elevation Myocardial Infarction (STEMI)** – A clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on EKG.

D. **STEMI Receiving Center (SRC)** – A licensed general acute care facility that has emergency interventional cardiac catheterization capabilities, meets the minimum STEMI care requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.1, § 100270.124), and is designated as a SRC by S-SV EMS.

E. **STEMI Referring Hospital (SRH)** – A licensed general acute care facility that does not have emergency interventional cardiac catheterization capabilities, and transfers STEMI patients to SRCs for PCI services when necessary.

STEMI Receiving Center Designation Criteria, Requirements & Responsibilities	506

POLICY:

A. Criteria for assessment, identification, treatment and transport of prehospital suspected STEMI patients shall be based on S-SV EMS Chest Pain/Suspected Symptoms of Cardiac Origin Protocol (C-6).

B. The following shall be met for a hospital to be designated as a SRC by S-SV EMS:

1. Be licensed by the California Department of Public Health Services as a general acute care hospital.

2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.

3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

4. Have a cardiac catheterization laboratory (cath lab) license.

5. Have intra-aortic balloon pump capability.

6. Have cardiovascular surgical services available on site. If cardiovascular surgical services are not available on site, the SRC must have a rapid transfer plan and written agreement in place with a facility that provides cardiovascular surgical services. The expectation is that for emergency cases, the patient will arrive at the cardiac surgical hospital within one (1) hour of the decision to operate.

7. Be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.

8. Have a communication system for notification of a prehospital suspected STEMI patient, including 12-lead EKG receiving capabilities.

9. Have established protocols for triage, diagnosis, and cath lab activation following notification of a prehospital suspected STEMI patient.

10. Maintain a STEMI team call roster (including a cardiologist with PCI privileges and other appropriate cath lab team members).

11. Have a single call activation system to activate the cath lab team directly.

12. Ensure the cath lab team is available within 30 minutes of call activation.

13. Have written protocols in place for the identification of STEMI patients.

14. Have a process in place for the treatment and triage of simultaneously arriving STEMI patients.

15. Agree to accept all prehospital suspected STEMI patients according to applicable S-SV EMS policies/protocols.

16. Agree to accept all STEMI patients from adjacent SRHs, and have transfer plans/ agreements in place to ensure rapid transport of these patients to the SRC.

17. Perform a minimum of 36 Primary PCI and 200 total PCI procedures annually.

18. Have the following STEMI Program oversight staff:

- One STEMI Program Medical Director who is a physician board certified/ eligible in interventional cardiology with active PCI privileges at the SRC, and one STEMI Program Medical Co-Director who is a physician board certified/ eligible in emergency medicine with active privileges to practice in the emergency department at the SRC.
  - STEMI Program Medical Director/Co-Medical Director responsibilities:
    - Oversight of STEMI program patient care.
    - Participation in development of STEMI Program clinical practice guidelines/protocols.
    - Coordination of STEMI program staff and services.
    - Authority/accountability for STEMI Program quality and performance improvement.
    - Establish and monitor STEMI Program quality control.
    - Regular participation in S-SV EMS Regional STEMI QI Committee activity.
- One STEMI Program Manager who is an RN trained/certified in critical care nursing and affiliated with the cardiac catheterization laboratory at the SRC, and one STEMI Program Co-Manager who is an RN trained/certified in critical care nursing and affiliated with the emergency department at the SRC.
  - STEMI Program Manager/Co-Manager responsibilities:
    - Support the STEMI Program Medical Director/Co-Medical Director functions.
    - Acts as the STEMI Program EMS liaison.
    - Assures EMS-SRC STEMI data sharing.
    - Manages EMS-SRC STEMI QI activities.
    - Authority/accountability for STEMI Program quality and performance improvement.
    - Regular participation in S-SV EMS Regional STEMI QI Committee activity.

19. Have job descriptions and an organizational structure clarifying the relationship between the STEMI medical directors, STEMI program manager, and the STEMI team and hospital administration.

20. Have a quality improvement (QI) process in place to track and improve treatment (acutely and at discharge) with American College of Cardiology (ACC) and American Heart Association (AHA) guidelines-based Class 1 therapies. At a minimum, this process will evaluate performance in meeting the following AHA/ ACC STEMI Receiving Center Achievement Measures:

    - Fibrinolysis within 30 minutes of ED arrival, if administered.
    - SRC Arrival to PCI ≤90 minutes for patients arriving by non-EMS modes of transport.
    - EMS First Medical Contact (FMC) to PCI ≤90 minutes, or ≤120 minutes when transport time is prolonged (≥45 minutes).

21. Have a QI process in place to provide ongoing feedback to adjacent SRHs on patients transferred for STEMI services. At a minimum, this QI process shall evaluate and provide SRH feedback of the following:

    - SRH STEMI patient door-to-first ECG time (goal <10 minutes).
    - SRH STEMI patient door-to-transfer time (goal <30 minutes).
    - SRH STEMI patient door-to-fibrinolysis time, if applicable (goal <30 minutes).
    - Operational issues related to STEMI patient transfer delays.
    - Proportion of STEMI patients receiving fibrinolysis prior to transport when the system cannot achieve times consistent with ACC/AHA guidelines for primary PCI.
    - Proportion of STEMI-eligible patients receiving any reperfusion (PCI or fibrinolysis) therapy.

22. Conduct regularly scheduled multidisciplinary team meetings to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified, and solutions implemented.

23. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of 12-lead EKG acquisition and interpretation, as well as assessment and management of STEMI patients.

24. Provide public education about STEMI warning signs and the importance of early utilization of the 9-1-1 system.

25. Comply with all data collection, QI and performance standards as defined in S-SV EMS SRC contracts.

C. SRC diversion of STEMI patients shall only occur during times of an internal disaster or when the cath lab is otherwise unavailable.

1. Notification shall be made to the following entities at least 24 hours prior to any planned event, or as soon as possible for any unplanned event, resulting in the cath lab being unavailable:

- S-SV EMS.
- SRC emergency department – to include a status posting on EMResource indicating that the cath lab is unavailable.
- Appropriate adjacent SRC(s).
- Appropriate prehospital provider agencies.

2. All appropriate entities shall be notified as soon as possible when the cath lab is subsequently available.

3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

A. The SRC applicant shall be designated after satisfactory review of written documentation and an initial site survey conducted by S-SV EMS representatives or designees and completion of a contract between the hospital and S-SV EMS.

B. Designated SRCs shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.

C. Failure to comply with the criteria and performance standards outlined in this policy and/or SRC contracts may result in probation, suspension or rescission of SRC designation. Compliance will be solely determined by S-SV EMS.

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/1/2023	Next Review: 7/2026	**510**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke, and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

A. HSC, Division 2.5, Chapter 2, § 1797.67 and 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.

B. CCR, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

A. **STEMI Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).

B. **Stroke Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.

C. **Trauma Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of a seriously injured patient from a non-trauma facility, or a lower-level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

A. STEMI patients from a hospital within the S-SV EMS region shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.

B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

C. Trauma patients from a hospital within the S-SV EMS region meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.

2. Immediately after a STEMI is identified, contact the SRC to arrange transfer. Contact the SRC interventional cardiologist as needed.

3. If SRH arrival to PCI at the SRC is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. Contact the SRC early to discuss coordination of care. The goal for door to thrombolytics is <30 minutes.

4. Patients with an SRH identified STEMI should be transferred within 45 minutes utilizing the most appropriate transport resources based on patient condition and needs.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.

2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.

3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center Criteria (incorporated into this policy for reference).

2. Emergency Transfer ("Red Box") Trauma Patients:

- The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting "Red Box" criteria.

3. Urgent Transfer Trauma Patients:

   - The goal is to transfer patients meeting any 'Urgent Transfer' criteria within four (4) hours of arrival at the transferring facility.
   - Contact the closest most appropriate Trauma Center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on the patient's condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.

2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.

3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival at the sending facility. Availability of records should not delay the transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.

4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center

North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic

- For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation
- Patients requiring blood products to maintain their blood pressure

Note:

1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension
2. Systolic blood pressure <110 may represent shock in patients >65 years of age

Extremity Injuries

- Amputation of extremity proximal to wrist or ankle
- Open long-bone fractures
- Two or more long-bone fracture sites*
- Crush injury/mangled extremity

*A radius/ulna fracture or tibia/fibula fracture are considered one site

Neck & Thoracic Injuries

- Tracheobronchial injury
- Esophageal trauma
- Great vessel injury
- Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion
- Pneumothorax or hemothorax with respiratory failure
- Radiographic evidence of aortic injury
- Known or suspected cardiac injury

Neurological Injuries

- GCS deteriorating by 2 points during observation
- Open or depressed skull fracture
- Acute spinal cord injury
- Spinal fractures, unstable or potentially unstable
- Neurologic deficit

Abdominal Injuries

- Evisceration
- Free air, fluid or solid organ injury on diagnostic testing

Pelvic/Urogenital

- Bladder rupture

Burn Injuries

- Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age
- Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints
- Third-degree burns >5% of the body surface area in any age group
- Electrical burns, including lightning injury
- Burn injury with inhalation injury

Co-Morbid Factors

- Adults >55 years of age with significant trauma
- Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis)
- Patients taking anti-coagulant medication or platelet inhibitors
- Children <14 years of age with significant trauma
- Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002

Sierra – Sacramento Valley EMS Agency Program Policy			
12-Lead EKG Procedure			
	Effective: 06/01/2021	Next Review: 05/2024	**1107**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE

To establish indications and requirements for performing 12-lead electrocardiogram (EKG) procedures in the prehospital setting.

AUTHORITY

A. HSC, Division 2.5, § 1791.220.

B. CCR, Title 22, Division 9, Chapters 3 & 4.

POLICY

12-lead EKG procedures shall be performed on patients who present with one or more of the following:

A. Signs/symptoms suggestive of acute coronary syndrome (ACS) such as:

1. Non-traumatic chest or upper abdominal discomfort.
2. Syncope or near-syncope.
3. Acute generalized weakness.
4. Dyspnea.

B. Cardiac dysrhythmias on 4-lead EKG.

C. ROSC following cardiac arrest.

PROCEDURE

A. Packaged electrodes designed for single patient use (not bulk) shall be utilized for 12-lead EKG procedures.

B. The patient's skin shall be adequately prepared (wiped utilizing a 4x4 gauze pad and shaved if required) prior to electrode placement.

C. A minimum of the patient's age, gender, last name and first initial shall be entered into the cardiac monitor prior to 12-lead EKG acquisition.

D. Obtain an initial 12-lead EKG as soon as possible/practical, and prior to EMS nitroglycerin administration.

E. 12-lead EKG criteria for ST Elevation Myocardial Infarction (STEMI) includes either of the following:

5. Machine read out indicating ***Meets ST Elevation MI Criteria***, ***Acute MI***, ***STEMI*** (or equivalent).

6. EMS personnel interpretation consistent with a STEMI (e.g. ST segment elevation in two or more contiguous leads).

F. Bundle branch blocks, atrial fibrillation, artifact, poor lead placement and/or poor skin preparation can result in STEMI false positive 12-lead EKGs. Consider 12-lead re-acquisition if significant artifact is observed or 12-lead EKG machine read out indicates "poor data quality" (or equivalent).

G. Any 12-lead EKG meeting STEMI criteria shall be transmitted to the appropriate facility (closest hospital or STEMI Receiving Center depending on incident specific circumstances) as soon as possible if transmission capabilities are available.

H. For patients with suspected acute coronary syndromes (ACS), serial 12-lead EKGs should be obtained if the patient's clinical status changes or if EKG changes are noted on the cardiac monitor, and every 15 minutes if transport times are long.

I. Copies of prehospital 12-lead EKGs shall be provided to the receiving hospital physician upon EMS arrival, left at the receiving hospital at time of patient delivery and attached to the EMS patient care report.

2023 Stroke Critical Care System Plan Update

Sierra-Sacramento Valley EMS Agency

Updated: Janaury 2024

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional STEMI system planning. The S-SV EMS region covers approximately 21,000 square miles and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by both public and private providers. Hospitals providing stroke services within the S-SV EMS region are well distributed into both rural and urban areas, and well serve the needs of stroke patients. The S-SV EMS region is currently served by the following EMS system resources:

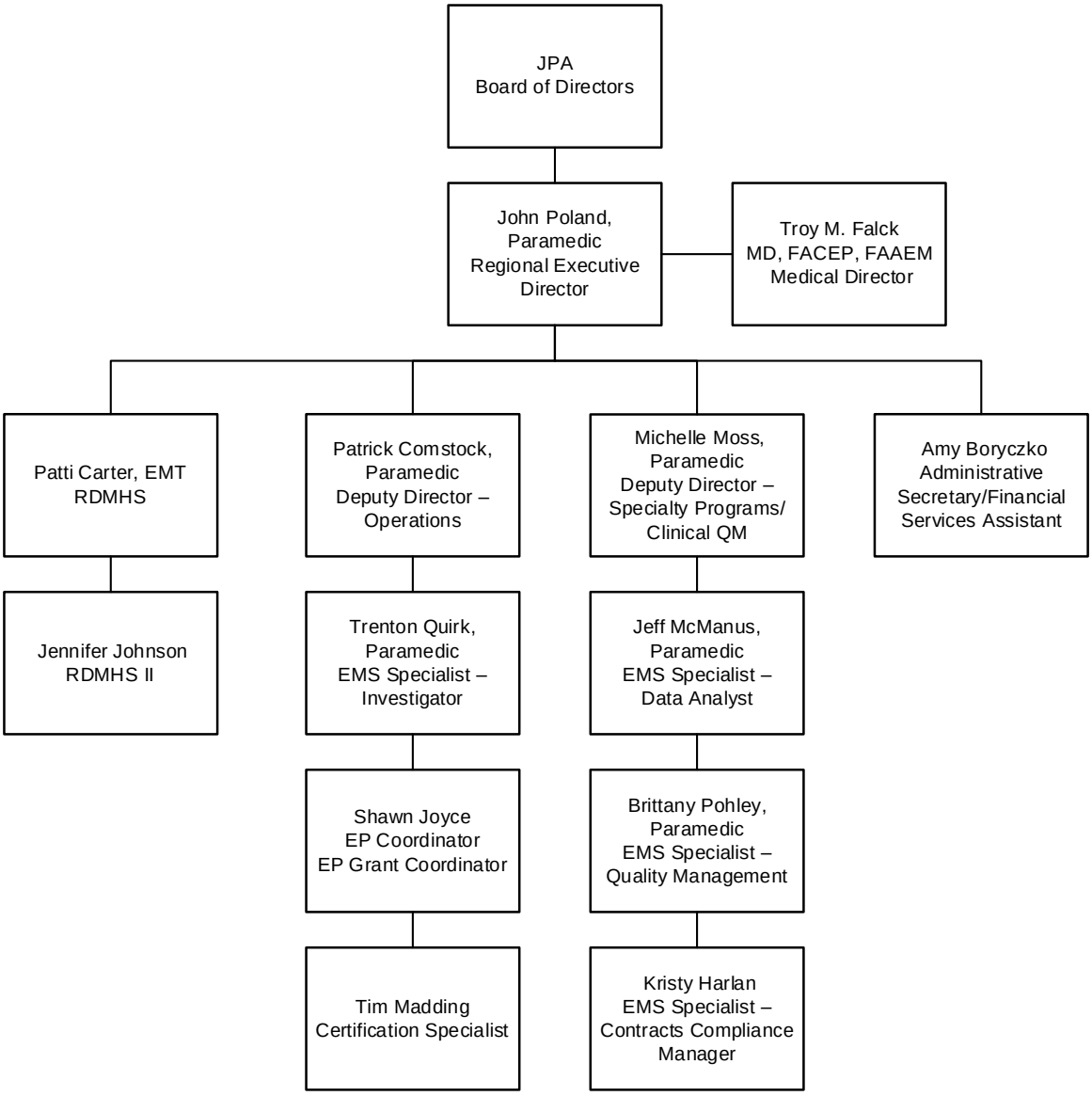
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 12 of which are S-SV EMS designated Stroke Receiving Centers

The S-SV EMS Stroke System is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional Stroke Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Committee
- S-SV EMS Regional Emergency Medical Advisory Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS Stroke System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS Stroke System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS Stroke System related duties as necessary/appropriate.



S-SV EMS Stroke System Changes

In 2022 there were no significant changes to the S-SV EMS stroke system.

Number and Designation of Designated Stroke Receiving Centers

As of January 2023, there are 12 designated Stroke Receiving Centers within the S-SV EMS region (10 – Primary Stroke Receiving Centers and 2 – Thrombectomy Capable Stroke Receiving Centers). The following facilities are currently designated as Stroke Receiving Centers by the S-SV EMS Agency:

Facility Name	County	Designation Type	Agreement Exp.
Enloe Medical Center	Butte	Primary Stroke Center	10/31/2026
Oroville Hospital	Butte	Primary Stroke Center	10/31/2026
Sierra Nevada Memorial Hospital	Nevada	Primary Stroke Center	10/31/2026
Kaiser Roseville Medical Center	Placer	Primary Stroke Center	10/31/2026
Sutter Auburn Faith Hospital	Placer	Primary Stroke Center	10/31/2026
Sutter Roseville Medical Center	Placer	Thrombectomy Center	10/31/2026
Mercy Medical Center Redding	Shasta	Thrombectomy Center	10/31/2026
Shasta Regional Medical Center	Shasta	Primary Stroke Center	10/31/2026
Fairchild Medical Center	Siskiyou	Primary Stroke Center	10/31/2026
Mercy Medical Center Mt. Shasta	Siskiyou	Primary Stroke Center	10/31/2026
St. Elizabeth Community Hospital	Tehama	Primary Stroke Center	10/31/2026
Adventist Health +Rideout	Yuba	Primary Stroke Center	10/31/2026

S-SV EMS Stroke System Data Collection

Pursuant to California Health & Safety Code (Division 2.5, § 1797.227) as well as current S-SV EMS policies and provider agreements, all ALS/LALS non-transport and BLS/LALS/ALS transport prehospital personnel are required to complete CEMSIS and NEMSIS complaint electronic patient care records for all incidents where they arrive at scene of a request for EMS assistance. Further, this electronic patient care record data is required to be submitted to S-SV EMS on an ongoing basis. S-SV EMS currently utilizes an ImageTrend EMS database, established through a contractual agreement with the CALCEMSIS.

In June 2022, S-SV EMS executed a contractual agreement with the American Heart Association (AHA) to utilize their Get With The Guidelines (GWTG) stroke patient data registry tool. All S-SV EMS designated Stroke Receiving Centers are users within the system and S-SV EMS accesses the data as a super-user.

Stroke Critical Care System Neighboring Jurisdiction Integration

Due to the geographical size and location of the S-SV EMS region, EMS patients with a primary impression of Stroke/CVA/TIA are regularly transported to hospitals in neighboring jurisdictions, including Sacramento County (CA), Reno (NV), Medford (OR) and Klamath Falls (OR). S-SV EMS accepts stroke receiving center designation from surrounding LEMSAs and EMS organizations in the states of Nevada and Oregon for EMS identified stroke patient destination purposes. S-SV EMS receives electronic EMS patient care record data on all patients who originate in the S-SV EMS region. Other California LEMSAs are also required to submit hospital data to the California EMS data system to ensure that these patients are captured. S-SV EMS does not routinely receive hospital outcome patient data for patients transported to facilities in the states of Nevada and Oregon. However, even with this limitation we believe it is in the best interest of patient care to continue to transport these specialty patients to the nearest designated specialty receiving facilities in neighboring areas.

S-SV EMS Stroke System Quality Improvement

S-SV EMS staff continually monitor and review prehospital and hospital stroke patient data. Stroke patient data and case reviews are regularly discussed during S-SV EMS regional EMS and specialty care committee meetings, and S-SV EMS staff regularly participate in other regional and facility specific stroke committee meetings. S-SV EMS staff and staff from S-SV EMS designated Stroke Receiving Centers also provide regular education and QA/QI feedback to EMS system participants throughout the S-SV EMS region.

S-SV EMS STEMI System Public Education

All S-SV EMS designated stroke receiving centers are required to provide stroke public education, which is reported to S-SV EMS on an annual basis. In addition, multiple EMS prehospital provider agencies provided stroke public education in various settings on an ongoing basis (health fares and other similar events), which is reported by to S-SV EMS as part of their annual EMSQIP reports/updates.

S-SV EMS STEMI System Policies/Protocols

The following S-SV EMS policies/protocols are currently utilized to direct the prehospital care and management of stroke patients in the S-SV EMS Region:

- Suspected Stroke (N-3)
- Stroke Receiving Center Designation Criteria, Requirements & Responsibilities (507)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

Copies of these current policies/protocols are included on the following pages.

Sierra – Sacramento Valley EMS Agency Treatment Protocol	N-3
Suspected Stroke	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

Cincinnati Prehospital Stroke Scale (CPSS)

Component	Normal Result	Abnormal Result
Facial Droop (Ask pt to show teeth or smile)	Both sides of face move equally	One side of face does not move as well as the other side
Arm Drift (Ask pt to close eyes & hold both arms out with palms up)	Both arms move the same, or both arms do not move	One arm does not move, or one arm drifts down compared with the other
Speech (Ask pt to say "you can't teach an old dog new tricks")	Pt uses correct words with no slurring	Pt slurs words, uses the wrong words, or is unable to speak

BLS

- Assess V/S, including SpO_2
- O_2 at appropriate rate if hypoxemic (SpO_2 <94%) or short of breath
- Perform CPSS assessment

Suspect stroke for either of the following:

- New onset symptoms with abnormal CPSS
- New onset altered state (GCS <14) with unidentifiable etiology

If stroke suspected:

- Determine time of onset of symptoms (pt last known normal)
  - When possible, obtain and relay to the receiving hospital the name/contact information of the individual who can verify the time of onset of symptoms (pt last known normal)
- Check blood glucose (if glucometer available)
- Transport as soon as possible (scene time should be ≤10 mins)

ALS

- Consider advanced airway if GCS ≤8 or need for airway protection
- Cardiac monitor, consider 12-lead EKG (do not delay transport to perform 12-lead EKG)
- Obtain blood draw if requested by stroke receiving center
- IV/IO NS TKO (may bolus up to 1000 mL)

Are both the following present?
- Onset of symptoms ≤24 hrs (including wake-up stroke*)
- ≤45 minute transport time to a stroke receiving center

NO →
- Transport to closest appropriate hospital
- Contact base/modified base hospital for destination consultation if necessary

YES →
- Transport to closest stroke receiving center
- Advise of "Stroke Alert" & time pt. last known normal
- Provide pt. identifying information if requested by stroke receiving center

***Wake-up stroke definition:** Pt awakens with stroke symptoms that were not present prior to falling asleep

Sierra – Sacramento Valley EMS Agency Program Policy			
Stroke Receiving Center Designation Criteria, Requirements & Responsibilities			
	Effective: 06/01/2023	Next Review: 05/2026	**507**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To describe the S-SV EMS stroke critical care system and define stroke receiving center designation criteria, requirements, and responsibilities.

AUTHORITY:

A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.

B. CCR, Title 13, § 1105 (c).

C. CCR, Title 22, Division 9, Chapter 7.2.

DEFINITIONS:

A. **Acute Stroke Patient** – An EMS patient who meets assessment criteria for a suspected stroke in accordance with S-SV EMS Suspected Stroke Protocol (N-3).

B. **Comprehensive Stroke Center** – An acute care hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.

C. **EMS Receiving Hospital** – An acute care hospital authorized by S-SV EMS to receive ambulance transported patients, which is not designated for stroke critical care services but is able to provide a minimum level of care for stroke patients in the emergency department.

D. **Primary Stroke Center** – An acute care hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted.

E. **Stroke** – A condition of impaired blood flow to a patient's brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.

F. **Stroke Critical Care System** – A subspecialty care component of the EMS system developed by a local EMS agency (LEMSA). This critical care system links prehospital and hospital care to deliver optimal treatment to the population of stroke patients.

G. **Stroke Receiving Center** – An acute care hospital which meets all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation, obtains/maintains Joint Commission Accreditation as a 'Primary Stroke Center', 'Thrombectomy Capable Stroke Center', or 'Comprehensive Stroke Center' (unless waived by S-SV EMS for valid reasons), and enters into a written agreement with S-SV EMS designating them as a stroke receiving center.

H. **Thrombectomy-Capable Stroke Center** – A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.

POLICY:

A. Criteria for assessment, identification, treatment, and transport of EMS suspected acute stroke patients shall be based on S-SV EMS Suspected Stroke Protocol (N-3).

B. No health care facility located in the S-SV EMS jurisdictional region shall advertise in any manner or otherwise hold itself out to be affiliated with a stroke critical care system or a stroke center unless they have been designated as such by S-SV EMS in accordance with this policy and California Code of Regulations, Title 22, Division 9, Chapter 7.2.

C. The following shall be met for a hospital to be designated as a stroke receiving center by S-SV EMS:

1. Be licensed by the California Department of Public Health Services as a general acute care hospital.

2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.

3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

4. Meet all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation.

5. Be available for treatment of acute stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.

6. Have a communication system for notification of an EMS suspected stroke patient.

7. Have established protocols for triage and diagnosis following notification of an EMS suspected acute stroke patient.

8. Agree to accept all EMS suspected acute stroke patients according to applicable S-SV EMS policies/protocols.

9. Agree to accept the transfer of all acute stroke patients whose clinical condition requires a higher level of care than can be provided at the sending facility, unless the stroke receiving center is on diversion or internal disaster.

10. Submit all required stroke patient data to the S-SV EMS selected stroke registry.

    - The hospital stroke patient care elements shall be consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program Resource Guide, dated October 24, 2016: https://emsa.ca.gov/wp-content/uploads/sites/71/2019/02/USCDCP-Paul-Coverdell-Nation-Acute-Stroke-Prog-Resource-Guide-10-24-16.pdf

11. Actively participate in the S-SV EMS regional stroke critical care system quality improvement (QI) process which shall include, at a minimum:

    - Evaluation of program structure, process, and outcome.
    - Review of stroke-related deaths, major complications, and transfers.
    - A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
    - Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
    - Evaluation of regional integration of stroke patient movement.
    - Participation in the stroke data management system.
    - Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected stroke cases.

12. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of assessment and management of acute stroke patients.

13. Provide public education about stroke warning signs and the importance of early utilization of the 9-1-1 system.

14. Pay the initial/annual S-SV EMS stroke receiving center designation fees.

D. Diversion of EMS suspected acute stroke patients shall only occur during times of an incapacitating internal disaster or when the CT scanner is otherwise unavailable.

1. Notification shall be made to the following entities at least 24 hours prior to any planned event resulting in the CT scanner being unavailable:

   - Stroke receiving center emergency department – to include a status posting on EMResource indicating that the CT scanner is unavailable.
   - Appropriate adjacent stroke receiving center(s).
   - Appropriate prehospital provider agencies.

2. All entities listed in this section shall also be notified as soon as possible in the case of an unplanned event causing the CT scanner to be unavailable as well as when the CT scanner is subsequently available.

3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

A. The stroke receiving center applicant shall be designated after satisfactory review conducted by S-SV EMS representatives or designees and completion of a written agreement between the hospital and S-SV EMS.

B. Designated stroke receiving centers shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.

C. Failure to comply with the criteria and performance standards outlined in this policy and/or individual stroke receiving center written agreements may result in probation, suspension or rescission of stroke receiving center designation. Compliance will be solely determined by S-SV EMS.

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/1/2023	Next Review: 7/2026	**510**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke, and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

A. HSC, Division 2.5, Chapter 2, § 1797.67 and 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.

B. CCR, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

A. **STEMI Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).

B. **Stroke Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.

C. **Trauma Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of a seriously injured patient from a non-trauma facility, or a lower-level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

A. STEMI patients from a hospital within the S-SV EMS region shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.

B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

C. Trauma patients from a hospital within the S-SV EMS region meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.

2. Immediately after a STEMI is identified, contact the SRC to arrange transfer. Contact the SRC interventional cardiologist as needed.

3. If SRH arrival to PCI at the SRC is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. Contact the SRC early to discuss coordination of care. The goal for door to thrombolytics is <30 minutes.

4. Patients with an SRH identified STEMI should be transferred within 45 minutes utilizing the most appropriate transport resources based on patient condition and needs.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.

2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.

3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center Criteria (incorporated into this policy for reference).

2. Emergency Transfer ("Red Box") Trauma Patients:

- The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting "Red Box" criteria.

3. Urgent Transfer Trauma Patients:

   - The goal is to transfer patients meeting any 'Urgent Transfer' criteria within four (4) hours of arrival at the transferring facility.
   - Contact the closest most appropriate Trauma Center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on the patient's condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.

2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.

3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival at the sending facility. Availability of records should not delay the transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.

4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center

North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic

- For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation
- Patients requiring blood products to maintain their blood pressure

Note:

1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension
2. Systolic blood pressure <110 may represent shock in patients >65 years of age

Extremity Injuries

- Amputation of extremity proximal to wrist or ankle
- Open long-bone fractures
- Two or more long-bone fracture sites*
- Crush injury/mangled extremity

*A radius/ulna fracture or tibia/fibula fracture are considered one site

Neck & Thoracic Injuries

- Tracheobronchial injury
- Esophageal trauma
- Great vessel injury
- Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion
- Pneumothorax or hemothorax with respiratory failure
- Radiographic evidence of aortic injury
- Known or suspected cardiac injury

Neurological Injuries

- GCS deteriorating by 2 points during observation
- Open or depressed skull fracture
- Acute spinal cord injury
- Spinal fractures, unstable or potentially unstable
- Neurologic deficit

Abdominal Injuries

- Evisceration
- Free air, fluid or solid organ injury on diagnostic testing

Pelvic/Urogenital

- Bladder rupture

Burn Injuries

- Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age
- Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints
- Third-degree burns >5% of the body surface area in any age group
- Electrical burns, including lightning injury
- Burn injury with inhalation injury

Co-Morbid Factors

- Adults >55 years of age with significant trauma
- Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis)
- Patients taking anti-coagulant medication or platelet inhibitors
- Children <14 years of age with significant trauma
- Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002

2023 Trauma System Plan Update

Sierra-Sacramento Valley EMS Agency

Updated: January 2024

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional trauma system planning. The S-SV EMS region covers approximately 21,000 square miles, and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by public and private providers. Hospitals providing trauma services within the S-SV EMS region are well distributed into both rural and urban areas, and serve well the needs of injured adult and pediatric patients. The S-SV EMS region is currently served by the following EMS system resources:

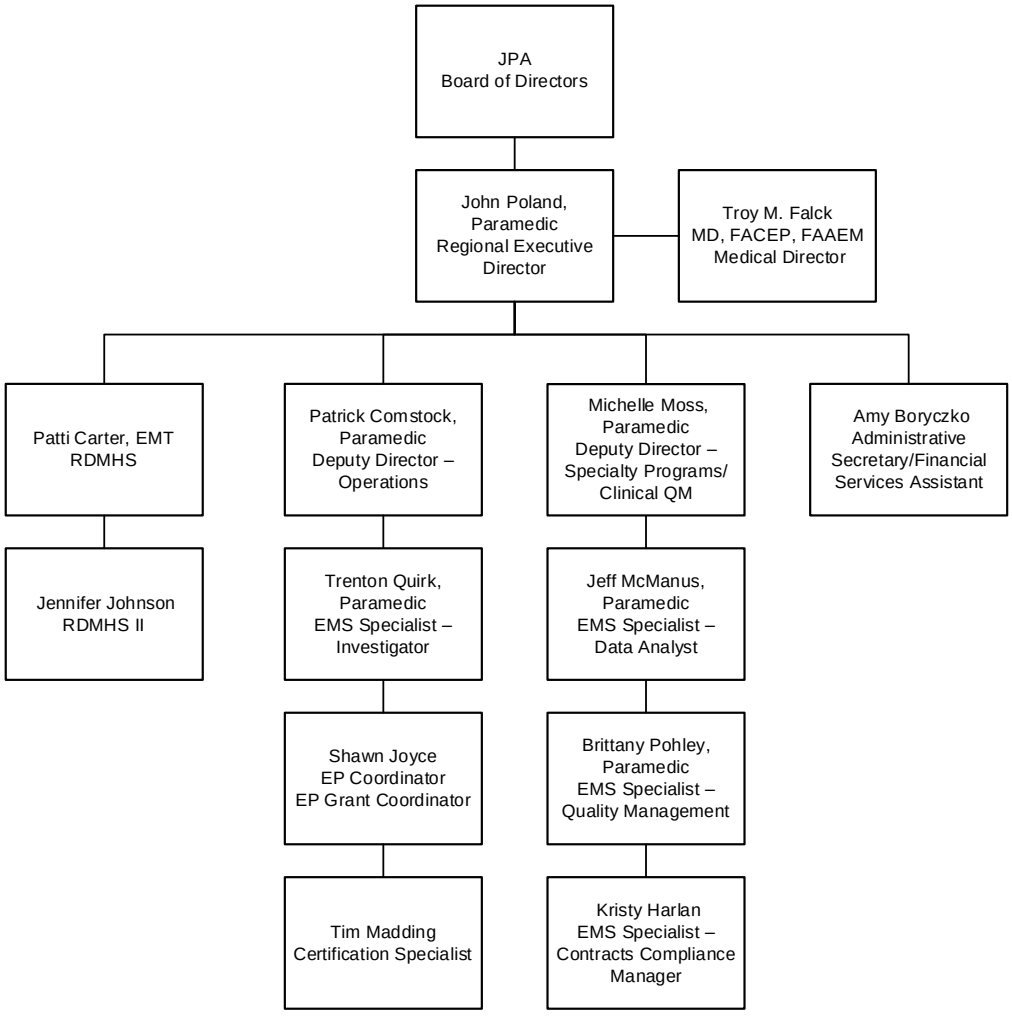
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 8 of which are S-SV EMS designated trauma centers

The S-SV EMS trauma system is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional Trauma Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Advisory Committee
- S-SV EMS Regional Emergency Medical Advisory Committee
- California North Regional Trauma Coordinating Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS Trauma System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS Trauma System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS Trauma System related duties as necessary/appropriate. In addition, Jon Perlstein, MD, Sutter Roseville Medical Center Trauma Medical Director serves as the S-SV EMS Trauma QI Committee Chairperson, and Ellen Cooper, MD, Tahoe Forest Hospital District Trauma Medical Director serves as the committee's co-chair.



S-SV EMS Trauma System Changes

In 2023, one (1) ACS re-verification visit was completed. Sutter Roseville Medical Center was successfully re-verified for three years on 05/16/2023.

Tahoe Forest Hospital District successfully completed an initial verification as a Level III trauma center on 05/09/2023 and is verified through 05/2026.

Number and Designation Level of S-SV EMS Designated Trauma Centers

As of January 2024, all S-SV EMS designated Level II and Level III trauma centers are ACS verified. Fairchild Medical Center continues to function as an S-SV EMS designated Level IV trauma center. A site review is tentatively schedule for the second half of 2024.

Facility	Level	S-SV EMS Designation Expiration	ACS Consult Completed	ACS Verification Completed	Next ACS Verification Due
Enloe Med. Center	II	2024	2012	2021	2024
Mercy Med. Center Redding	II	2025	2021	2021	2024
Sutter Roseville Med. Center	II	2026	1994	2019	2026
Adventist Health +Rideout	III	2027	2014	2020	2024
Mercy Med. Center Mt. Shasta	III	2027	2010	2022	2025
St. Elizabeth Hospital	III	2025	2014	2021	2024
Fairchild Med. Center	IV	2026	N/A	N/A	N/A
Tahoe Forest Hospital District	IV	2026	N/A	N/A	2026

S-SV EMS Trauma System Performance Improvement

The trauma system performance improvement is ongoing, and continuous in the S-SV EMS region. The S-SV EMS Regional Trauma QI Committee met twice in 2023 and continued its focus on trauma transfer times as well as other trauma system related matters.

S-SV EMS Trauma System Policies/Protocols

The following S-SV EMS policies/protocols direct the prehospital care and management of trauma patients in the S-SV EMS Region:

- General Trauma Management (T-1)
- Tension Pneumothorax (T-2)
- Suspected Moderate/Severe Traumatic Brain Injury (TBI) (T-3)
- Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI) (P-28)
- Hemorrhage (T-4)
- Burns (T-5)
- Trauma Center Designation Criteria, Requirements & Responsibilities (509)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

All the above referenced S-SV EMS policies/protocols are attached to the end of this document.

	Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-1
	General Trauma Management	
Approval: Troy M. Falck, MD – Medical Director		Effective: 06/01/2023
Approval: John Poland – Executive Director		Next Review: 01/2026

- **Limit on scene procedures for pts meeting Field Trauma Triage Criteria to:**
  - Pt assessment - Airway management - Hemorrhage control - Immobilization/splinting - SMR
- **Transport pts with known/apparent third trimester pregnancy in left-lateral position.**
- **Notify receiving hospital of a 'Trauma Alert' as soon as possible for pts meeting Field Trauma Triage Criteria.**

BLS

- Assess & support ABCs
- Assess V/S, including SpO_2
- O_2 at appropriate rate if hypoxemic (SpO_2 <94%) or short of breath
- Control hemorrhage & immobilize/splint injuries as needed
- Initiate spinal motion restriction (SMR) if indicated (see page 3)
- Maintain body temperature, keep warm

ALS

- Consider advanced airway if indicated
- Consider $EtCO_2$ monitoring if indicated (see protocol T-3 or P-28)
- Consider application of a pelvic binder if indicated (see page 2)
- Cardiac monitor
- Establish vascular access if indicated (see page 2)
- Consider pain management if indicated (see protocol M-8 or P-34)

Field Trauma Triage Criteria (TTC) Pt Destination (see page 4 for TTC details)

Unmanageable Airway? — YES → **Transport to Closest Hospital**

NO

Meets RED TTC? — YES →

Adult (>14yo)
- If level I or II trauma center is closest, transport to that facility
- If level III or IV trauma center is closest, contact that facility (prior to transport) for destination consultation

Pediatric (≤14yo)
- Transport to pediatric trauma center if transport time ≤45 min
- Follow adult criteria if transport time to pediatric trauma center >45 min
- Contact closest trauma center for destination consultation if needed

NO

Meets YELLOW TTC? — YES →
- Contact closest trauma center for destination consultation if transport time to that facility is ≤45 min
- Contact base/modified base hospital for destination consultation if transport time to a trauma center is >45 min

Vascular Access

Need or anticipated need for fluid or medication administration?
- NO → Vascular access not indicated
- YES ↓

IV/IO – NS or LR
- Initiate vascular access on all pts meeting Field Trauma Triage Criteria
- Initiate second vascular access on adult pts presenting with hypotension (SBP <90 for pts <65 years of age, or SBP <100 for pts ≥65 years of age), or if thoracic/abdominal pain is present
- Fluid resuscitation guidelines:
  - Adult pts:
    - Administer 500 mL fluid boluses for signs of hypoperfusion/shock
    - Reassess hemodynamic parameters, respiratory status and lung sounds after each fluid bolus
    - Titrate fluid boluses to SBP of ≥90 for pts <65 years of age, or ≥100 for pts ≥65 years of age
  - Pediatric pts:
    - Administer 20 mL/kg fluid boluses for signs of hypoperfusion/shock
    - Reassess hemodynamic parameters, respiratory status and lung sounds after each bolus
    - Titrate fluid boluses to age appropriate SBP (max: 60 mL/kg)

Commercial Pelvic Binder

Approved Commercial Pelvic Binders: 1) T-POD Pelvic Stabilization Device, 2) SAM Pelvic Sling 2

- Utilization of a commercial pelvic binder is optional, and only approved for AEMT/paramedic personnel. ALS/LALS provider agencies must ensure that their personnel are appropriately trained on the application/use of the device, as misplacement of pelvic binders can significantly decrease the ability of the binder to reduce pelvic ring fractures.
- Physical exam findings which may indicate the presence of a pelvic ring fracture include, but are not limited to:
  - Crepitus when applying compression to the iliac crests
  - Perineal or genital swelling
  - Testicular/groin pain
  - Blood at the urethral meatus
  - Rectal, vaginal or perineal lacerations/bleeding
- When stabilizing a suspected pelvic ring fracture, care must be taken not to over-reduce the fracture. Over-reduction can be assessed by examining the position of the legs, greater trochanters and knees with the pt supine. The goal is to achieve normal anatomic position of the pelvis, so the lower legs should be symmetrical after stabilization.
- When clinically indicated and logistically feasible, the pelvic binder should be placed prior to extrication/movement.
- Pelvic binders should be placed directly to skin. Once applied, pelvic binders should not be removed.
- If possible, avoid log-rolling pts with a suspected pelvic fracture.

Mechanism of injury suggestive of a pelvic fracture?
- NO → Pelvic binder not indicated
- YES ↓

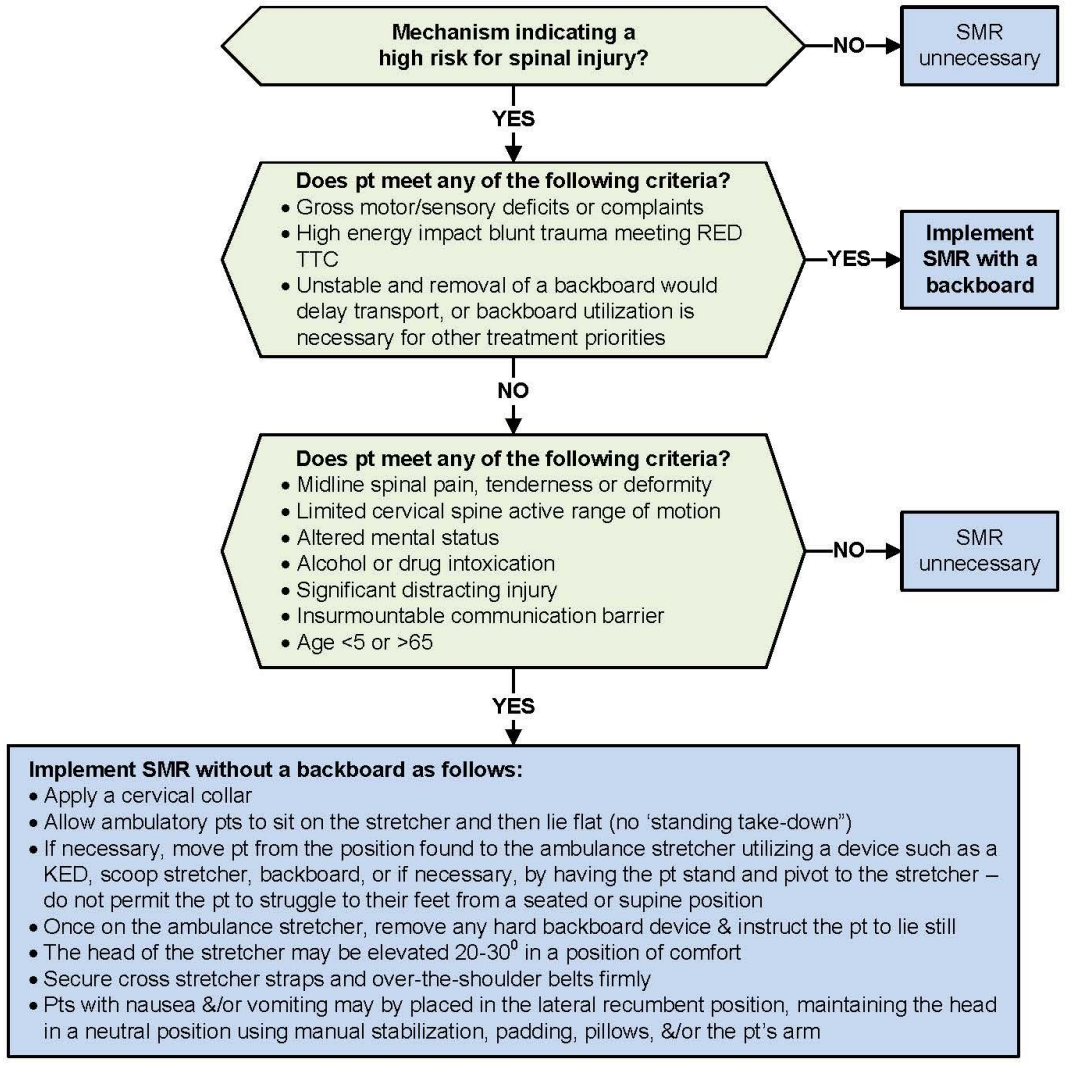
Does pt present with one or more of the following?
- Physical exam findings suggestive of a pelvic fracture
- Hemodynamic instability: HR >100 & SBP <90 (or SBP <100 in pts ≥65 years of age)
- GCS ≤13

- NO → Pelvic binder not indicated
- YES ↓

Apply pelvic binder according to manufacturer instructions

Spinal Motion Restriction (SMR)

- A backboard shall not be utilized for pts with penetrating trauma to the head, neck or torso without evidence of spinal injury
- Helmet removal guidelines:
  - For pts who meet criteria for SMR with a backboard, football helmets should only be removed if they prevent adequate SMR or under the following circumstances:
    - If the helmet and chin strap fail to hold the head securely or prevent adequate airway control.
    - If the facemask cannot be removed.
  - Football helmets should be carefully removed to allow for appropriate SMR of pts who do not meet criteria for backboard utilization.
  - All other types of helmets (bicycle, motorcycle, etc.) should be carefully removed to allow for appropriate SMR.



Field Trauma Triage Criteria (TTC)

RED TTC (High Risk for Serious Injury)	
Injury Patterns	**Mental Status/Vital Signs**
• Penetrating injuries to head, neck, torso, &/or proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor/sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones in a pt of any age, or one or more proximal long bone fracture in a pt ≤14 or ≥65 years of age • Suspected open proximal long bone fracture • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Continued, uncontrolled bleeding despite EMS hemorrhage control measures	**MENTAL STATUS** • **<65 years of age:** ○ GCS ≤13 • **≥65 years of age:** ○ GCS <15 (or decreased from baseline) with evidence/suspicion of a head strike **RESPIRATORY STATUS** • **All pt ages:** ○ RR <10 or >29 breaths/min ○ Resp. distress or need for resp. support ○ Room-air SpO_2 <90% **CIRCULATORY STATUS** **0-9 years of age:** • SBP <70mm Hg + (2 x age years) **10-64 years of age:** • SBP <90 mmHg **OR** HR>SBP **≥65 years of age:** • SBP <100 mmHG **OR** HR>SBP

YELLOW TTC (Moderate Risk for Serious Injury)	
Mechanism of Injury	**EMS Judgement**
• High-Risk Auto Crash ○ Partial or complete ejection ○ Significant intrusion (including roof) - >12 inches occupant site; or - >18 inches any site; or - Need for extrication for entrapped pt ○ Death in passenger compartment ○ Child (0-9 years of age) unrestrained or in unsecured child safety seat ○ Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height >10 feet (all ages)	EMS personnel should consider the following risk factors, and contact the closest trauma center or base/modified base hospital for destination consultation (see page 1), if transport to a trauma center is believed to be in the pt's best interest: • Low-level falls in young children (≤5 years of age) or older adults (≥65 years of age) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy >20 weeks • Burns in conjunction with trauma

Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-2
Tension Pneumothorax	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

BLS

- Assess respiratory status, manage airway and assist ventilations as appropriate
- High flow O_2

ALS

Suspected tension pneumothorax with absent or diminished breath sounds and at least one of the following:

- Combined hypotension (SBP <90) and SpO2 <94%
- Penetrating injury to the thorax

OR

Traumatic cardiac arrest with suspected tension pneumothorax

NO → Monitor & reassess

YES

Perform Needle Thoracostomy on the affected side(s) as follows:

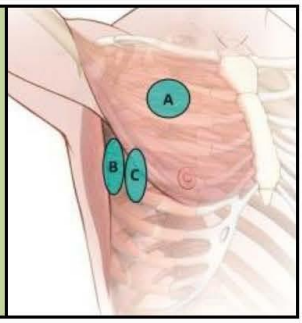
- Use a minimum 14g x 3.25" catheter specifically designed for needle decompression
- Attach an empty 10 mL syringe to the catheter prior to insertion to allow for better grip when puncturing the chest wall
- Insert needle with syringe attached at a 90^0 angle, just over the superior border of the rib, and advance until air is freely aspirated
- If using a 3.25" length catheter, advance catheter over the needle until catheter hub rests against the skin
- Remove syringe and needle from catheter, attach a stopcock or one-way valve and adequately secure
- Recheck breath sounds
- Two (2) attempts allowed on affected side(s) without base/modified base hospital contact
- Continuously monitor & reassess

Approved Needle Thoracostomy Sites

A Mid-clavicular line in the 2nd intercostal space
B Mid-axillary line in the 4th or 5th intercostal space*
C Anterior axillary line in the 5th intercostal space*

*Above the anatomic nipple line

Note: If an initial attempt at one approved site is unsuccessful, consider utilizing an alternate approved site



Page 1 of 1

Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-3
Suspected Moderate/Severe Traumatic Brain Injury (TBI)	
Approval: Troy M. Falck, MD – Medical Director	Effective: 06/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 01/2024

Prehospital Identification of Moderate/Severe TBI

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
  - <65 years of age with a GCS ≤13, or ≥65years of age with a GCS <15 (or decrease from baseline)
  - Post-traumatic seizures
  - Multi-system trauma requiring advanced airway placement

For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI "H-Bombs":
1) **H**yperventilation, 2) **H**ypoxia, 3) **H**ypotension

BLS

- Assess V/S, including continuous SpO_2 monitoring: Reassess V/S every 3-5 min if possible
- High-flow O_2 (regardless of SpO_2 reading): If continued hypoxia (SpO_2 <94%) or inadequate ventilatory effort, reposition airway &/or initiate BVM ventilations with appropriate airway adjunct if necessary (use of a pressure-controlled BVM &/or ventilation rate timer is recommended if available)
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction

ALS

- Continuous cardiac & $EtCO_2$ monitoring
- IV/IO NS TKO: For SBP <90 (or SBP <100 in pts ≥65 years of age), bolus 1000 mL N/S, then titrate additional fluids to maintain SBP ≥90 (or SBP ≥100 in pts ≥65 years of age)
- Check blood glucose

Blood glucose ≤60 mg/dl?

YES →
Dextrose 50%
- 25 gm (50 mL) IV/IO

OR

Glucagon
- 1 mg (1 unit) IM/IN

NO ↓

For persistent hypoxia &/or inadequate ventilatory effort:
- Consider advanced airway
- Avoid hyperventilation - target $EtCO_2$: 40 mmHg
  - Ventilate at a rate of 10 breaths/min

- Transport to appropriate destination & notify receiving facility of a "Trauma Alert" as soon as possible (if applicable)
- Monitor & reassess

Sierra – Sacramento Valley EMS Agency Treatment Protocol	P-28
Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI)	
Approval: Troy M. Falck, MD – Medical Director	Effective: 06/02/2021
Approval: Victoria Pinette – Executive Director	Next Review: 01/2024

Prehospital Identification of Moderate/Severe TBI

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
  - GCS <13 (in infants: any decreased responsiveness, deterioration of mental status, irritation or agitation)
  - Post-trauma seizures, whether continuing or not
  - Multi-system trauma requiring advanced airway placement

For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI "H-Bombs":
1) **H**yperventilation, 2) **H**ypoxia, 3) **H**ypotension

BLS

- Assess V/S, including continuous SpO_2 monitoring: Reassess V/S every 3-5 min if possible
- High-flow O_2 (regardless of SpO_2 reading): If continued hypoxia (SpO_2 <94%) or inadequate ventilatory effort, reposition airway &/or initiate BVM ventilations with appropriate airway adjunct if necessary (use of a pressure-controlled BVM &/or ventilation rate timer is recommended if available)
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction

ALS

- Continuous cardiac & $EtCO_2$ monitoring
- IV/IO NS TKO: For hypotension, bolus 20 mL/kg, repeat bolus until hypotension resolves
- Check blood glucose

Blood glucose ≤60 mg/dl?

YES →

Dextrose 10%
- 5 ml/kg (0.5 gm/kg) IV/IO
- Max: 100 mL (10 gm)

OR

Glucagon
- <24 kg: 0.5 mg IM
- ≥24 kg: 1 mg IM

NO ↓

For persistent hypoxia &/or inadequate ventilatory effort:
- Consider advanced airway
- Avoid hyperventilation - target $EtCO_2$: 40 mmHg
  - Infant (0-24 mo) ventilation rate: 25 breaths/min
  - Pediatric (2-14yo) ventilation rate: 20 breaths/min

- Transport to appropriate destination & notify receiving facility of a "Trauma Alert" as soon as possible (if applicable)
- Monitor & reassess

Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-4
Hemorrhage	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2020
Approval: Victoria Pinette – Executive Director	Next Review: 09/2023

Approved Commercial Tourniquet Devices:

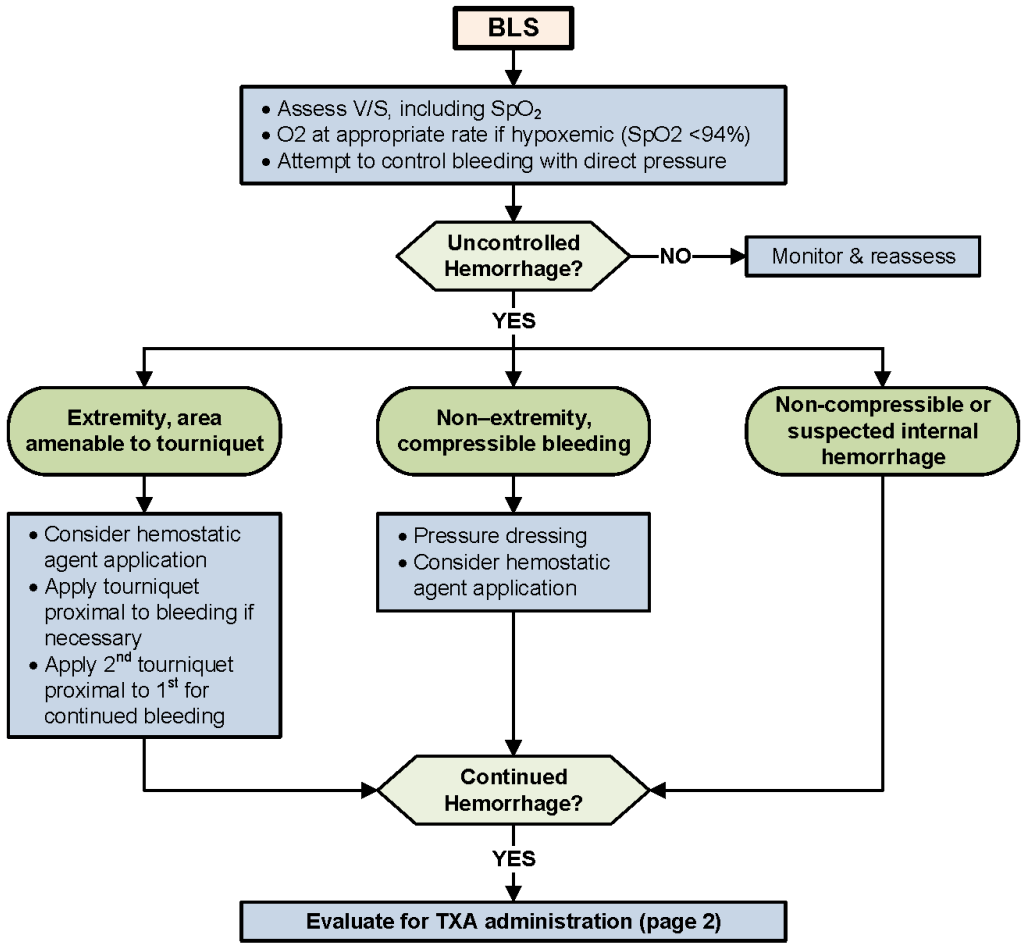
- Combat Application Tourniquet - Emergency and Military Tourniquet - Mechanical Advantage Tourniquet
- SAM XT Extremity Tourniquet - Special Ops. Tactical Tourniquet - RECON Medical Tourniquet

Tourniquet Utilization Notes:

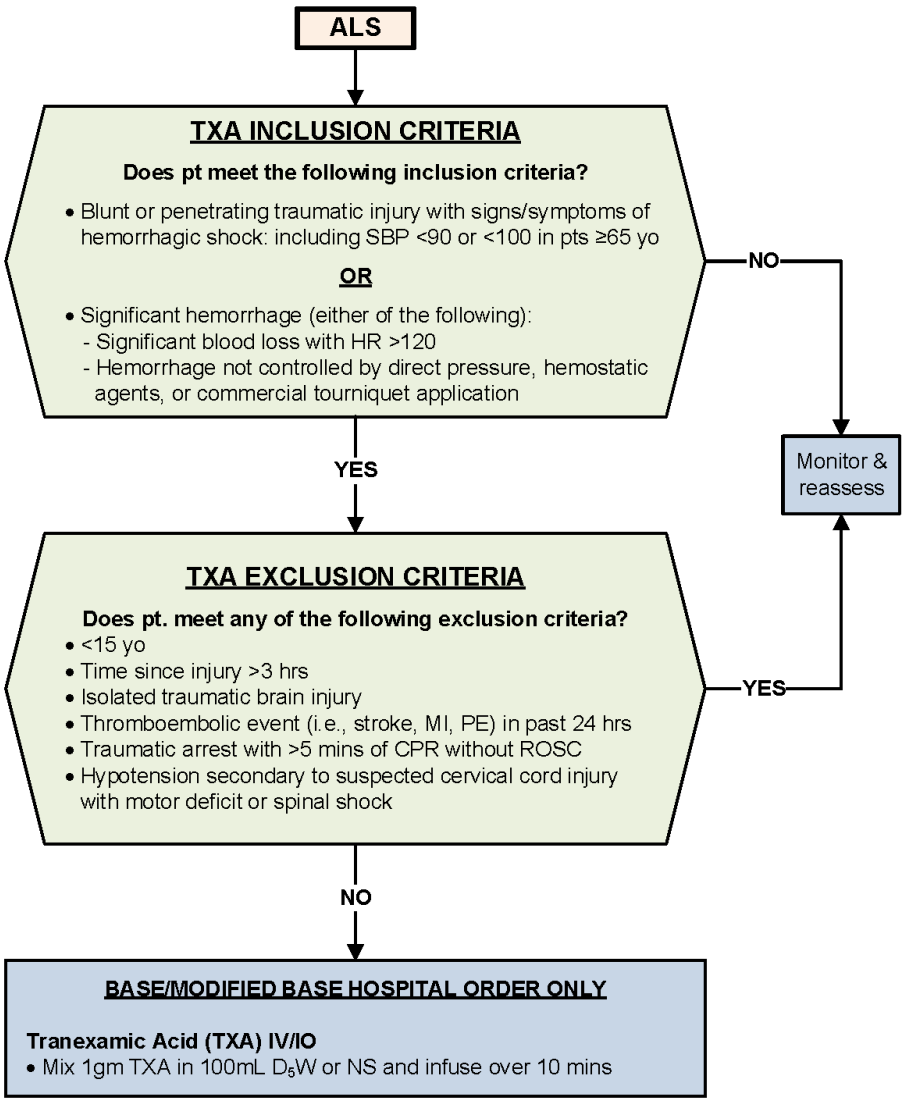
- **Tourniquets applied by lay rescuers or other responders shall be evaluated for appropriateness and may be adjusted or removed if necessary – improvised tourniquets should be removed by prehospital personnel.**
- **If application is indicated and appropriate, a commercial tourniquet should not be loosened or removed by prehospital personnel unless time to definitive care will be greatly delayed (>2 hrs).**

Approved Hemostatic Agents:

- QuikClot Emergency 4x4 and/or Combat Gauze Z-Fold - HemCon ChitoGauze Pro Z-Fold



Tranexamic Acid (TXA) Administration



Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-5
Burns	
Approval: Troy M. Falck, MD – Medical Director	Effective: 06/01/2023
Approval: John Poland – Executive Director	Next Review: 01/2026

Information Needed

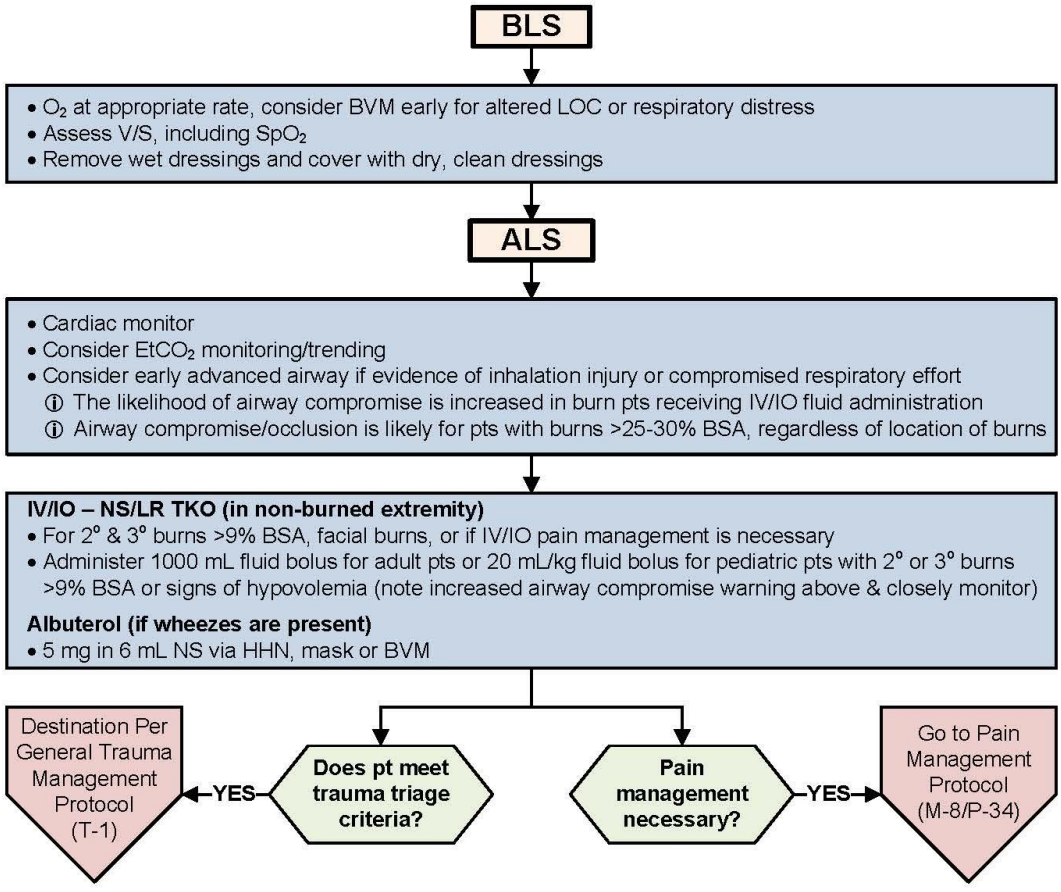
- Type/source of burn: chemical, electrical, thermal, steam
- Complicating factors: concomitant trauma, exposure in enclosed space, total time of exposure, drug or alcohol use, smoke or toxic fumes, delayed resuscitation, compartment syndrome of extremities, chest, or abdomen.

Objective Findings

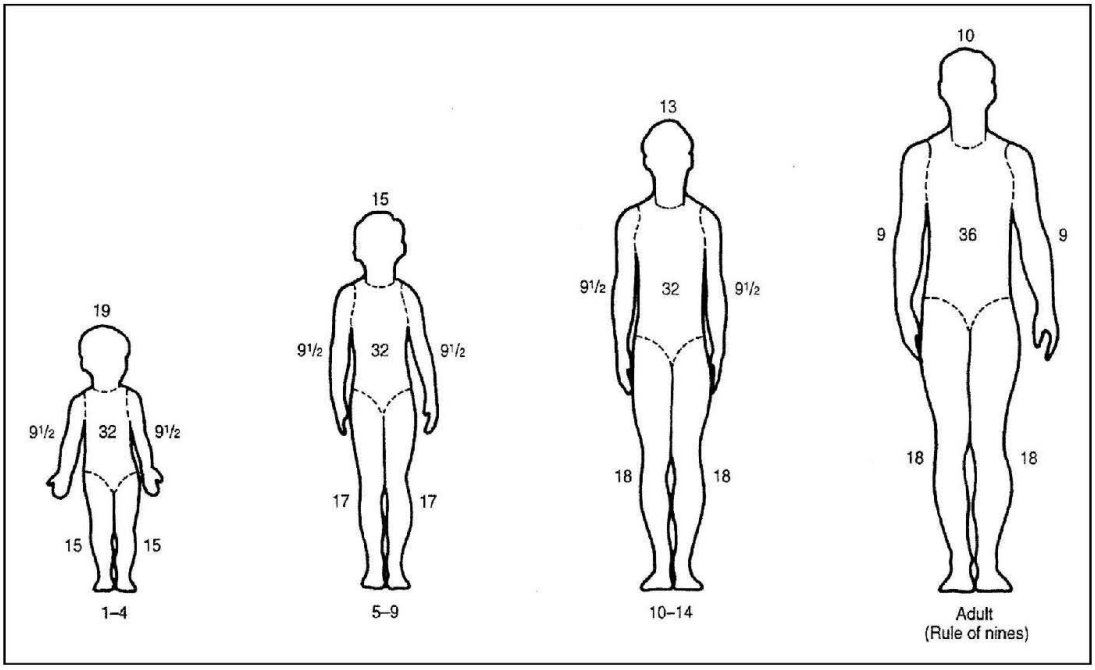
- Evidence of inhalation injury or toxic exposure (i.e., carbonaceous sputum, hoarseness/stridor, or singed nasal hairs).
- Extent of burn: full or partial thickness and body surface area (BSA) affected.
- Entrance or exit wounds for electrical or lightning strike or trauma from an explosion, electrical shock or fall.

Transport Notes

- All pts suffering from an electrical burn shall be transported for evaluation.
- Contact the closest base/modified base hospital for destination consultation on pts with any of the following:
  - Full thickness (3°) burns of the hands, feet, face, perineum, or >2% of any BSA
  - Partial thickness (2°) burns >9% of BSA
  - Significant electrical or chemical burns



Burn Chart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Adult
(Rule of nines)

Sierra – Sacramento Valley EMS Agency Program Policy			
Trauma Center Designation Criteria, Requirements & Responsibilities			
	Effective: 12/1/2022	Next Review: 11/1/2025	**509**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish Trauma Center designation criteria, requirements, and responsibilities.

AUTHORITY:

A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.

B. CCR, Title 22, Division 9, Chapter 7.

DEFINITIONS:

A. **Level I Trauma Center –** A Level I Trauma Center has the greatest amount of resources and personnel for care of the injured patient. Typically, it is also a tertiary medical care facility that provides leadership in patient care, education, and research for trauma, including prevention programs.

B. **Level II Trauma Center –** A Level II Trauma Center offers similar resources as a Level I Trauma Center, differing only by the lack of research activities required for Level I Trauma Center designation.

C. **Level I and II Pediatric Trauma Center –** Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level I Pediatric Trauma Centers require some additional pediatric specialties and are research and teaching facilities.

D. **Level III Trauma Center –** A Level III Trauma Center is capable of assessment, resuscitation, and emergency surgery, if warranted. Injured patients are stabilized before transfer, if indicated, to a facility with a higher level of care according to pre-existing arrangements.

E. **Level IV Trauma Center –** A Level IV Trauma Center is capable of providing 24-hour physician coverage, resuscitation and stabilization to injured patients before they are transferred, if indicated.

Trauma Center Designation Criteria, Requirements & Responsibilities	509

POLICY:

A. Criteria for identification, treatment and transport of prehospital trauma patients shall be based on S-SV EMS Trauma Triage Criteria Policy (860) and General Trauma Management Protocol (T-1).

B. S-SV EMS will perform a trauma system needs assessment prior to designating any additional trauma centers in the S-SV EMS region.

C. The following criteria shall be met for a hospital to be designated as a Trauma Center by S-SV EMS:

1. Be licensed by the California Department of Public Health Services as a general acute care hospital.

2. Have a special permit for basic or comprehensive emergency medical service, pursuant to the provisions of California Code of Regulations Title 22, Division 5.

3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

4. Meet all requirements contained in California Code of Regulations Title 22, Division 9, Chapter 7, for the applicable level of Trauma Center designation.

5. Meet the minimum standards published in the current edition of the American College of Surgeons Committee on Trauma (ACS-COT) Resources for Optimal Care of the Injured Patient document.

6. Meet the ACS-COT and/or S-SV EMS Trauma Center Verification requirements contained in this policy.

7. Agree to accept the transfer of major trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility unless the Trauma Center is on trauma diversion or internal disaster.

8. Have a written transfer agreement with a higher-level Trauma Center, if applicable, providing for the transfer of trauma patients whose clinical condition requires a higher level of care than can be provided at their facility.

9. Enter all required trauma patient data into the S-SV EMS regional trauma registry.

   - Each trauma center shall submit trauma patient data in an agreed upon format, and within the time requirements published in the most current edition of the ACS-COT Resources for the Optimal Care of the Injured Patient document.

- Each trauma center shall ensure that the data entered into the S-SV EMS regional trauma registry is valid and without known errors.
- Level I, II and III trauma centers located within the S-SV EMS region shall provide S-SV EMS with their American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®) Benchmark Report on a bi-annual basis.

10. Submit all required trauma patient data to the California EMS Authority data management system, as required by California Code of Regulations Title 22, Division 9, Chapter 7.

11. Actively participate in the S-SV EMS regional trauma system quality improvement (QI) process, which includes required attendance at S-SV EMS Trauma QI meetings by the Trauma Medical Director and Trauma Program Manager.

12. Have a QI process in place to provide ongoing feedback to:

    - Transferring hospitals on patients transferred for trauma services.
    - EMS provider agencies on prehospital patients who meet trauma triage criteria.

13. Provide CE opportunities, a minimum of four (4) hours per year, for EMS personnel in areas of trauma care.

14. Maintain active injury prevention programs targeted at reducing preventable injuries in the community.

15. Pay the applicable initial/annual S-SV EMS Trauma Center designation fees.

D. Trauma Center diversion of patients meeting trauma triage criteria shall only occur during times of an internal disaster, or when emergent trauma services are otherwise unavailable.

1. The following entities shall be notified as soon as possible of any event resulting in trauma services being unavailable, and when trauma services are subsequently available:

    - S-SV EMS.
    - Trauma center emergency department – to include a status posting on EMResource indicating trauma services are unavailable.
    - Appropriate adjacent trauma centers.
    - Appropriate prehospital provider agencies.

2. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

A. Any hospital seeking S-SV EMS Trauma Center designation shall submit a letter of intent to the S-SV EMS Regional Executive Director. The letter of intent shall be on hospital letterhead and include a minimum of the following:

1. The requested level of Trauma Center designation and anticipated start date for the provision of trauma services.

2. Identification of the Trauma Program Medical Director, Trauma Program Manager and Trauma Program Registrar.

3. Confirmation of commitment and support by hospital administration and physician staff for the applicable level of Trauma Center designation, including signatures of the hospital Chief of Staff and Chief Executive Officer.

B. Within 90 calendar days of receiving a letter of intent that complies with the criteria listed in this section of the policy, S-SV EMS will perform a trauma system needs assessment. The S-SV EMS Regional Executive Director will consequently make a designation recommendation to the S-SV EMS JPA Governing Board of Directors based on the results of the trauma system needs assessment.

C. Upon direction from the S-SV EMS JPA Governing Board of Directors to proceed with the Trauma Center designation process, the following will occur:

1. S-SV EMS will establish a Trauma Center contract with the hospital.

2. The hospital shall complete a Trauma Center consultative review:

- An ACS-COT Consultative Review is required for any hospital requesting Level I, II or III Trauma Center designation.
- An S-SV EMS Consultative Review is required for any hospital requesting Level IV Trauma Center designation.

3. The S-SV EMS Regional Executive Director, in consultation with the S-SV EMS Medical Director, will make a recommendation to the S-SV EMS JPA Governing Board of Directors to grant or deny S-SV EMS Trauma Center designation based on the results of the consultative review.

4. The hospital shall obtain ACS-COT or Level IV S-SV EMS Verification within three (3) years of completion of the consultative review to maintain S-SV EMS Trauma Center designation.

D. Failure to maintain ACS-COT or Level IV S-SV EMS Verification or comply with any of the criteria/standards contained in this policy, applicable statutes/regulations and/or S-SV EMS Trauma Center contracts may result in probation, suspension, denial, or revocation of S-SV EMS Trauma Center designation.

E. The S-SV EMS JPA Governing Board of Directors shall have final authority in any Trauma Center designation matters.

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/1/2023	Next Review: 7/2026	**510**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke, and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

A. HSC, Division 2.5, Chapter 2, § 1797.67 and 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.

B. CCR, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

A. **STEMI Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).

B. **Stroke Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.

C. **Trauma Patient Rapid Re-Triage –** The rapid evaluation, resuscitation, and transfer of a seriously injured patient from a non-trauma facility, or a lower-level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

A. STEMI patients from a hospital within the S-SV EMS region shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.

B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

C. Trauma patients from a hospital within the S-SV EMS region meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.

2. Immediately after a STEMI is identified, contact the SRC to arrange transfer. Contact the SRC interventional cardiologist as needed.

3. If SRH arrival to PCI at the SRC is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. Contact the SRC early to discuss coordination of care. The goal for door to thrombolytics is <30 minutes.

4. Patients with an SRH identified STEMI should be transferred within 45 minutes utilizing the most appropriate transport resources based on patient condition and needs.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.

2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.

3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center Criteria (incorporated into this policy for reference).

2. Emergency Transfer ("Red Box") Trauma Patients:

- The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting "Red Box" criteria.

3. Urgent Transfer Trauma Patients:

   - The goal is to transfer patients meeting any 'Urgent Transfer' criteria within four (4) hours of arrival at the transferring facility.
   - Contact the closest most appropriate Trauma Center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on the patient's condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.

2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.

3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival at the sending facility. Availability of records should not delay the transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.

4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center

North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic

- For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation
- Patients requiring blood products to maintain their blood pressure

Note:

1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension
2. Systolic blood pressure <110 may represent shock in patients >65 years of age

Extremity Injuries

- Amputation of extremity proximal to wrist or ankle
- Open long-bone fractures
- Two or more long-bone fracture sites*
- Crush injury/mangled extremity

*A radius/ulna fracture or tibia/fibula fracture are considered one site

Neck & Thoracic Injuries

- Tracheobronchial injury
- Esophageal trauma
- Great vessel injury
- Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion
- Pneumothorax or hemothorax with respiratory failure
- Radiographic evidence of aortic injury
- Known or suspected cardiac injury

Neurological Injuries

- GCS deteriorating by 2 points during observation
- Open or depressed skull fracture
- Acute spinal cord injury
- Spinal fractures, unstable or potentially unstable
- Neurologic deficit

Abdominal Injuries

- Evisceration
- Free air, fluid or solid organ injury on diagnostic testing

Pelvic/Urogenital

- Bladder rupture

Burn Injuries

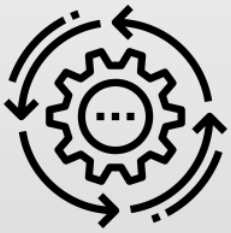
- Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age
- Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints
- Third-degree burns >5% of the body surface area in any age group
- Electrical burns, including lightning injury
- Burn injury with inhalation injury

Co-Morbid Factors

- Adults >55 years of age with significant trauma
- Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis)
- Patients taking anti-coagulant medication or platelet inhibitors
- Children <14 years of age with significant trauma
- Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002



2024 - 2029 Emergency Medical Services Quality Improvement Plan (EMSQIP)

Sierra-Sacramento Valley EMS Agency

Updated: January 2024

Contents

Structure and Organizational Description **2**
Mission and Method **3**
Organizational Chart **4**
Quality Management Program Responsibilities **5**
Quality Improvement Committees **6**
Data Collection and Reporting **7**
EMS Data Indicators **7**
Quality Assurance (QA)/Quality Improvement (QI) Process **10**
S-SV EMS Incident Review/Investigation Process **11**
Provider Agency QI Responsibilities **13**
Education and Training **14**

"Continuous improvement is not just a goal; it's a commitment. In the world of EMS, our dedication to quality improvement ensures that every life we touch receives the highest standard of care, driving us to constantly evolve and elevate our practices." Unknown

Structure and Organizational Description

The Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) was founded in 1975, and currently serves as the Local Emergency Medical Services Agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba counties. The S-SV EMS jurisdictional region covers over 21,000 square miles (urban, suburban, rural, wilderness and frontier) and has a combined static resident population of approximately 1,300,000.

S-SV EMS is a Joint Powers Agency (JPA), created under the authority of California Government Code § 6500, et seq. The S-SV EMS JPA Governing Board of Directors consists of a publicly elected County Supervisor from each of the 10 member counties. The S-SV EMS system is comprised of the following emergency medical care provider resources:

- Two (2) strategically located S-SV EMS offices.
- Multiple primary/secondary public safety answering points (PSAPs) and ambulance dispatch centers (several who provide S-SV EMS approved EMD/MPDS services).
- Three (3) S-SV EMS designated EMS aircraft coordination centers.
- Multiple city, county, state and federal law enforcement agencies (several who provide S-SV EMS approved public safety first aid optional scope of practice EMS services).
- 95 BLS fire department first responder agencies (several who provide S-SV EMS approved public safety first aid/EMR/EMT optional scope of practice EMS services).
- Nine (9) ALS/LALS fire department first responder agencies.
- 20 primarily ALS public and private ground ambulance transport providers.
- One (1) ALS ski patrol.
- Five (5) private HEMS providers.
- One (1) public ALS rescue HEMS provider.
- 18 acute care hospitals:
    - Eight (8) S-SV EMS designated trauma receiving centers (Level I, II, III & IV).
    - 12 S-SV EMS designated stroke receiving centers.
    - Six (6) S-SV EMS designated STEMI receiving centers.
- Several thousand certified/licensed EMS personnel.

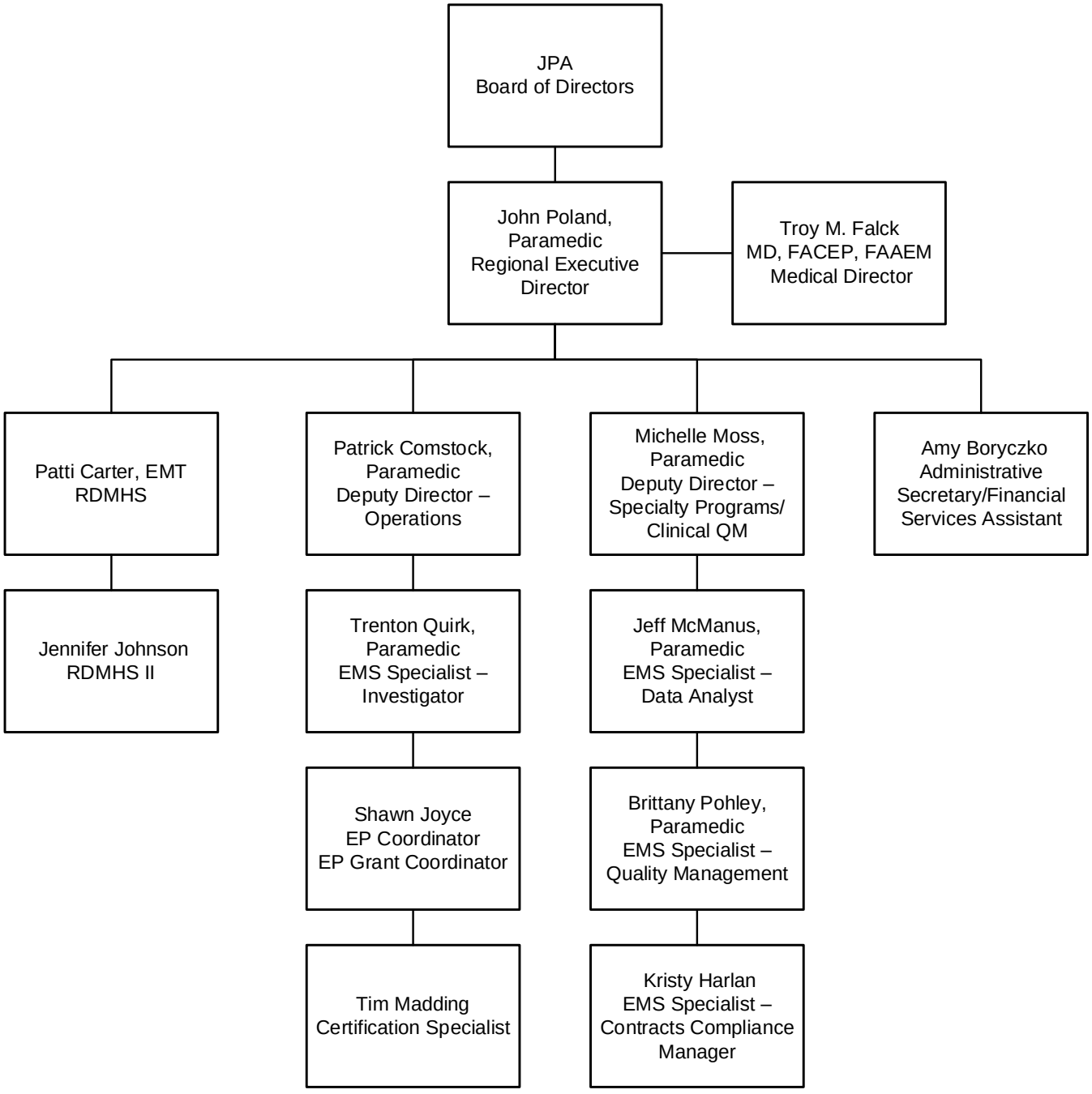
Under the direction of the Agency's Regional Executive Director, Medical Director, and quality management staff, S-SV EMS plans, implements and continually evaluates the EMS system for its ten (10) JPA member counties, which includes the specific responsibilities detailed on the following pages.

Mission and Method

By fostering synergistic partnerships and engaging in collaborative work processes, we aim to continuously monitor, assess, and evaluate the regional EMS system with a goal of improving the delivery of high-quality prehospital care.

- Applying the principles of servant leadership, we seek to discover opportunities to involve prehospital providers and hospital partners in the implementation, monitoring, and growth of a high-performance specialty system. Our objective is to foster a safe and supportive work environment for EMS personnel while ensuring a compassionate and clinically competent workforce for patients within the S-SV EMS region.
- Our goal is to foster the development of processes and methodologies focused on enhancing the delivery of high-quality EMS care by cultivating an open and supportive work environment and professional atmosphere where stakeholders are heard, encouraged, and supported.
- Leveraging data systems and active engagement of system participants, we coordinate, implement, and monitor system performance. Our objective is to identify opportunities for improvement and enhance overall effectiveness.
- Encourage active involvement of system participants in local, regional, and national EMS committees and conferences to explore a broad range of EMS trends and practice advancements targeted at improving clinical care and promoting EMS provider retention.
- Establish a system designed to address the specific educational needs of prehospital providers proactively, anticipating and addressing needs before they manifest in patient care issues.
- Promote provider agency leadership to create robust Quality Improvement (QI) programs that offers high-quality education and training resources, along with encouragement and support, to empower personnel in their professional development.

Organizational Chart



Quality Management Program Responsibilities

Regional Executive Director – John Poland, Paramedic

This position is responsible for overall administration of the Agency, including the discharge of all LEMSA responsibilities pursuant to California Health and Safety Code, California Code of Regulations, and other EMS laws, regulations, policies, and procedures.

Medical Director – Troy Falck, MD, FACEP, FAAEM

This position oversees all medical and clinical components of the Agency's EMS system to include policy and protocol development, equipment approvals and continuous quality improvement.

Deputy Director, Specialty Programs/Clinical Quality Management – Michelle Moss, FPC, CSTR

This position is responsible for continuous oversight and monitoring of the Agency's STEMI, Stroke, Trauma and HEMS specialty care systems and prehospital clinical performance including oversight of the Agency's QI committees. This position provides direct supervision of the EMS Specialist – Quality Management, EMS Specialist – Data Analyst, and EMS Specialist – Contract Compliance Manager positions.

EMS Specialist, Quality Management – Brittany Pohley, Paramedic

This position is responsible for the implementation of the Agency's QI plan and oversight of prehospital QI activities, data monitoring and regional provider training and education. This position is the primary clinical liaison with prehospital providers and non-specialty hospitals in clinically related matters.

EMS Specialist, Data Analyst – Jeff McManus, Paramedic

This position manages the Agency's EMS data systems/registries and assists other Agency staff in collecting, analyzing, and preparing data reports to support the Agency's QI activities. This position also provides EMS data related support to EMS system participants.

Quality Improvement Committees

S-SV EMS QI committee participants influence quality improvement and play a critical role in advising the Agency in protocol development and refinement of clinical practice within the regional EMS system. Data indicators are continuously reviewed by appropriate Agency staff and communicated to applicable QI committees on a regular and scheduled basis.

Regional Emergency Medical Advisor Committee (REMAC)

This multi-disciplinary committee convenes four (4) times per year with the purpose of promoting region-wide standardization of EMS system quality management, quality assurance, and quality improvement processes/activities. This committee reviews and makes recommendations regarding policies, procedures, protocols, positions, and philosophy of EMS care to S-SV EMS.

Prehospital Advisory Committee (PAC)

This multi-disciplinary peer review committee is comprised of field providers from public and private ALS ground and HEMS provider agencies. This committee meets four (4) times per year and is responsible for providing EMS system quality improvement and policy/ protocol recommendations to S-SV EMS from the field provider perspective. Additionally, this committee assists in monitoring and evaluating performance metrics and discusses current EMS trends and research to develop clinical best practices.

Trauma QI Committee

This multi-disciplinary committee includes representation from the regional trauma centers and prehospital provider agencies. The committee meets two (2) times annually and has the responsibility of reporting on and evaluating the quality of trauma care and establishing and monitoring trauma quality indicators. This committee also reviews and makes recommendations to S-SV EMS on trauma related policies and protocols.

STEMI QI Committee

This multi-disciplinary committee was established to promote region-wide standardization of STEMI patient care and transport, and to make recommendations to S-SV EMS on policies and protocols that involve the care of STEMI patients. This committee meets two (2) times annually with representatives from each of the region’s STEMI receiving centers and prehospital provider agencies.

Data Collection and Reporting

S-SV EMS utilizes multiple methodologies to collect and distribute data to EMS system participants, system stakeholders, and the public. The Agency currently utilizes the following data sources to monitor clinical care, patient outcomes and clinical documentation.

- ImageTrend NEMSIS 3.5 EMS Data System.
- ESO Trauma One Regional Trauma Registry.
- AHA GWTG-CAD STEMI Patient Registry.
- AHA-GWTG Stroke Patent Registry.

EMS Data Indicators

The types of EMS data indicators regularly collected, evaluated, and reported by S-SV EMS include:

- **Personnel:**
  - Number of EMR, EMT, AEMT certifications and re-certifications.
  - Number of paramedic accreditations and re-accreditations.
  - Number of MICN authorizations and re-authorizations.
  - Number and type of approved local optional skills programs and personnel.
  - Number and type of EMR, EMT, AEMT investigations and certification actions.
  - Number and type of paramedic investigations/licensure action referrals to EMSA.
  - Number and type of approved EMS training programs.
  - Number and results of EMS training program site visits and audits.
  - Number of S-SV EMS CE classes held, and CE certificates issued.
- **Equipment and Supplies:**
  - Number and results of prehospital provider agency unit inspections.
  - Number of providers stocking/utilizing optional equipment/supplies.
  - Number and type of equipment/supply shortages.
  - Management and usage statistics of controlled substances.
  - Medical equipment and supplies usage statistics.
  - Number and type of medical equipment failures.

- **Documentation:**
    - Number and type of bystander medical interventions (CPR, AED, aspirin administration, naloxone administration, tourniquet applications, etc.).
    - Number of EMS system participant AED applications and local optional sills utilizations.
    - EMS system participant compliance with documentation standards.
    - Number and type of EMS system participant incident reports and notifications.
    - Number and type of other EMS system documentation submissions/reviews (MCI feedback, training records, etc.).
    - Number of incidents that do not result in EMS patient transport (including reasons).
    - Number and type of standard medical incidents.
    - Number and type of unusual/infrequent medical incidents (including MCIs).
    - Compliance of specialty care center data submission (STEMI, stroke, trauma).
- **Clinical Care and Patient Outcome:**
    - Number and type of EMS system policies and protocols developed and revised.
    - Provider compliance with S-SV EMS policies and protocols (including number and type of 'QI Report Cards' issued to individual prehospital personnel).
    - EMS system participant local optional skills data (success rates, complications, etc.).
    - Local EMS system clinical care and patient outcome data reports (including public reporting as appropriate).
    - California EMS core measures data.
    - Number, type and outcome of EMS system participant clinical concerns and investigations.
    - Number of EMS system participant quality improvement plans submitted to, reviewed, and approved by S-SV EMS.
- **Skills Maintenance/Competency:**
    - EMR, EMT and AEMT personnel compliance with re-certification skills competency verification requirements.
    - Prehospital personnel compliance with local optional skills competency verification requirements.
    - AEMT and paramedic compliance with annual infrequently used skills competency verification and annual didactic regional training module requirements.

- **Transportation/Facilities:**
  - Ambulance transport provider response time compliance.
  - Inspections of provider agency vehicles and facilities.
  - Ground ambulance EOA contract mileage/age required replacement data.
  - Number, type, and cause of critical vehicle failures.
  - Prehospital provider compliance with specialty patient destination policies/protocols.
  - Ambulance Patient Offload Time (APOT).
- **Public Education and Prevention:**
  - Number and type of bystander medical interventions.
  - S-SV EMS and other EMS system stakeholders' participation in public education and prevention activities.
- **Risk Management:**
  - Number and type of EMS system policies and protocols developed and revised to ensure ongoing consistency with current medical literature, studies, guidelines, and standards of care. All S-SV EMS policies/protocols are reviewed a minimum of every three (3) years.
  - Number and type of EMS provider/personnel investigations and outcomes.
  - Prehospital personnel compliance with S-SV EMS policies/protocols.
  - Utilization appropriateness of specialized EMS resource (EMS aircraft, etc.).
  - Review and approval of EMD and/or MPDS programs.
  - Provider compliance with biomedical equipment and vehicle maintenance requirements.
- **Other**
  - Number and type of S-SV EMS issued recognition awards (Chain of Survival Award, Outstanding Service Award, etc.).

EMS system indicators are regularly selected and updated utilizing a collaborative teamwork approach with input from S-SV EMS staff and other EMS system participants. Indicators are based on anticipated or identified system needs/issues and statutory/regulatory requirements. S-SV EMS staff work collaboratively to identify, collect, review, and report data indicators based on job requirements and responsibilities. The collection and reporting frequency of individual data indicators is based on the type of data and EMS system needs.

Quality Assurance (QA)/Quality Improvement (QI) Process

S-SV EMS utilizes a standard 'Plan, Do, Study, Act' approach to QA/QI involving appropriate EMS system participants based on the nature and details of the individual incident or identified issue. S-SV EMS staff regularly communicate QA/QI related activities to EMS system participants, and the public as appropriate, utilizing the following methods:

- EMS system stakeholder meetings (S-SV EMS regional committee meetings, RDMHS meetings, EMSA meetings, California LEMSA QI Coordinator meetings, Northern California EMS Coordinator meetings, EMS training program advisory committee meetings, County Board of Supervisors meetings, County EMCC/EMAG meetings, County HPP meetings, County Fire Chiefs meetings, etc.).
- Routinely interacting with individual EMS system providers and personnel.
- Routinely producing/revising/distributing EMS policies/protocols, and system reports.
- Interactions and presentations to the public and media organizations.

S-SV EMS organizational and/or EMS system changes are implemented utilizing one or more of the following processes as necessary/appropriate:

- S-SV EMS staff regularly participate in internal staff meetings to discuss Agency activities and organizational changes.
- S-SV EMS staff regularly coordinate and attend multi-disciplinary meetings to inform EMS system participants of organizational and EMS system changes.
- S-SV EMS policy and protocol changes are routinely released on a bi-annual basis with June 1st and December 1st implementation dates. Updated policies and protocols are packaged together with a change summary document and distributed to EMS system participants through email distribution and a regional mobile application. EMS system provider agencies are responsible for providing appropriate education and training for all policy, protocol, and EMS system changes to their personnel.
- Current S-SV EMS policies and protocols are available 24/7/365 on the S-SV EMS website, mobile application, and printed field manuals.

S-SV EMS Incident Review/Investigation Process

Through continuous review and auditing of EMS data systems, S-SV EMS personnel may identify incidents/issues that require further review and/or investigation. Following is the S-SV EMS QI process when an incident/issue needing further review is identified:

- Utilizing the current EMS provider agency EMSQIP, the S-SV EMS Quality Management EMS Specialist identifies the appropriate QI personnel for the EMS provider agency(s).
- If the incident/issue does not meet any reportable Incident criteria, as described in S-SV EMS Agency 'EMS Incident Reporting & Investigation' Policy (Reference No. 927), the S-SV EMS Quality Management EMS Specialist will contact the appropriate QI personnel and provide, at a minimum, the following information:
    - Details regarding S-SV EMS concerns/questions.
    - Request for review of incident/issue with prehospital personnel as appropriate.
- If the incident/issue appears to meet reportable incident criteria, as described in S-SV EMS 'EMS Incident Reporting & Investigation' Policy (Reference No. 927), the S-SV EMS Quality Management EMS Specialist will request a 927-A form formally documenting the details and investigatory results of the specific incident/issue.
- Upon receipt of documentation from the EMS provider agency QI personnel, the S-SV EMS Quality Management EMS Specialist will determine the appropriate action/ resolution which may include one or more of the following:
    - No action necessary.
    - Remedial education.
    - Disciplinary action.
    - Referral of the issue/incident to S-SV EMS Deputy Director – Specialty Programs/ Clinical Quality Management and/or Medical Director for case review and/or policy/ protocol revision.
    - Referral of prehospital personnel to EMSA for further review and/or potential certification/license action.

If through the EMS provider agency's QI process an incident/issue is identified, the following QI process will take place:

- EMS provider QI personnel provides a written report of the incident and any other pertinent incident related materials to the S-SV EMS Quality Management EMS Specialist within three (3) working days of becoming aware of the incident.
- The S-SV EMS Quality Management EMS Specialist will review the incident and the EMS provider agency's documentation/resolution.

- The S-SV EMS Quality Management EMS Specialist may complete an internal review of prehospital personnel records or other pertinent sources of information.
- The S-SV EMS Quality Management EMS Specialist may request further action to include:
    - Additional documentation/actions from the EMS provider agency QI personnel.
    - In coordination with EMS provider agency, an interview with the prehospital personnel.
    - Additional documentation from receiving/sending facility.
- The S-SV EMS Quality Management EMS Specialist will determine the appropriate action/resolution which may include one or more of the following:
    - No action necessary.
    - Remedial education.
    - Disciplinary action.
    - Referral of the issue/incident to S-SV EMS Deputy Director – Specialty Programs/ Clinical Quality Management and/or Medical Director for case review and/or policy/ protocol revision.
    - Referral of prehospital personnel to EMSA for further review and/or potential certification/license action.

Upon notification of an incident/issue, the EMS provider agency is responsible for the following:

- Acknowledge receipt of the incident to the reporting entity within three (3) working days.
- Conduct an adequate investigation of the incident, which at a minimum shall include:
    - A review of all pertinent incident related documentation, including PCRs, incident reports and any other documentation relevant to the investigation.
    - A review of other materials relevant to the investigation (medical records, voice recordings, etc.).
    - Interview with complainants, witnesses, prehospital personnel and/or hospital personnel deemed relevant to the investigation.

Provider Agency QI Responsibilities

EMS system participants are responsible for conducting and reporting to S-SV EMS the following EMS QI activities:

- Prospective QI:
  - Participation in S-SV EMS and base/modified base hospital QI committees.
  - Initial and continuing employee education:
    - Orienting field personnel to the S-SV EMS system.
    - Developing educational programs based on problem identification and trend analysis.
    - Process for communicating system changes to field personnel.
    - Process for development of performance standards to evaluate the quality of care delivered by field personnel.
  - Methods for evaluating field personnel:
    - New/probationary employee clinical performance standards.
    - Clinical/operational deficiency identification methodology.
    - Problem-oriented evaluation and corrective action plans for identified deficiencies, including an example of a standardized performance improvement plan (PIP).
  - Personnel certification/accreditation tracking:
    - Initial and ongoing certification/accreditation tracking process.
    - Other S-SV EMS required training/education.
- Concurrent QI:
  - Direct observation (ride-along, field training officer, etc.) of field personnel evaluating patient care against performance standards.
  - Availability of field supervisors and/or QI personnel for field personnel support.
- Retrospective QI:
  - Process for retrospective analysis of field care to include but not be limited to:
    - High-acuity, low occurrence (HALO) call/event types.
    - Audit topics. o Problem oriented calls/events.
    - Calls/events requested to be reviewed by S-SV EMS.

- Documentation/PCR review to assure quality, accuracy, and adherence to provider/ S-SV EMS documentation standards/requirements.
- Compliance with reporting and other quality improvement requirements as specified by S-SV EMS.

- Reporting/Feedback:
  - Process for reporting trends/issues to S-SV EMS and/or base/modified base hospitals.
  - Process for communicating quality improvement/opportunities for improvement to field personnel.

Education and Training

- Several S-SV EMS staff members are trained, qualified, and experienced EMS educators who routinely provide education and training to EMS system participants.
- S-SV EMS accreditation classes are held on a monthly basis at both S-SV EMS office locations and are taught by qualified and experienced S-SV EMS clinical staff. All new paramedic, MICN, and HEMS RN personnel are required to successfully complete the accreditation class and any additional S-SV EMS requirements prior to providing prehospital care or direction to prehospital personnel in the S-SV EMS region.
- A regional MICN course curriculum, developed and regularly updated by S-SV EMS staff, is provided to base hospitals for conducting standardized instruction to all new MICN candidates. S-SV EMS staff also assist in the instruction of this curriculum on a regular basis.
- All EMS system education and training materials (including training for new medications/procedures and annual regional training modules) are developed by S-SV EMS quality management staff in a collaborative manner, with input/assistance from other EMS system participants and subject matter experts.
- All education and training materials are reviewed and approved by the S-SV EMS Medical Director and Regional Executive Director prior to distribution or utilization by EMS system participants.
- S-SV EMS staff conduct regular audits of EMS system participant personnel documentation to ensure that education and training requirements are maintained.
- All S-SV EMS accredited paramedic personnel are required to obtain and maintain the following additional certifications:
  - PALS, PEPP, APLS or Handtevy Prehospital Pediatric Provider Course
  - ACLS

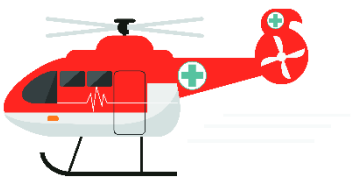
- S-SV EMS staff conduct regular audits and site visits of approved EMS training programs to provide appropriate program oversight and ensure continued compliance with regulatory requirements.
- Agency staff instruct, attend, and participate in hospital and provider agency meetings, run reviews, and regional educational conferences.

S-SV Emergency Medical Services Agency

Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

2023 EMS Quality Improvement Plan Annual Update



Sierra – Sacramento Valley Emergency Medical Services Agency

Regional Executive Director
John Poland, Paramedic

Medical Director
Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson
Jim Holmes, Placer County Supervisor

Address & Contact Information
535 Menlo Drive, Suite A
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info@ssvems.com
www.ssvems.com

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

January 2024

Tom McGinnis, Chief of EMS Systems Division
California EMS Authority (EMSA)
10901 Gold Center Drive, Suite 400
Rancho Cordova, 95670

Mr. McGinnis,

Pursuant to CCR, Title 22, Division 9, Chapter 12, Article 4, § 100404, Item (a)(4), this letter and all attachments are being submitted to EMSA as the required S-SV EMS LEMSA 2023 Calendar Year Annual EMSQIP update. S-SV EMS has a strong commitment to EMS QI. We work with EMS system participants to ensure that every patient in need of EMS assistance receives consistent, competent, and compassionate evidence-based EMS care. S-SV EMS currently employs seven (7) clinical staff, including a physician medical director and six (6) licensed paramedics with extensive EMS experience. These clinical staff are primarily responsible for the S-SV EMS EMSQIP, with assistance provided by other non-clinical agency staff as needed.

In 2023, we extended our QI program with the development of the Prehospital Advisory Committee (PAC). This committee is comprised of selected BLS, ALS and RN field providers who function to provide support to the agency in protocol review/development and to assist with QI activities and regional audits. The committee met four times in 2023 and was well attended by committee members.

S-SV EMS staff continue to coordinate and receive input/feedback from multiple other regional EMS system QI committees, and conduct/facilitate a significant amount of EMS system data review, audit, and educational activities. We continue to focus on methods to improve the quality, consistency, and validity of our EMS system data.

S-SV EMS has a strong commitment to EMS system transparency and accountability. As a result, we continue to update and publish an EMS system performance data report monthly, which includes the following EMS system data:

- S-SV EMS Regional APOT Data

- S-SV EMS Regional Ground and EMS Aircraft Data
- S-SV EMS Regional Prehospital Naloxone Utilization Data

The above-mentioned report, and various others, will continue to be refined/improved as necessary. A copy of this report for 2023 is included in this EMSQIP annual update. S-SV EMS also requires EMS system participants to regularly conduct focused audits, and to report their results back to our agency for additional review, compiling and publishing. The results of these audits are utilized for ongoing education/training purposes. Any identified clinical and/or documentation issues are then monitored and tracked as necessary until the matter is adequately resolved. S-SV EMS has also implemented necessary policy/protocol changes based on the results of previous audits, followed by additional monitoring/auditing activities to ensure that the identified issues have been corrected.

S-SV EMS continues to participate in various other EMS data registries/programs as follows:

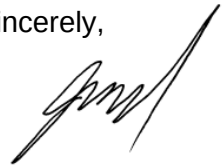
- ESO Trauma 1 Data Registry
- AHA Get With The Guidelines (GWTG) Stroke Registry
- AHA Get With The Guidelines – Coronary Artery Disease (GWTG-CAD) STEMI Registry
- EMSA Annual EMS Core Measures

S-SV EMS has a robust system to identify and address clinical issues/concerns, in close collaboration with EMS system participants. This is accomplished using a just culture type philosophy, to ensure an appropriate oversight/accountability balance. Prehospital personnel and EMS system participants have clearly embraced this concept, as evidenced by an increase in self-reported policy/protocol deviations, patient care issues, medication errors, etc. These matters are thoroughly investigated and addressed to ensure that they do not reoccur. S-SV EMS policy/protocol updates are also reviewed/implemented as determined necessary.

We have recently reorganized our Regional Emergency Medical Advisory Committee (REMAC) format and meeting schedule to better correspond with our other regional QI committees (PAC, Trauma QI, STEMI QI). The primary goal of this restructuring is to increase meaningful contribution to EMSQIP activities by all EMS system participants throughout our region.

Thank you for the opportunity to provide this update covering the EMS QI work that S-SV EMS staff and EMS system participants provide on an ongoing basis. Please feel free to contact me with any specific questions you may have regarding this matter.

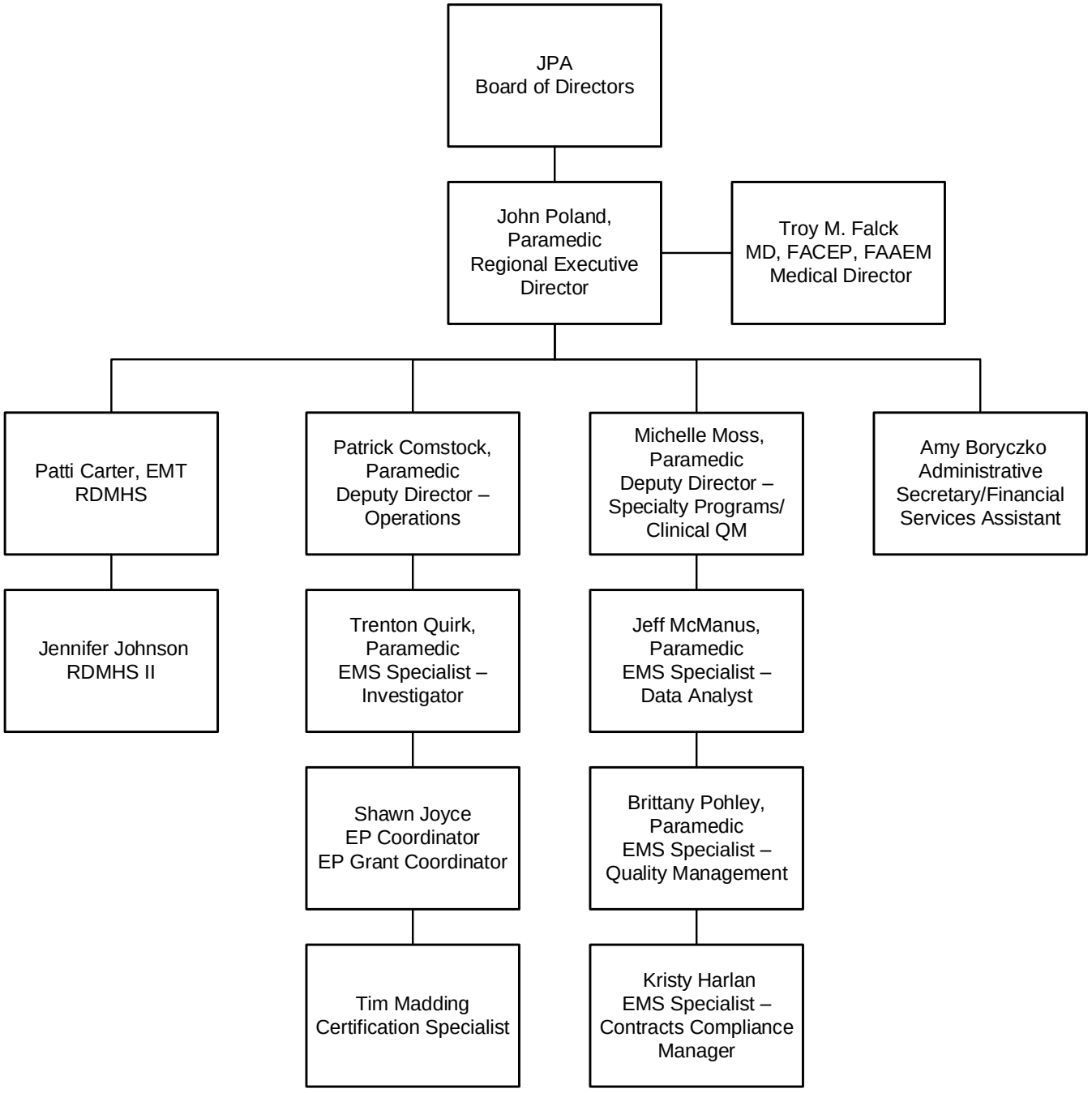
Sincerely,



John Poland, Paramedic
Regional Executive Director
Sierra – Sacramento Valley EMS Agency

S-SV EMS Agency Organizational Chart & Staff Primary Responsibilities

Sierra – Sacramento Valley EMS Agency Program Policy			
S-SV EMS Agency Organizational Chart			
	Effective: 07/01/2023	Next Review: As Needed	**201**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE



Name, Title, & Contact Information	Primary Responsibilities
John Poland, Paramedic **Regional Executive Director** John.Poland@ssvems.com (916) 625-1719	• S-SV EMS Agency member county BOS, CAO & PHO contact • S-SV EMS Agency legal counsel contact • Hospital administration contact • S-SV EMS Agency & personnel oversight • S-SV EMS Agency contracts • S-SV EMS Agency fiscal management • S-SV EMS Agency EMS Plan • S-SV EMS Agency EMS system policies/protocols • Region III RDMHC/S program oversight
Troy M. Falck, MD **Medical Director** Troy.Falck@ssvems.com (916) 625-1715	• Medical control, direction & oversight of the S-SV EMS system and all EMS personnel within the S-SV EMS region • Assist in the development/approval of all S-SV EMS policies and treatment protocols
Patrick Comstock, Paramedic **Deputy Director – Operations** Patrick.Comstock@ssvems.com (916) 625-1714	• EMS training programs approval/oversight • S-SV EMS Agency EMS personnel credentialling & investigation/enforcement program oversight/management • S-SV EMS Agency RFPs, provider agreements, & permitting oversight/management • EMCC/EMAG/HPP/HP liaison • S-SV EMS Agency EMS data system oversight • S-SV EMS Agency LEMSA Duty Officer • S-SV EMS Agency personnel oversight
Michelle Moss, Paramedic **Deputy Director – Specialty Programs/Clinical Quality Management** Michelle.Moss@ssvems.com (916) 625-1711	• Regional STEMI/stoke/trauma systems oversight/management • Regional HEMS program oversight/management • Regional specialty systems contracting oversight • Clinical quality management (QA/QI) oversight/management • EMS for Children/pediatric specialty center liaison • S-SV EMS Agency data system/patient registries oversight • S-SV EMS Agency personnel oversight
Amy Boryczko **Administrative Secretary/ Financial Services Assistant** Amy.Boryczko@ssvems.com (916) 625-1712	• Secretary to the S-SV EMS Regional Executive Director • Secretarial support for S-SV EMS staff • Clerk of the Board to the S-SV EMS JPA Governing Board • Technical/clerical support for HPP & other grant activities • Assist with S-SV EMS Agency fiscal management • Placer County Auditor-Controller's Office liaison
Patti Carter, EMT **Region III RDMHS** Patti.Carter@ssvems.com (530) 722-6613	• Region III RDMHS • EMCC/EMAG/HPP/EP liaison • Region III RDMHS Program Duty Officer • S-SV EMS LEMSA Duty Officer

Name, Title, & Contact Information	Primary Responsibilities
Jennifer Johnson **Region III RDMHS II** Jennifer.Johnson@ssvems.com (530) 722-6615	• Assists with Region III RDMHS Program duties/responsibilities • EMCC/EMAG/HPP/EP liaison • Region III RDMHS Program Duty Officer
Trenton Quirk, Paramedic **EMS Specialist – Investigator** Trenton.Quirk@ssvems.com (916) 625-1716	• Processing/managing California DOJ and/or FBI CORI background and subsequent arrest/disposition records • Overseeing/assisting with S-SV EMS Agency investigation and personnel enforcement related matters • Assists with S-SV EMS Agency operational duties
Shawn Joyce **EP/EP Grant Coordinator** Shawn.Joyce@ssvems.com (916) 625-1718	• Emergency preparedness (EP) & EP grant coordination
Tim Madding **Certification Specialist** info@ssvems.com (916) 625-1702	• EMS personnel certification, accreditation, & authorizations • Assists with S-SV EMS Agency operational duties
Jeff McManus, Paramedic **EMS Specialist – Data Analyst** Jeff.McManus@ssvems.com (916) 625-1721	• Supports the S-SV EMS Agency & EMS system participants with the EMS data system and patient data registries • Analysis/reporting of statistical EMS & specialty program data • HIE data oversight • Assist with S-SV EMS Agency QA/QI initiatives • S-SV EMS Agency LEMSA Duty Officer
Brittany Pohley, Paramedic **EMS Specialist – QM** Brittany.Pohley@ssvems.com (916) 625-1724	• EMS system participant QA/QI primary liaison • Development, coordination, and oversight of EMS QA/QI activities/initiatives • QI indicator reporting to the S-SV EMS Agency and EMS system participants • Development, oversight, planning, and coordination of S-SV EMS Agency initiated training/education programs
Kristy Harlan **EMS Specialist – Contracts Compliance Manager** Kristy.Harlan@ssvems.com (916) 625-1722	• EMS system participant liaison • Prehospital provider organization contract compliance • Internal/external compliance reporting • Assist with S-SV EMS Agency QA/QI initiatives • S-SV EMS Agency LEMSA Duty Officer

S-SV EMS Policy Action & EMSQIP Policy

Sierra – Sacramento Valley EMS Agency Program Policy			
S-SV EMS Policy/Protocol Actions			
	Effective: 12/01/2023	Next Review: 09/2025	**220**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To provide a mechanism for creation, review, revision, or removal of S-SV EMS policies and/or treatment protocols (collectively referred to in this policy as 'policy/protocol action').

AUTHORITY:

A. HSC, Division 2.5, § 1797.107, 1797.171, 1797.172, 1797.176, 1797.202, 1797.220, and 1798.

B. CCR, Title 22.

POLICY:

A. Prehospital provider organizations shall not institute patient care policies/protocols that conflict with those established by the S-SV EMS Agency. This does not apply to treatment protocols developed by air ambulance or ground critical care transport providers for RN personnel.

B. New policies/protocols are developed as necessary based on EMS system needs.

C. Consideration of proposed policy/protocol actions will be given to suggestions/ requests from EMS system participants.

D. Existing S-SV EMS policies/protocols are routinely reviewed a minimum of every three (3) years but may be reviewed on a more frequent basis as necessary.

PROCEDURE:

A. Policy/protocol action input may be solicited from individuals, organizations, and/or advisory committees. S-SV EMS may also establish an ad hoc committee to recommend policy actions as necessary.

B. Approval of policy/protocol actions will occur as follows:

1. Proposed policy actions will be placed on the S-SV EMS Regional Emergency Medical Advisory Committee (REMAC) meeting agenda for consideration.

2. The REMAC meeting agenda and all proposed policy actions will be distributed to EMS system participants and posted on the S-SV EMS website a minimum of 30 days prior to the applicable REMAC meeting in which they will be considered.

3. Proposed policy actions listed on the REMAC agenda may be approved upon majority vote of the REMAC members. If necessary, proposed policy actions may be carried over to subsequent REMAC meetings until a consensus is reached by the committee.

4. All policy actions passed by the REMAC shall be approved by the S-SV EMS Medical Director and Regional Executive Director prior to implementation.

C. Implementation of policy actions will occur as follows:

1. New policies/protocols will be assigned an S-SV EMS policy/protocol number.

2. An effective date and next review date will be assigned to all policies/protocols.

3. The S-SV EMS Medical Director and Regional Executive Director will approve and sign the policy/protocol.

4. EMS system participants will be notified of the policy action and implementation date. Policy/protocol updates are routinely released on a bi-annual basis for either a June 1st or December 1st implementation but may be released more frequently as necessary.

D. Some policy actions may require immediate action to maintain compliance with statutes/regulations, or to preserve medical control/integrity of the EMS system. Policy actions of this type may be implemented by S-SV EMS as urgency measures and scheduled for discussion at the next regularly scheduled REMAC meeting if necessary.

Sierra – Sacramento Valley EMS Agency Program Policy			
EMS System Quality Improvement Program (EMSQIP)			
	Effective: 12/1/2023	Next Review: 09/2026	**620**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish a system wide Emergency Medical Services System Quality Improvement Program (EMSQIP) to monitor, review, evaluate, and improve the delivery of prehospital care in the S-SV EMS region.

AUTHORITY:

A. HSC, Division 2.5, § 1797.204, 1797.220 and 1798.

B. CCR, Title 22, Chapter 12.

POLICY:

A. ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit a written EMSQIP to S-SV EMS for review and approval every five (5) years. The EMSQIP shall include the provider/hospital name and management structure, including quality improvement (QI) coordinator (or similar position), medical director, and internal QI staff and structure. A provider/hospital organizational chart shall also be included if available.

B. The EMSQIP shall, at a minimum, include the following QI activities:

1. Prospective QI – Systematic approach to identify, measure, and improve the quality of care provided.

2. Concurrent QI – Ongoing process to monitor and improve the quality of care in real-time during patient care.

3. Retrospective QI – Analysis of data and events after the delivery of patient care to identify trends, patterns, and recurring issues.

4. Reporting/Feedback – Sharing information about performance, outcomes, and quality measures with system participants.

C. ALS/LALS prehospital provider organization EMSQIPs shall, at a minimum, detail the process for conducting the following activities:

1. Prospective QI:

- Participation in S-SV EMS and base/modified base hospital QI committees.
- Initial and continuing employee education:
  - Orienting field personnel to the S-SV EMS system.
  - Developing educational programs based on problem identification and trend analysis.
  - Process for communicating system changes to field personnel.
- Process for development of performance standards to evaluate the quality of care delivered by field personnel.
- Methods for evaluating field personnel:
  - New/probationary employee clinical performance standards.
  - Clinical/operational deficiency identification methodology.
  - Problem-oriented evaluation and corrective action plans for identified deficiencies, including an example of a standardized performance improvement plan (PIP).
- Personnel certification/accreditation tracking:
  - Initial and ongoing certification/accreditation tracking process.
  - Other S-SV EMS required training/education.

2. Concurrent QI:

- Direct observation (ride-along, field training officer, etc.) of field personnel evaluating patient care against performance standards.
- Availability of field supervisors and/or QI personnel for field personnel support.

3. Retrospective QI:

- Process for retrospective analysis of field care to include but not be limited to:
  - High-acuity, low occurrence (HALO) call/event types.
  - Audit topics.
  - Problem oriented calls/events.
  - Calls/events requested to be reviewed by S-SV EMS.
- Documentation/PCR review to assure quality, accuracy, and adherence to provider/S-SV EMS documentation standards/requirements.
- Compliance with reporting and other quality improvement requirements as specified by S-SV EMS.

4. Reporting/Feedback:

    - Process for reporting trends/issues to S-SV EMS and/or base/modified base hospitals.
    - Process for communicating quality improvement/opportunities for improvement to field personnel.

D. All EMS system participants shall submit an annual EMSQIP report, utilizing an S-SV EMS developed standardized form, for the previous calendar year to S-SV EMS no later than March 31st.

E. All EMS system participants shall participate in the S-SV EMS EMSQIP, which may include providing records for program monitoring and evaluation.

S-SV EMS 2022 Calendar Year

Annual EMSQIP Reporting Forms

BLS Provider 2022 Calendar Year EMS QI Report (Submission Due Date: 3/31/2023)

PROVIDER AGENCY INFORMATION			
Provider Agency:		Type: ☐ Paid ☐ Volunteer ☐ Combination	
Position/Title	**Name**	**Telephone Number**	**Email Address**
Chief/Director/Manager			
QI Coordinator			
# Of PSFAs:		# Of EMRs:	
# Of EMTs		# Of AEMTs/Paramedics:	

DISPATCH/PATIENT CARE DOCUMENTION INFORMATION	
Dispatch Center Name:	# Of 911 EMS Calls:
Type Of Patient Care Records Used? ☐ Written ☐ Electronic ☐ Both ☐ None	
Current Electronic PCR Program & Version (if applicable):	

AED INFORMATION	
Do You Provide AED Services? ☐ Yes ☐ No	Are All AED Uses Reviewed? ☐ Yes ☐ No
Are AEDs Maintained Per Manufacturer Guidelines? ☐ Yes ☐ No	
Are All Personnel Using AEDs Properly Trained/Certified? ☐ Yes ☐ No	
Did You Have Any AED Equipment Failures (including dead batteries, etc.)? ☐ Yes ☐ No	
AED Issues/Comments	

BLS Provider 2022 Calendar Year EMS QI Report (Submission Due Date: 3/31/2023)

BLS OPTIONAL SKILLS INFORMATION

Which BLS Optional/Expanded Skills Do Your Personnel Utilize?

☐ Auto-Injector Epinephrine ☐ Naloxone

☐ Epinephrine IM Injection (EMT) ☐ King Airway (EMT) ☐ i-gel LMA (EMT)

Is BLS Optional Skills Review/Verification Completed At Least Annually? ☐ Yes ☐ No

Are All BLS Optional Skills Uses Reviewed For QI Purposes? ☐ Yes ☐ No

BLS Optional/Expanded Skills Issues/Comments

EDUCATION/TRAINING

EMS Education/Training Provided To The Public

EMS Education/Training Provided To Your Personnel

ADDITIONAL QI ACTIVITIES/COMMENTS

ALS/LALS Ground Provider 2022 Calendar Year EMS QI Report (Submission Due Date: 3/31/2023)

PROVIDER AGENCY INFORMATION			
Provider Agency:			
Position/Title	**Name**	**Telephone Number**	**Email Address**
Chief/Director/Manager			
Medical Director			
QI Coordinator			
EMS Data Manager			
# Of EMTs:		# Of AEMTs:	
# Of Paramedics:		# Of RNs:	
# Of EMS Calls:			

POLICIES/PROCEDURES
New/Revised <u>Provider Agency Specific</u> EMS Related Policies/Procedures

EDUCATION/TRAINING

EMS Education/Training Provided To The Public

EMS Education/Training Provided To Your Personnel

ADDITIONAL EMS QI ACTIVITIES/GOALS

Additional EMS QI Activities

2023 EMS QI Goals

EMS Aircraft Provider 2022 Calendar Year EMS QI Report (Submission Due Date: 3/31/2023)

PROVIDER AGENCY INFORMATION

Provider Agency:

Position/Title	Name	Telephone Number	Email Address
Chief/Director/Manager			
Medical Director			
QI Coordinator			
EMS Data Manager			
# Of Paramedic Personnel:		# Of RN Personnel:	
# Of Completed 911 Calls:		# Of Completed IFT Calls:	

EQUIPMENT/MEDICATIONS/PROCEDURES

Pertinent Equipment/Supply/Medication Changes

POLICIES/PROCEDURES

New/Revised Provider Agency Specific EMS Related Policies/Procedures

EDUCATION/TRAINING

EMS Education/Training Providing To The Public

EMS Education/Training Provided To Your Personnel Or Other EMS System Participants

EMS Aircraft Provider 2022 Calendar Year EMS QI Report (Submission Due Date: 3/31/2023)

EMS QI ACTIVITIES/GOALS

Additional EMS QI Activities

2023 EMS QI Goals

Base/Modified Base Hospital 2022 Calendar Year EMS QI Report (Submission Due Date: 3/31/2023)

HOSPITAL INFORMATION			
Hospital Name:		Type: Base Modified Base	
Position/Title	**Name**	**Telephone**	**Email**
CEO			
ED Manager			
Base/Modified Base Hosp. Medical Director			
Base/Modified Base Hosp. Coordinator			
Number of MICNs (if applicable):			

EMS ACTIVITIES

EMS Training/Classes/Drills/Exercises

EMS QI ACTIVITIES

2023 S-SV EMS Regional Meeting Calendar

Sierra - Sacramento Valley EMS Agency 2023 Calendar

January						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
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			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March						
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12	13	14	15	16	17	18
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26	27	28	29	30	31	

April						
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23	24	25	26	27	28	29
30						

May						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July						
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						1
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23	24	25	26	27	28	29
30	31					

August						
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		1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
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					1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October						
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S-SV EMS Holidays - Office Closed

S-SV EMS Agency Regional Meetings & Classes

JPA Governing Board of Directors 1:00 pm - 3:00 pm
• January 13, 2023
• March 10, 2023
• May 12, 2023
• July 14, 2023
• September 8, 2023
• November 3, 2023

Regional Emergency Medical Advisory Committee 9:00 am - 12:00 am
• January 17, 2023
• March 21, 2023
• May 16, 2023
• July 18, 2023
• September 19, 2023
• November 21, 2023

Paramedic, Flight Nurse & MICN Accreditation/Orientation Class 9:00 am - 1:00 pm	
• January 10	• July 11
• February 14	• August 8
• March 14	• September 12
• April 11	• October 10
• May 9	• November 14
• June 13	• December 12

Region III RDMHS/MHOAC 9:00 am - 12:00 pm
• March 22, 2023
• June 28, 2023
• September 27, 2023
• December - TBD

*Regional Trauma QI Committee 11:00 am - 3:00 pm
• May 4, 2023
• December 7, 2023

*Regional STEMI QI Committee 9:30 am - 12:00 pm
• March 16, 2023
• September 21, 2023

*Prehospital Advisory Committee 9:00 am - 12:00 pm
• February 23, 2023
• April 26, 2023
• July 12, 2023
• October 18, 2023

S-SV EMS Agency Office/Meeting Locations
Rocklin Office 535 Menlo Drive, Suite A Rocklin, CA 95765
Redding Office 1255 East Street, Second Floor Redding, CA 96001
Telephone Number (916) 625-1702

***QI Meetings Established Pursuant to § 1157.7 of the CA Evidence Code - Invite Only - Not Public Meetings**

S-SV EMS 2023
Audit Reports

PAIN MANAGEMENT REPORT

UTILIZATION OF COMBINATION FENTANYL/MORPHINE OR KETAMINE/OPIOID

OVERVIEW:

We looked at data between 11/01/2022 – 10/30/2023 to include all patients who received ketamine or opioids for pain management. We also looked at a comparison of pain scales for different pain management medication options.

Total 911 transports: 146,919

Total patients treated with ketamine or opioids: 5,013

Patients who received one of the (above) combinations: 95

FENTANYL/MORPHINE

- **70 total patients**
- **7**: Given by BHO when base consultation was not necessary (standing order)
- **13**: Protocol violations
- **5**: Appropriate vitals not documented
- **37**: Administered by the same agency (30 by same paramedic)

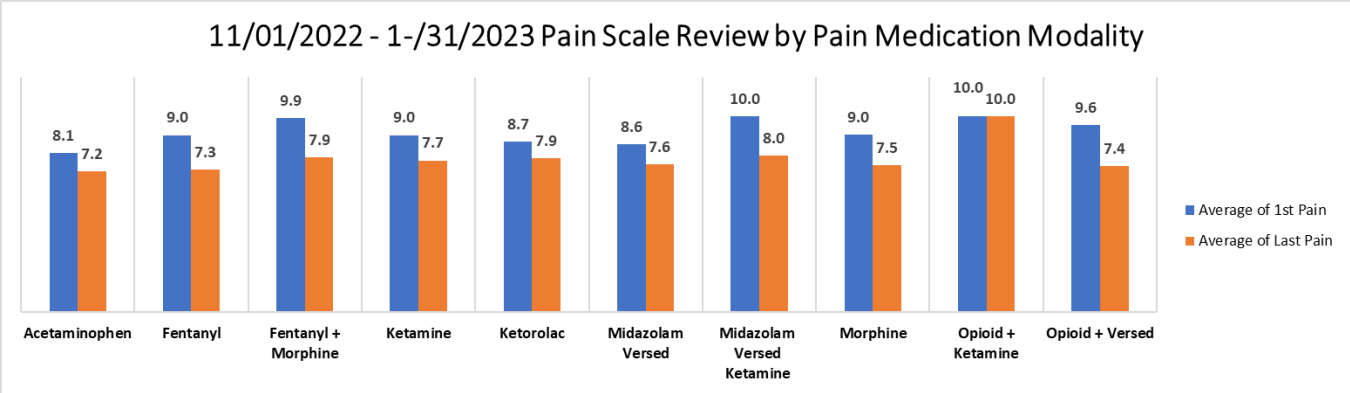
PAIN MANAGEMENT REPORT

KETAMINE/OPIOID

- **25 total patients**
- **2**: Incorrect dose
- **9**: Given by BHO when base consultation was not necessary (standing order)

PAIN MANAGEMENT REPORT

PAIN SCALE COMPARISON



Medication/Combination	Average of 1st Pain	Average of Last Pain
Acetaminophen	8.1	7.2
Fentanyl	9.0	7.3
Fentanyl + Morphine	9.9	7.9
Ketamine	9.0	7.7
Ketorolac	8.7	7.9
Midazolam Versed	8.6	7.6
Midazolam Versed Ketamine	10.0	8.0
Morphine	9.0	7.5
Opioid + Ketamine	10.0	10.0
Opioid + Versed	9.6	7.4

Red Box Transfers

Crystal Walsh, BSN, TPM
Mercy Redding
Darcey Thinnes, BSN, TPM
St. Elizabeth Hospital

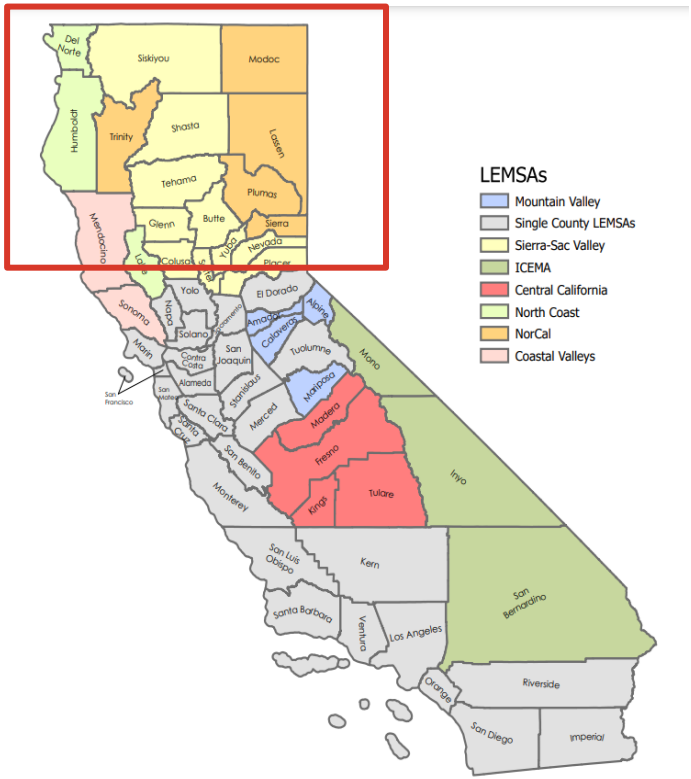
Dignity Health.

Background

The Region

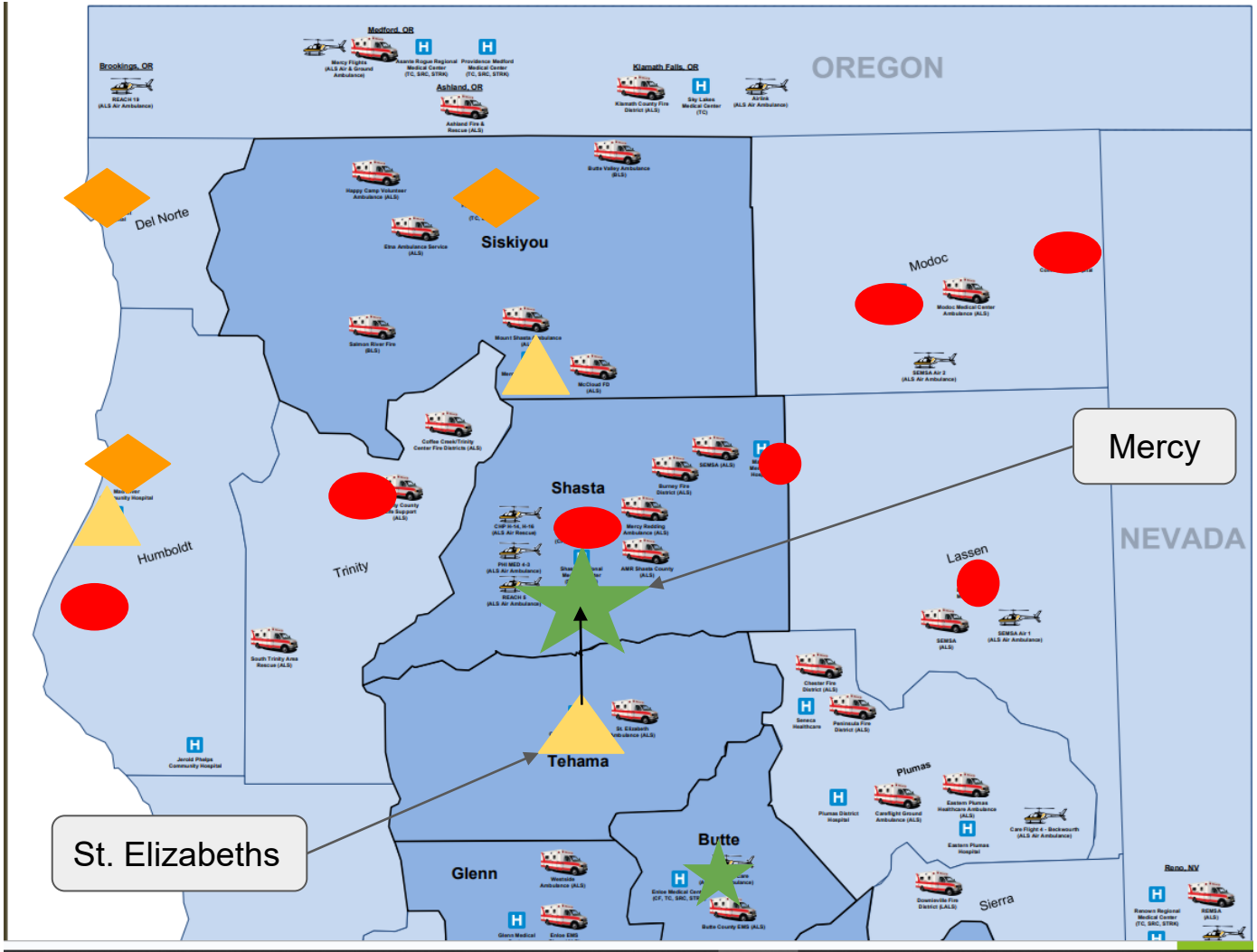
Far Northern California encompasses 8 counties, totaling approximately 24,900 square miles, which is roughly the size of the state of West Virginia. It is a rural part of California with small communities spread throughout. There are approximately 12 hospitals in this region. Sierra Sacramento Valley EMS agency is the LEMSA responsible for the counties in dark blue (next slide) and the trauma centers they designate. The remainder of the area is covered by NorCal EMS and North Coast EMS.

- Non trauma centers
- Three Level 4 trauma centers
- Three Level 3 trauma centers
- Two Level 2 trauma centers- Enloe Medical Center is 90 min south of Redding
- One Level 1 trauma center 2 hours south of Mercy Redding (UC Davis)



Legend

- Non Trauma Center
- Level 4 Trauma Center
- Level 3 Trauma Center
- Level 2 Trauma Center



Mercy Medical Center Redding (MMCR)

- Sits in the valley surrounded by 3 mountain ranges in Redding California
- 246 beds acute care hospital
  - ED: 28 beds & 2 Trauma Bays
  - ICU: 28 beds
  - OR: 9 suites
- ACS Level II Adult Trauma Center
- STEMI and Stroke Receiving Center
- Level 3 NICU
- 225 Transfers in meeting NTDB in 2022 from all counties north of Tehama

St. Elizabeth Community Hospital (SECH)

- Red Bluff, California is in the center of Tehama County. We are the only hospital in our county.
- There are approximately 65,000 residents spread over 2,962 miles in the county.
- 76 bed acute care hospital
  - ED: 14 beds
  - ICU 8 beds
  - OR: 4 suites
- **ACS Level III Adult Trauma Center**
- Specialties:
  - General surgery
  - Orthopedics
- 2022 Transfer out volume: 109

How trauma transfers are managed in our region

- The North Regional Trauma Coordinating Committee (NRTCC) developed regional guidelines for trauma transfers in 2002
- Our LEMSA Sierra-Sacramento Valley EMS (S-SV EMS) uses this guideline as the basis for their policy on Rapid Re-Triage of Trauma Patients (Policy 510)
- The term “Red Box” refers to the criteria in the box at the top of the guidelines. These patients are the highest priority and every effort should be made to transfer within 1 hour of arrival
- Other traumatic injuries below have a goal of transfer within 4 hours
- Trauma transfers data, including volume and average times, are discussed at our bi-annual S-SV trauma meetings. There are frequent discussions on opportunities for improvement for trauma transfer patients

Guidelines for Transfer to a Trauma Center

North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic

- For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation
- Patients requiring blood products to maintain their blood pressure

Note:
1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension
2. Systolic blood pressure <110 may represent shock in patients >65 years of age

Extremity Injuries

- Amputation of extremity proximal to wrist or ankle
- Open long-bone fractures
- Two or more long-bone fracture sites*
- Crush injury/mangled extremity

*A radius/ulna fracture or tibia/fibula fracture are considered one site

Neck & Thoracic Injuries

- Tracheobronchial injury
- Esophageal trauma
- Great vessel injury
- Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion
- Pneumothorax or hemothorax with respiratory failure
- Radiographic evidence of aortic injury
- Known or suspected cardiac injury

Neurological Injuries

- GCS deteriorating by 2 points during observation
- Open or depressed skull fracture
- Acute spinal cord injury
- Spinal fractures, unstable or potentially unstable
- Neurologic deficit

Abdominal Injuries

- Evisceration
- Free air, fluid or solid organ injury on diagnostic testing

Pelvic/Urogenital

- Bladder rupture

Burn Injuries

- Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age
- Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints
- Third-degree burns >5% of the body surface area in any age group
- Electrical burns, including lightning injury
- Burn injury with inhalation injury

Co-Morbid Factors

- Adults >55 years of age with significant trauma
- Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis)
- Patients taking anti-coagulant medication or platelet inhibitors
- Children <14 years of age with significant trauma
- Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002

What is a Red Box?

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

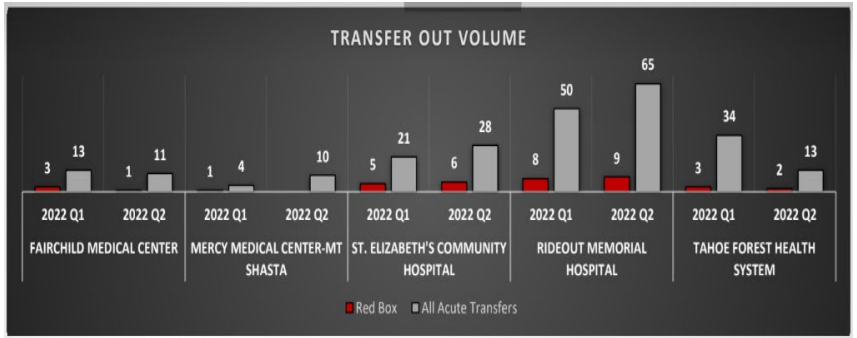
How is the process different for these patients?

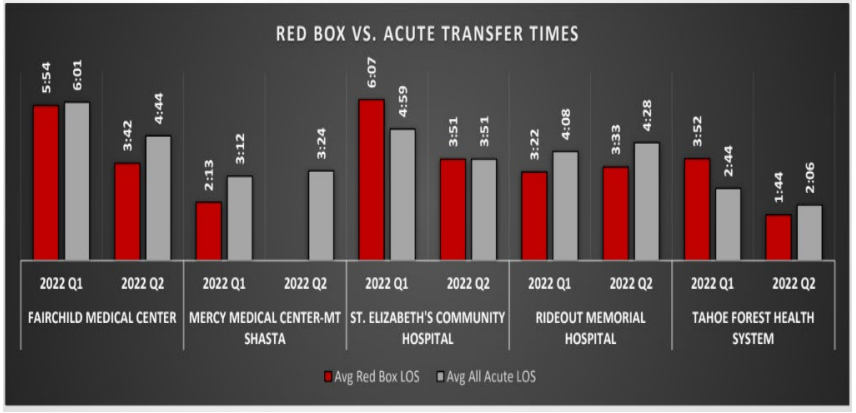
- Initiate transfer once it is clear that the patient will require care beyond the scope of the referring facility
- Avoid unnecessary studies that would delay the transfer
- Goal is to stabilize and transfer within 1 hour of arrival
- Red Box patients meeting criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster
- Ensure patient is ready for transfer, medications and equipment must be in the scope of practice of the IFT staff

The Identified Problem

Regional issues

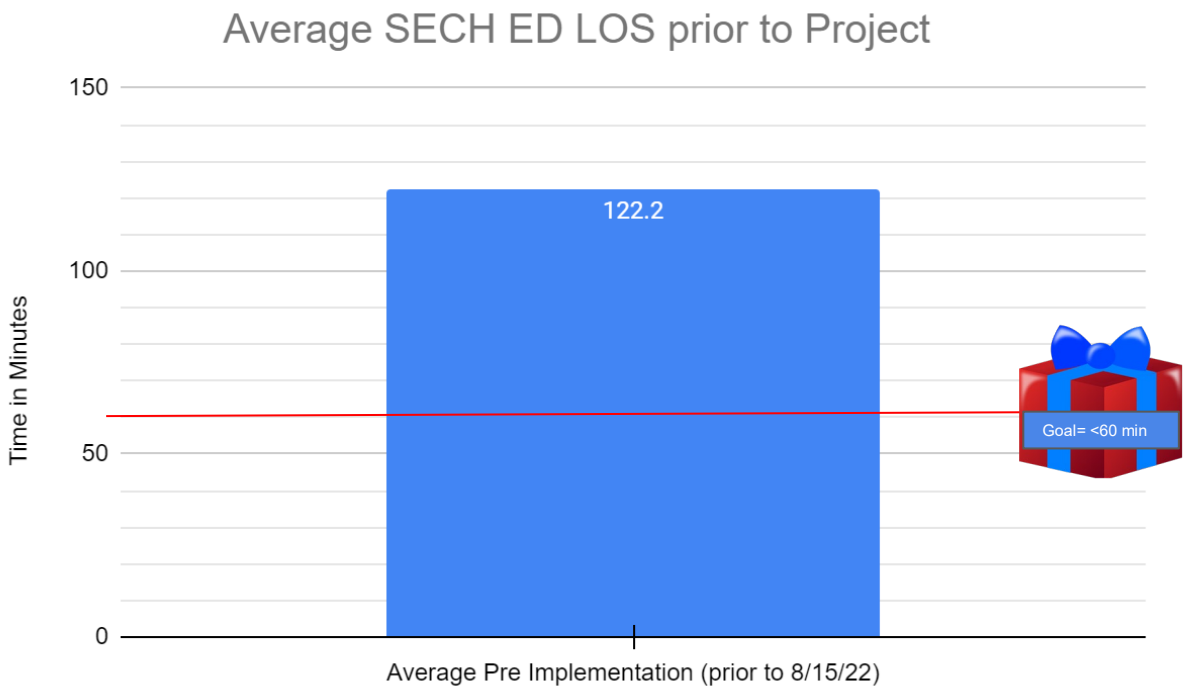
- Seemed that many facilities were challenged in meeting the 60 minute goal for a variety of reasons
- COVID challenges impacted our region and added extra burden to our hospitals, making trauma transfers more difficult
- Identified that the current way that Red Box transfer data was being tracked in our region was not ideal, and did not capture the appropriate patients.
- Without good data it is difficult to identify barriers and make changes

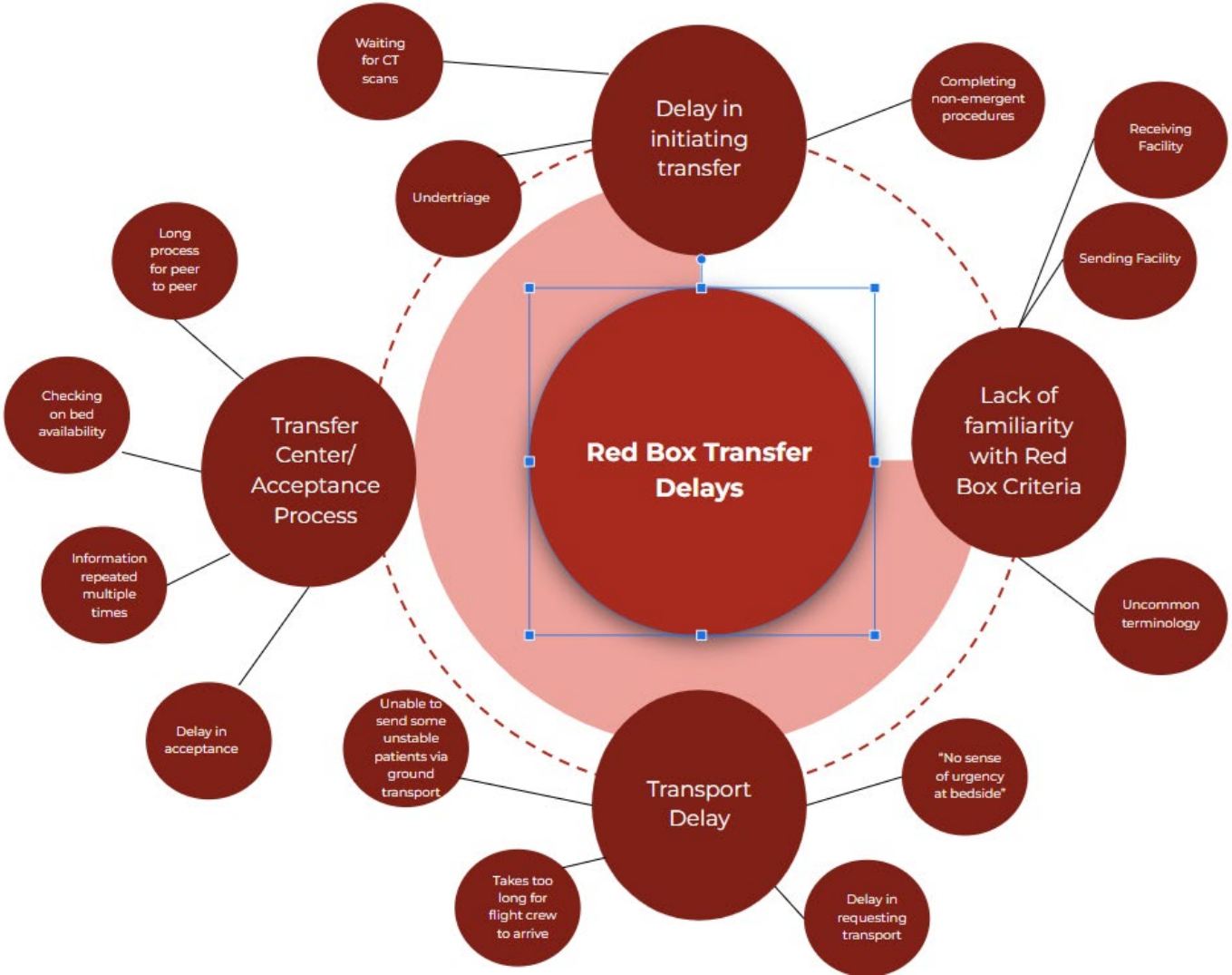




Transfer Problems at St. Elizabeth

- Began tracking transfer delays in 2020, focus on Red Box patients began in 2021
- Consistently not meeting the 60 minute goal for Red Box Transfers
- **Average Red Box ED LOS was more than double the goal!**
- Many identified barriers and challenges existed in meeting this goal, but common themes were identified
- We knew we could do better to stabilize our patients and quickly transfer to a facility that had the specialized services that were required





Red Box transfer delays identified through PI case review

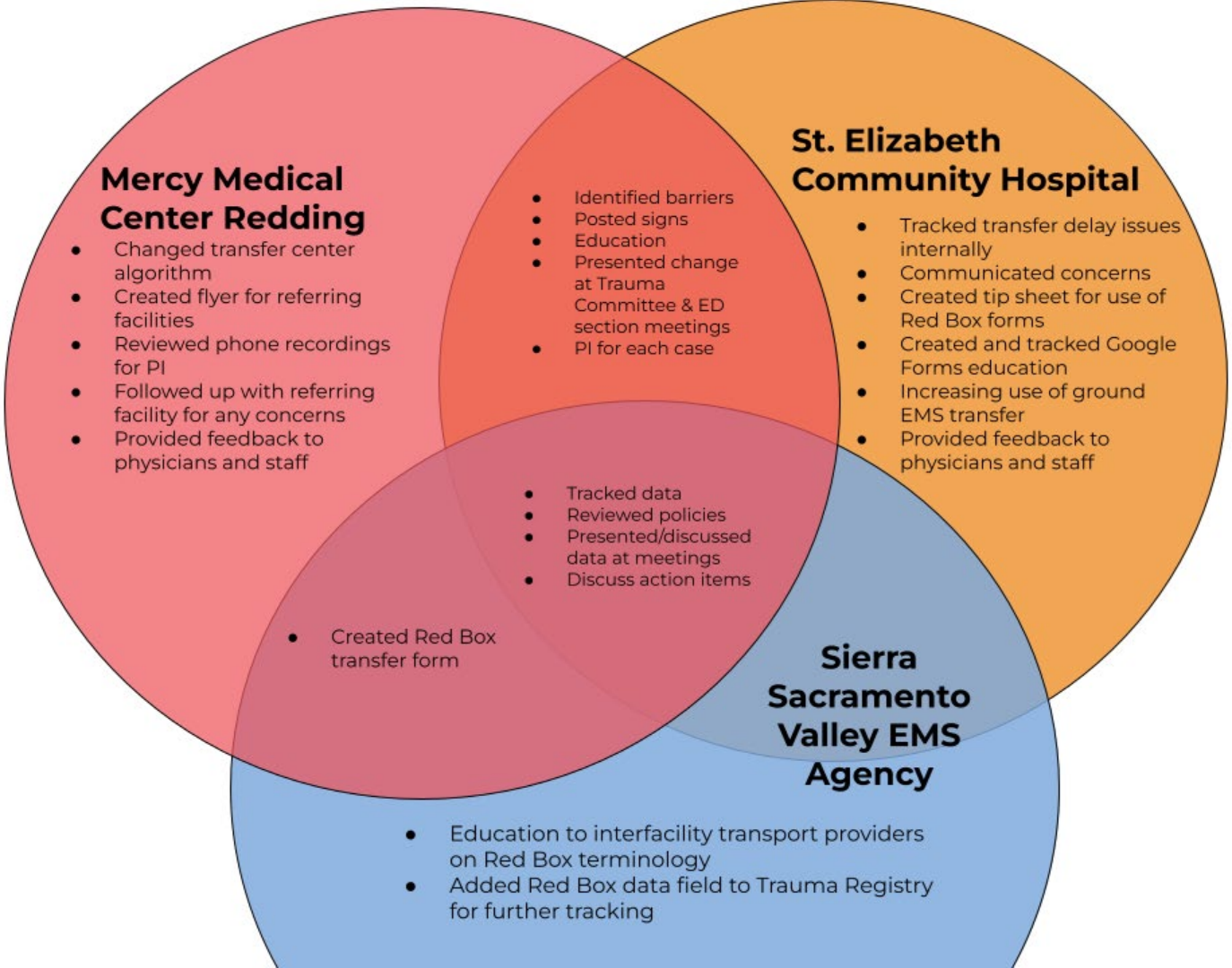
Pre-Implementation Case Example

- 2/10/2021
- 51M unknown PMH
- Unhelmeted bicyclist struck by vehicle @ 45 mph, thrown 30 feet
- Combative, GCS 7, trauma to head, bilateral lower extremity deformities
- Level 1 trauma alert in ED. Intubated on arrival. Ankle fracture reduced & splinted, FAST exam, XR chest, sent to CT for pan scan
- Call to MMCR 21 min after arrival, acceptance took 13 minutes. Transport not request until after acceptance. Took 55 minutes for flight crew to arrive, and 56 minutes for flight crew to prepare patient for transport
- **Total ED time = 115 min**
- Criteria met: GCS <8
- At MMCR: SAH, IPH, compartment syndrome of left lower extremity, spleen hematoma, clavicle fracture, occipital bone fracture, rib fractures. To OR for emergent fasciotomy, required multiple revisions, hospitalized for over 2 months

The Solution

Actions

- Collaboration to provide education on the existing policy and work was done to decrease barriers to quick transfer



Dignity Health.

Transfer Center Algorithm Changes

Pre Implementation

1. Call to Transfer center from referring hospital
2. Transfer Center takes detailed information
3. Transfer Center Calls Nursing Supervisor to see if there is a bed
4. If there is a bed, transfer center then calls the ED for peer to peer and acceptance.
5. Peer to Peer takes place. May ask for more information and imaging
6. If accepted referring facility calls for transport

Post Implementation

1. Call to transfer center from referring hospital who states they have a “Red Box” Transfer, simultaneously calling for transport
2. Transfer center takes minimal information
3. Transfer center calls ED for peer to peer
4. All transfers accepted, no request for imaging that will delay transfer.

Red Box Trauma Transfer to MM

Flyer for Referring Facilities

Red Box Trauma Criteria

- Systolic BP < 90 mmhg
- Labile blood pressure despite 2L of IV fluids or requiri
  products to maintain blood pressure
- GCS ≤ 8 or lateralizing signs
- Penetrating injuries to the head, neck, chest or abdomen *not all stab wounds will be deep enough to penetrate internal organs, so please evaluate depth to ensure appropriate use of red box transfer
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Vascular injuries with active arterial bleeding
- Pelvic ring disruption or unstable pelvic fractures

Goal is to door to transfer out of your facility within 1 hour. (excluding those that need OR prior for stabilization)

If your patient meets red box criteria call the Dignity Health Transfer Center @ (916)851-2878

1. When calling the transfer center you **MUST** state immediately **"I have a red box transfer".** You will **not** be asked if the patient meets red box criteria.
2. You will be immediately connected to the ED Department physician (the goal is within 2 minutes)
3. In the beginning of your report please state which red box criteria the patient meets.
4. Start getting transport set up immediately.
5. If the patient needs to go to OR at your facility prior to transfer do not wait to initiate transfer
   a. Once patient is done in the OR, please call back with an update
6. RN to RN report is still expected

Paperwork

1. Please fill out the Red Box Transfer form and fax to (530)225-7259 and send with patient.

AMERICAN COLLEGE OF SURGEONS Verified Trauma Center

Dignity Health. Mercy Medical Center Redding

SIERRA - SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY

TRAUMA RAPID RE-TRIAGE RED BOX TRANSFER FORM

Transfer Request Date	Transfer Request Time	Transferring Facility	Transferring MD
/ /	:		

PATIENT

Afix patient sticker

MECHANISM

RED BOX CRITERIA

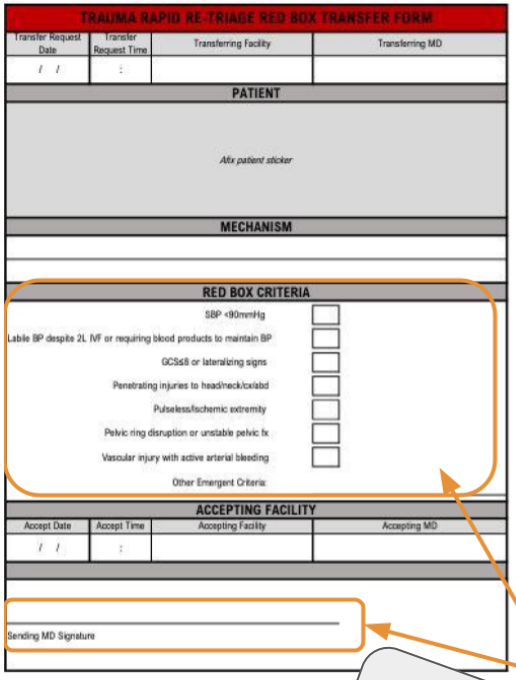
SBP <90mmHg	☐
Labile BP despite 2L IVF or requiring blood products to maintain BP	☐
GCS≤8 or lateralizing signs	☐
Penetrating injuries to head/neck/cx/abd	☐
Pulseless/Ischemic extremity	☐
Pelvic ring disruption or unstable pelvic fx	☐
Vascular injury with active arterial bleeding	☐
Other Emergent Criteria:	

ACCEPTING FACILITY

Accept Date	Accept Time	Accepting Facility	Accepting MD
/ /	:		

Sending MD Signature

Red Box Transfer Form



TRAUMA RAPID RE-TRIAGE RED BOX TRANSFER FORM

Transfer Request Date	Transfer Request Time	Transferring Facility	Transferring MD
/ /	:		

PATIENT

Affix patient sticker

MECHANISM

RED BOX CRITERIA

- SBP <90mmHg ☐
- Labile BP despite 2L IVF or requiring blood products to maintain BP ☐
- GCSs8 or lateralizing signs ☐
- Penetrating injuries to head/neck/cx/abd ☐
- Pulseless/ischemic extremity ☐
- Pelvic ring disruption or unstable pelvic fx ☐
- Vascular injury with active arterial bleeding ☐
- Other Emergent Criteria:

ACCEPTING FACILITY

Accept Date	Accept Time	Accepting Facility	Accepting MD
/ /	:		

Sending MD Signature

Dignity Health. St. Elizabeth Community Hospital

Tip Sheet

Begins 8/15/22

- Used for Red Box trauma transfers ONLY
- Initiate process as soon as injury requiring emergent transfer is identified
- ED Clerk calls DHTC and says: **"I have a Red Box transfer"**
- DHTC is immediately connect to an ED physician at MMCR (goal is within 2 minutes)
- ED clerk to initiate this form and set up appropriate transport as soon as patient is accepted
- Do not delay this process for patients requiring OR stabilization
- **Completing the form:**
  - EDMD is responsible for selecting criteria and signing form
  - ED Clerk is responsible for all other items
  - Paperwork:
    - ✅Fax to MMCR (530)225-7259
    - ✅Copy with trauma sheet in binder
    - ✅Original copy sent with patient
  - Please document any issues/delays on transfer sheet along with times as per current process
- RN to RN report is still expected

Goal: 60 minutes door to door

*EDMD to complete & sign

New Process for Red Box Trauma Transfers

Starting August 15th, 2022 we will be instituting a new process to expedite acceptance of trauma transfers that meet red box criteria (those that are critically ill). Please see this overview flyer.

- The Red Box Transfer form can be seen here. ED clerks, nurses, and physicians should be familiar with it. This form is located in the back of the ED trauma binder at the ED clerk's station.
- THE FORM MUST BE COMPLETED FOR ALL RED BOX TRANSFERS
- Instructions for the process for initiating Red Box Transfer are here. This is posted for reference on the cabinets above the work station for the ED physician and ED clerk
- For further information the SSV 510 Policy is available here

Email *

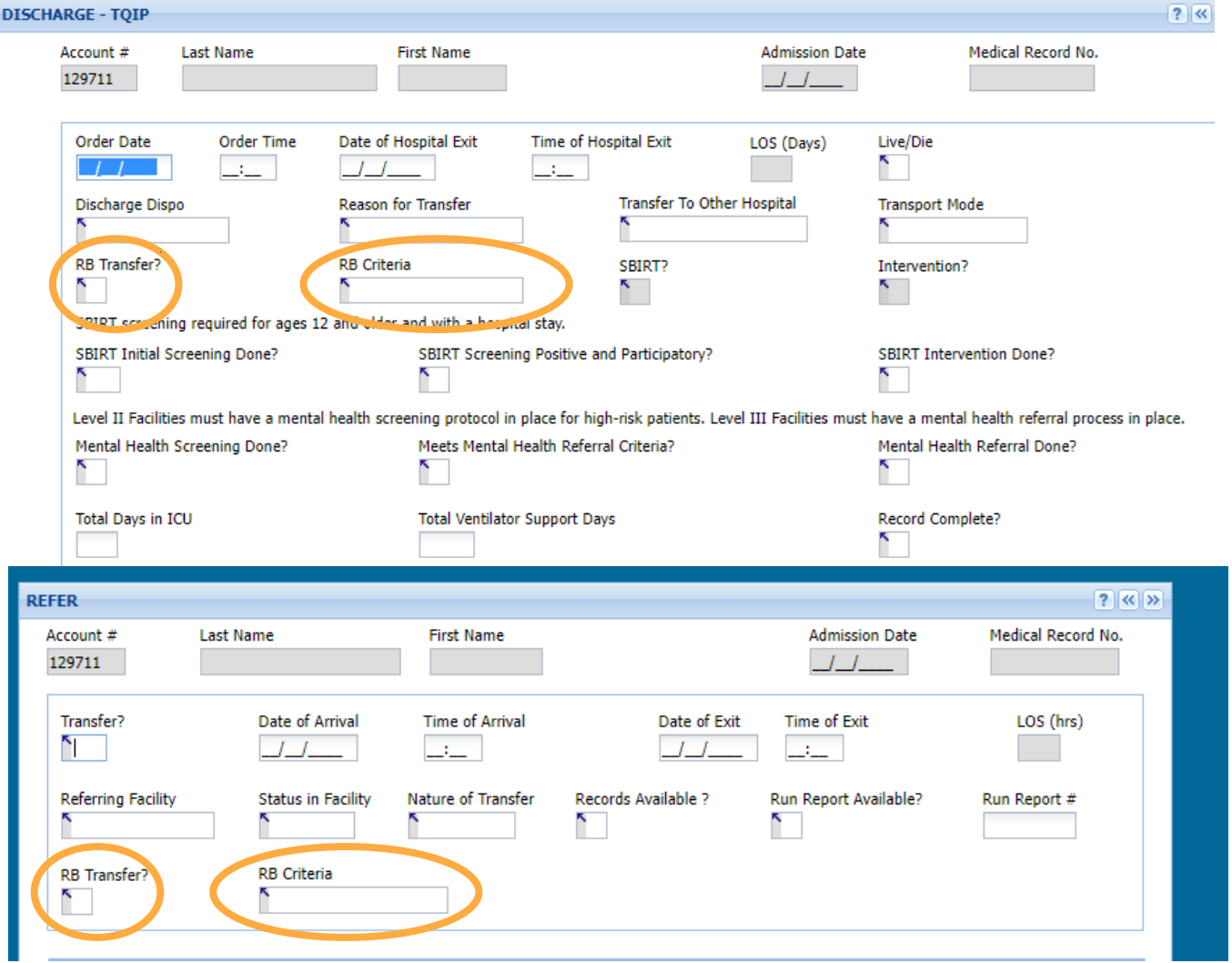
Valid email

This form is collecting emails. Change settings

What is our goal for Red Box transfers? *

- ○ Door (arrival) to door (transfer out) of our facility within 1 hour
- ○ Initiation of transfer call to out the door within 1 hour

Google Forms Education



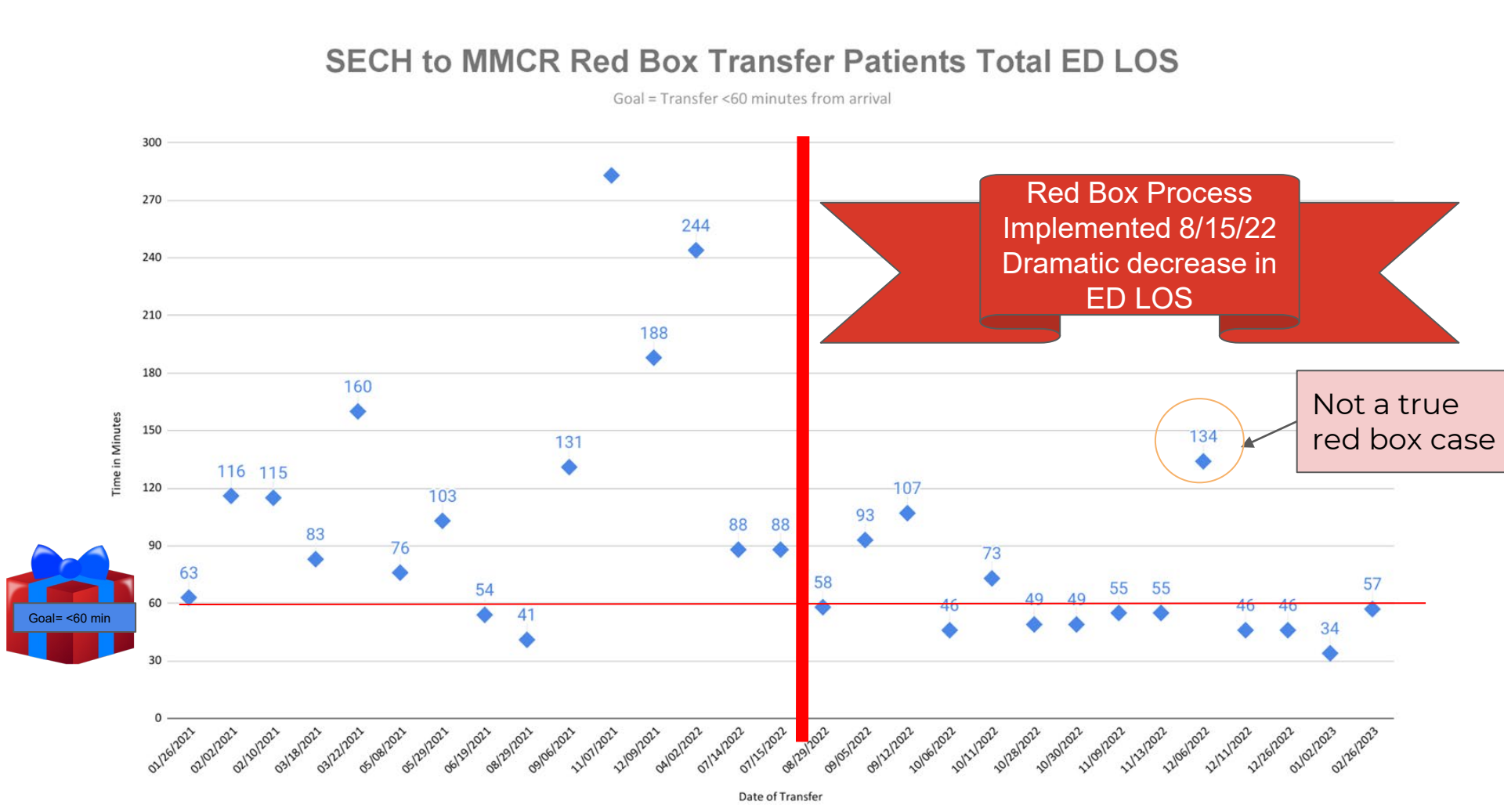
New data fields in registry

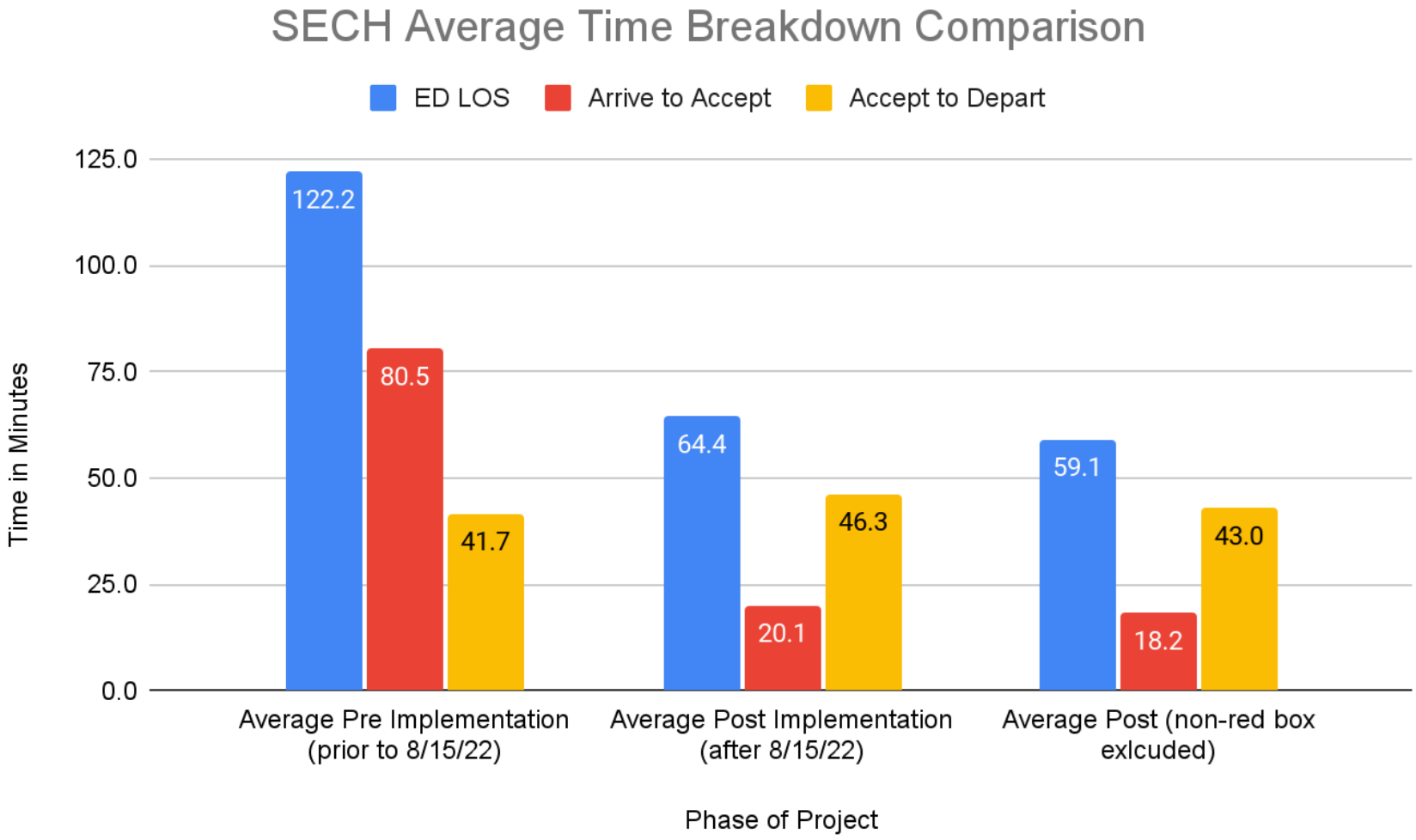
- Allows both sending and facility to track Red Box Transfers and create custom reports
- Added January 2023

The Data

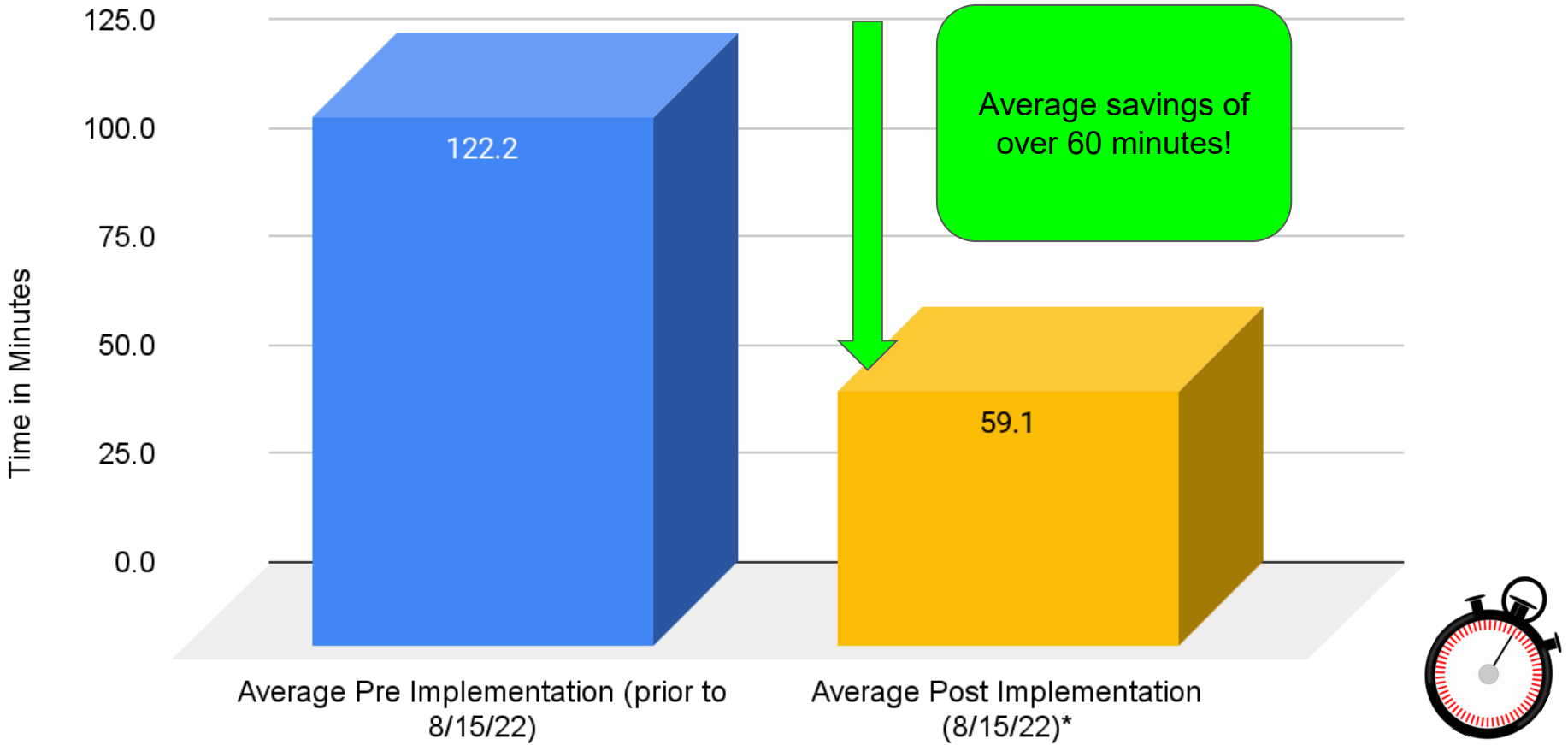
SECH to MMCR Red Box Transfer Patients Total ED LOS

Goal = Transfer <60 minutes from arrival

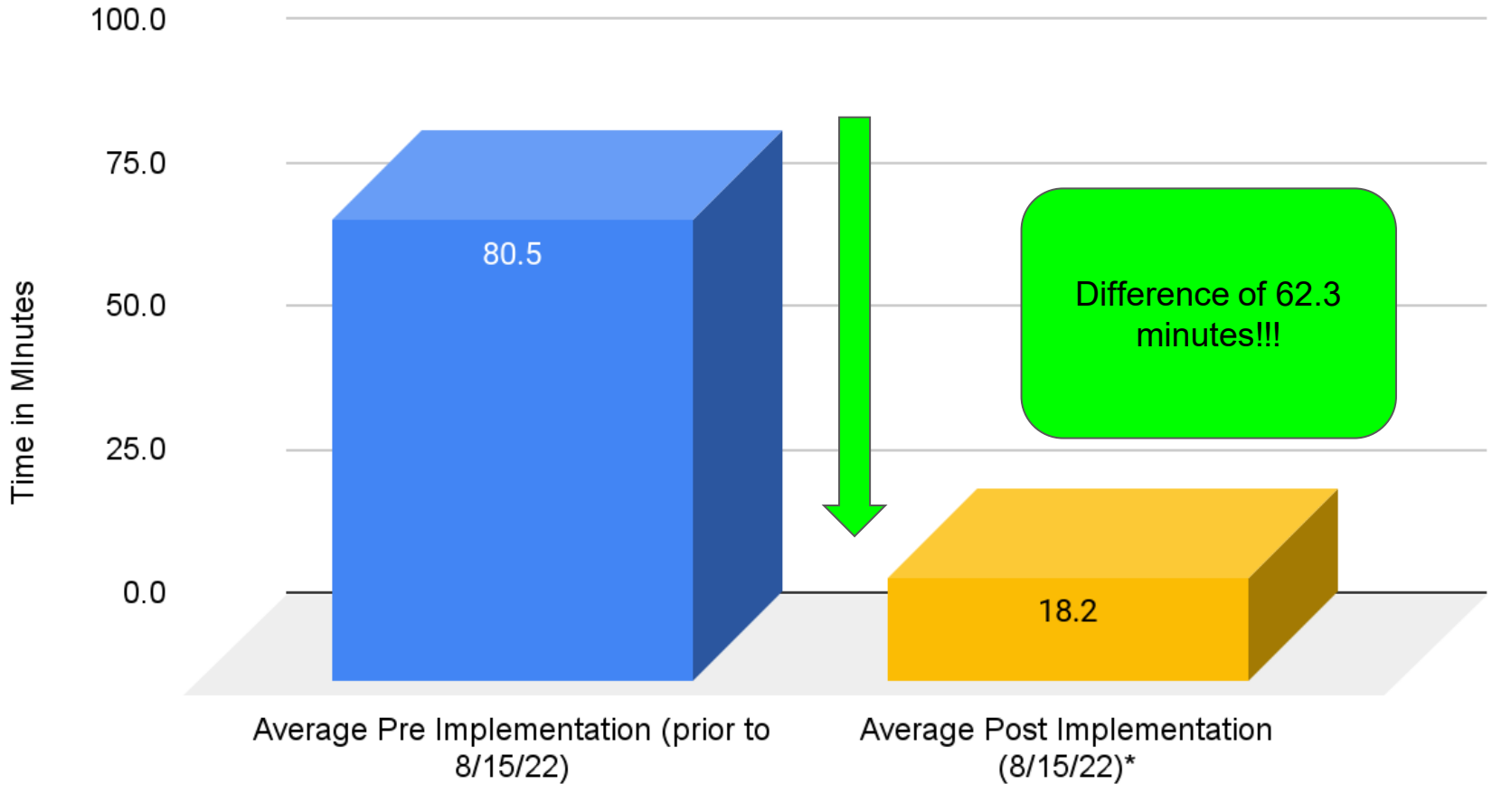



SECH Average Time Breakdown Comparison
ED LOS
Arrive to Accept
Accept to Depart
125.0
100.0
75.0
50.0
25.0
0.0
Time in Minutes
122.2
80.5
41.7
64.4
20.1
46.3
59.1
18.2
43.0
Average Pre Implementation (prior to 8/15/22)
Average Post Implementation (after 8/15/22)
Average Post (non-red box exlcuded)
Phase of Project

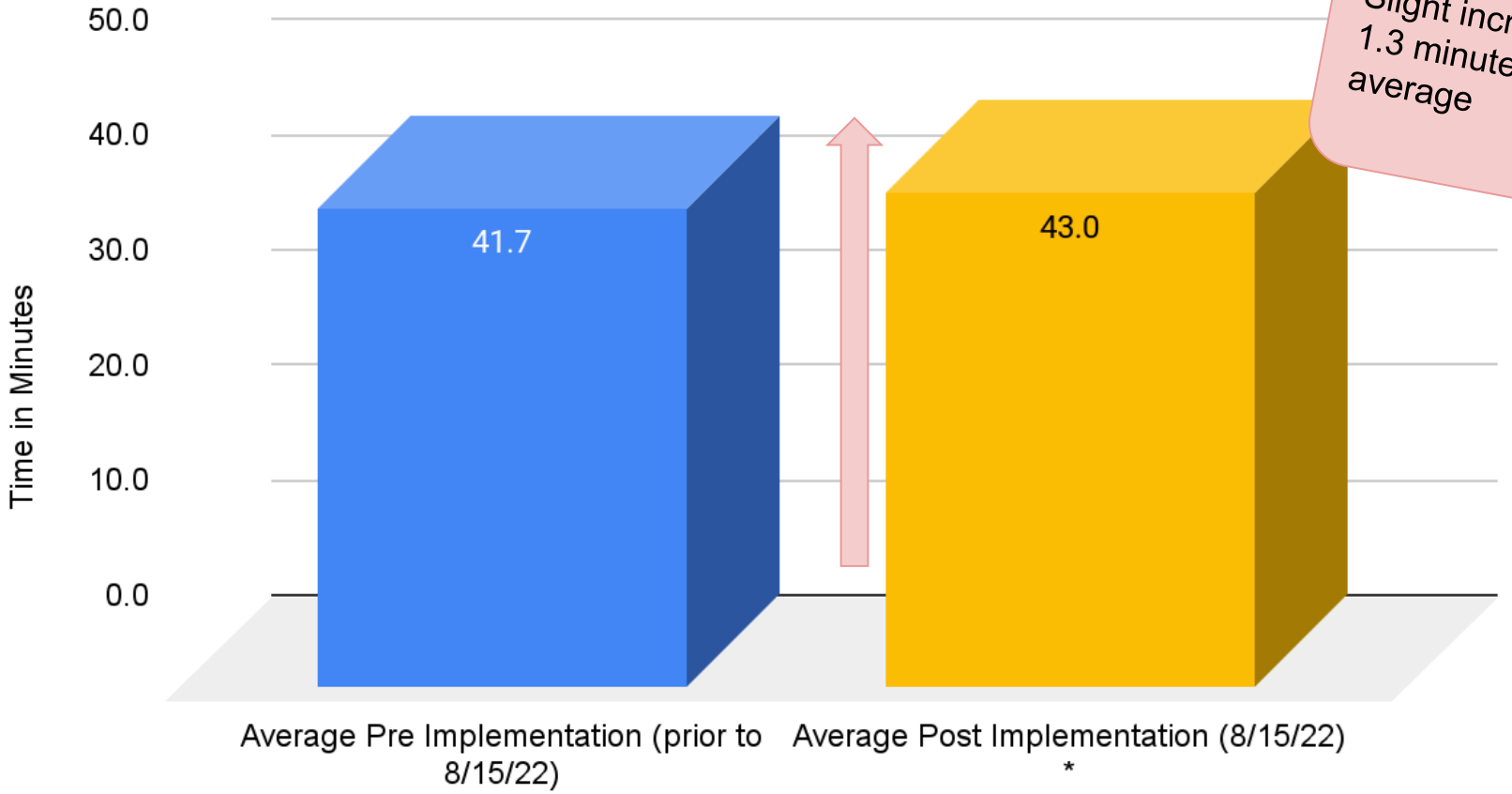
SECH Average ED Length of Stay for Red Box Transfers



SECH Average Time from Arrival to Acceptance at MMCR



Average Time From Accept to Depart



Slight increase of 1.3 minutes on average

Red Box Transfer Patients Total ED LOS

Goal = Transfer <60 minutes from arrival

Example case

Time in Minutes

Date of Transfer

Date of Transfer	Time in Minutes
01/26/2021	63
02/02/2021	116
02/10/2021	115
03/18/2021	83
03/22/2021	160
05/08/2021	76
05/29/2021	103
06/19/2021	54
08/29/2021	41
09/06/2021	131
11/07/2021	283
12/09/2021	188
04/02/2022	244
07/14/2022	88
07/15/2022	88
08/29/2022	58
09/05/2022	93
09/12/2022	107
10/06/2022	46
10/11/2022	73
10/28/2022	49
10/30/2022	49
11/09/2022	55
11/13/2022	55
12/06/2022	134
12/11/2022	46
12/26/2022	46
01/02/2023	34
02/26/2023	57

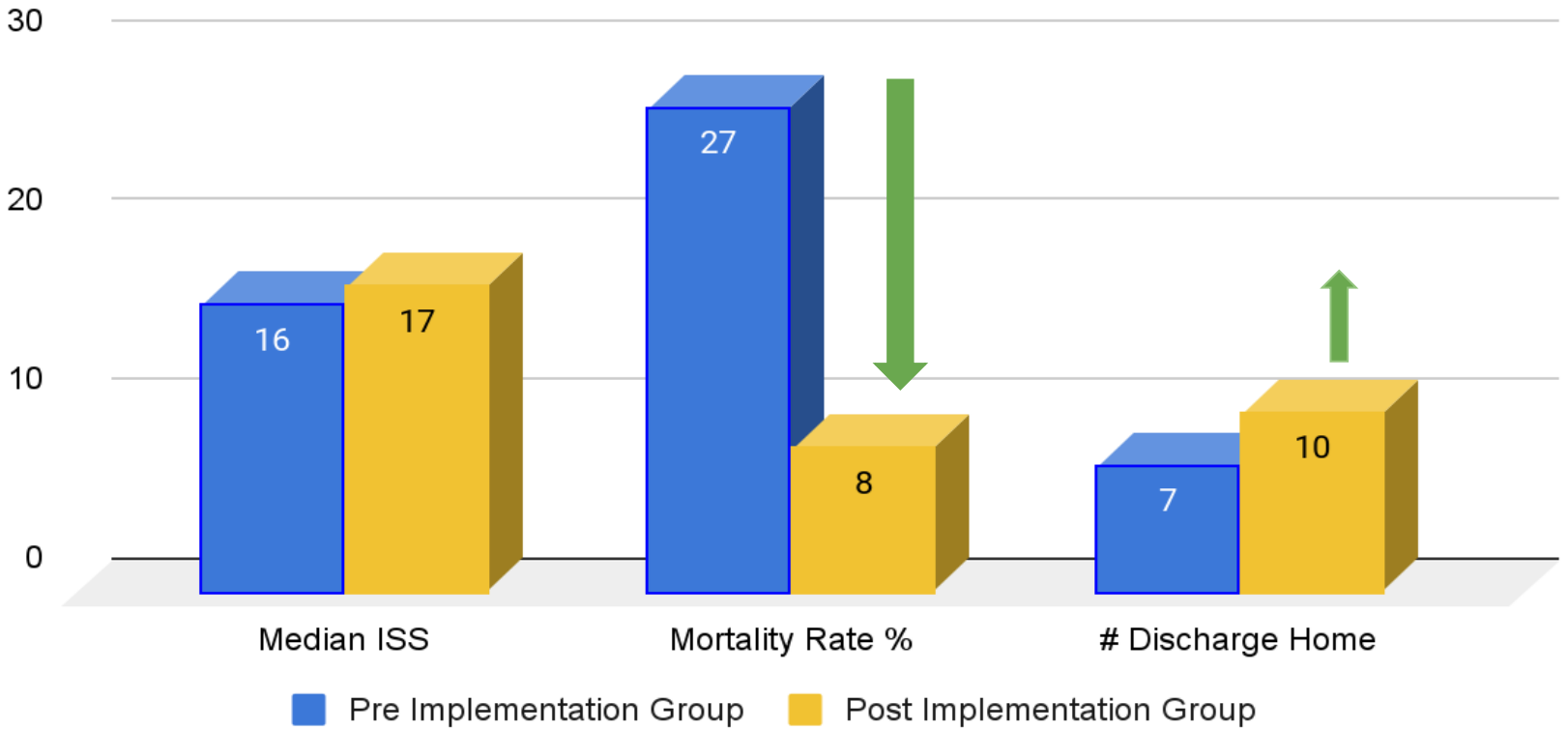
Post implementation case example

8/29/22

- 33M GSW to chest
- Hypotensive for EMS
- On arrival BP stable, GCS 6. BP dropped to 60/36
- Procedures: Intubation, XR chest, chest tube, central line, MTP, TXA, antibiotics, calcium, sedation gtts
- Quick acceptance at MMCR
- Departed with RT and RN on code 3 ground ambulance
- **ED Time = 58 minutes**
- At MMCR: Required emergent OR median sternotomy, wedge resection of RML, diaphragmatic repair, repair of liver laceration, admit to ICU

SECH Red Box Patients Transferred to MMCR

: Comparison of Patient ISS and Outcomes



The Summary

Pre-Implementation (Prior to 8/15/22)

- Lack of knowledge about criteria
- Taking too long to initiate transfer
- Transfer center delays
- No sense of urgency
- **Average Red Box Transfer Time = 122.2 min**
- Time from arrival to acceptance = 64.4 min
- NO GOOD WAY TO TRACK THIS POPULATION IN OUR REGISTRY!

Post-Implementation (After 8/15/22)

- Education on goals and criteria to:
  - ED staff
  - Physicians (sending and receiving)
  - EMS
  - Transfer Center
- Easy quick reference sheet
- **Average Red Box Transfer Time = 59.1 min**
- Time from Arrival to Acceptance = 18.2 min

Future Goals

- Continue to track this data using new registry fields
- Improve ability to transport critical patients via ground EMS
- Work with flight crews to facilitate quicker transfer
- Improve documentation
- Refine transfer center process
- Consideration of changing criteria?

Thank you for your consideration

Contact Information:

Crystal Walsh: Crystal.walsh2@commonsprit.org 530-225-7242

Darcey Thinnes: Darcey.thinnes@commonspirit.org 530-529-8182

Hospital	Fall	MVC	MCA	Pedestrian	GSW	3 or more Pre-Existing Conditions	HTN	Diabetes	Anti-Coagulation	Smoker	Alcohol Use Disorder	Substance Use Disorder
Enloe	40%	25%	9%	9%	4%	28%	39%	13%	11%	27%	8%	17%
MMCR	43%	26%	8%	8%	3%	26%	32%	12%	12%	29%	18%	10%
SUTR	52%	17%	9%	8%	1%	22%	44%	18%	17%	17%	14%	12%
AHRO	45%	18%	8%	6%	3%	27%	34%	16%	13%	18%	8%	18%
MMCMS	39%	36%	3%	10%	3%	14%	27%	8%	14%	19%	3%	8%
STE	64%	12%	2%	3%	1%	35%	38%	15%	14%	27%	10%	17%
TFHD	43%	7%	1%	23%	0%	1%	14%	1%	0%	8%	1%	1%
Median Totals	***43%***	***18%***	***8%***	***8%***	***3%***	***26%***	***34%***	***13%***	***13%***	***19%***	***8%***	***12%***

Shock Index vs. SBP For Identifying Major Trauma (ADULT ONLY)

Result: High ISS score correlates more closely to SI>1 than SBP<90

Universe: NONE, Population: *EXCLUDE UCD , ISS > 15, Repeat Set: NONE
Report Name: SI VS SBP STAN DEVIATION RPT
Data From: All Sites
Admission Date From : 10/1/2022 To : 9/30/2023

Hospital Code	Hosp Account #	Age	Gender	ISS	Shock Index	SBP	Pulse	Live/Die	Body Part Injured	AIS-90 1-Digit Value	Body Part Injured 2	AIS-90 1-Digit Value3	Body Part Injured 4	AIS-90 1-Digit Value5	Body Part Injured 6	AIS-90 1-Digit Value7	Body Part Injured 8	AIS-90 1-Digit Value9
SUTR	*BL	38	M	30	0.31	184	57	L	6	1	6	1	3	2	3	2	4	5
SUTR	*BL	63	M	17	0.36	160	57	L	1	2	2	2	6	1	3	3	4	2
ENLO	22065974	84	M	22	0.39	197	76	L	4	3	3	3	5	2	5	1		
SUTR	*BL	54	M	33	0.39	171	66	L	1	2	3	3	3	2	3	1	3	1
TCMS	34004363957	45	M	17	0.40	141	56	L	3	3	3	4	6	1				
ENLO	21380626	43	M	17	0.42	180	75	L	3	3	3	2	3	3	3	2	4	2
SUTR	*BL	89	M	17	0.42	156	66	L	3	3	3	4	6	1	6	1	6	1
TRID	73104000822	83	M	22	0.42	118	50	D	3	3	4	2	3	3	6	1	5	3
SUTR	*BL	63	M	17	0.43	116	50	L	3	3	3	3	3	1	3	1	3	2
SUTR	*BL	98	F	17	0.44	119	52	L	1	2	6	1	3	3	5	2	5	2
TFMC	978800274738	81	F	18	0.45	180	81		3	3	5	3						
SUTR	*BL	96	M	19	0.45	132	60	L	6	1	3	2	3	3	4	3	6	1
MMCR	32011562025	63	F	17	0.46	162	74	L	1	2	3	2	3	2	3	3	4	2
MMCR	32011599092	61	M	17	0.46	146	67	L	3	2	3	3	1	2	4	2	4	2
MMCR	32012282003	90	M	19	0.47	141	66	L	1	9	3	3	3	3	6	1	5	3
ENLO	23595344	38	M	17	0.47	190	90	L	5	3	3	2			5	2	6	2
SUTR	*BL	84	F	17	0.47	179	85	L	1	2	3	2	4	3				
MMCR	32012284223	95	F	27	0.48	186	89	L	1	9	6	1	6	1			2	1
MMCR	32012427483	70	F	17	0.48	174	84	L	6	1	2	2	6	1				
MMCR	32012661123	75	M	17	0.48	155	75	L	1	2	3	3	5	2	5	2	6	1
TRID	73105012054	33	M	22	0.50	108	54	L	4	3	4	2	6	1	3	1	6	1
MMCR	32012193234	61	M	22	0.51	150	76	L	1	2	6	2	6	1	6	1	2	2
ENLO	24228017	84	F	18	0.51	184	94	L	3	3	5	3						

TCMS	34004425368	77	M	22	0.52	156	81	L	6	1	3	3	1	2	1	1	1	1
MMCR	32012219393	77	M	22	0.52	156	81	L	6	1	1	2	1	2	3	2	3	2
TFHS	314001282088	41	M	17	0.52	138	72	L	4	3	5	2	3	2	5	2	5	1
SUTR	*BL	67	F	29	0.52	155	81	L	2	2	2	1	2	1	3	3	3	2
SUTR	*BL	82	F	18	0.53	156	82	L	3	3	4	3						
ENLO	24212822	53	M	17	0.53	136	72	L	3	3	3	2	5	2	5	2	1	2
ENLO	21352518	50	M	17	0.53	162	86	L	3	3	3	2	4	2				
TCMS	34004588611	67	M	19	0.53	210	112	L	4	3	3	3	3	2	6	1	3	3
MMCR	32012749977	67	M	19	0.53	210	112	L	6	1	3	3	3	2	4	3	6	1
SUTR	*BL	73	F	17	0.53	180	96	L	3	3	3	2	3	4	6	1	6	1
SUTR	*BL	68	M	18	0.54	168	90	L	4	3	3	3	4	3				
MMCR	32012235662	41	M	17	0.54	125	67	L	1	2	5	2	5	1	3	3	6	1
TFHS	314001269593	62	F	17	0.54	122	66	L	3	3	5	2	3	2	3	2	3	2
SUTR	*BL	17	M	30	0.54	107	58	L	3	2	4	5	4	3	6	1	6	1
TRID	73104659083	60	F	17	0.55	128	70	L	3	3	3	1	3	3	5	2	6	2
SUTR	*BL	73	M	19	0.55	137	75	L	6	1	6	1	6	1	3	3	6	1
SUTR	*BL	37	M	18	0.55	133	73	L	4	3	5	3						
SUTR	*BL	64	M	17	0.55	133	73	L	1	2	3	3	6	1	5	2	5	2
MMCR	32012644343	36	M	17	0.55	156	86	L	1	2	6	1	6	1	6	1	5	2
TFHS	314001227314	74	M	19	0.55	116	64	L	5	3	3	3	3	3	5	2	6	1
SUTR	*BL	74	M	18	0.56	108	60	L	5	3	3	3	3	1				
MMCR	32012447713	75	M	22	0.56	108	60	L	1	2	6	1	1	2	3	2	6	1
TFHS	314001282071	82	M	19	0.56	171	95	L	5	3	3	3	5	2	5	2	6	1
TRID	73104919235	76	M	17	0.56	141	79	L	6	2	6	2	3	3	6	1	6	1
TCMS	34004588611	67	M	19	0.56	177	100	L	3	3	4	3	3	2	3	3	6	1
SUTR	*BL	66	F	17	0.57	134	76	L	1	2	6	1	3	3	4	2		
ENLO	21991975	42	M	22	0.57	118	67	L	3	3	4	3	1	2	3	2		
SUTR	*BL	84	F	18	0.57	144	82	L	3	3	5	3						
MMCR	32011999854	86	M	19	0.57	152	87	L	3	3	3	3	6	1	4	3	6	1
MMCR	32012319318	61	M	17	0.58	189	109	L	6	1	5	1	6	1			6	1
TRID	73103302848	65	M	22	0.58	156	90	L	3	3	5	3	5	2	4	2	1	2
SUTR	*BL	37	F	17	0.58	142	82	L	1	2	6	1	6	1	5	2	3	2
TRID	73104686805	36	M	17	0.58	102	59	L	1	2	3	3	3	1	5	2	5	2
SUTR	*BL	61	F	22	0.58	152	88	L	1	2	3	3	3	1	3	2	4	3
SUTR	*BL	63	M	34	0.58	157	91	L	6	1	3	3	3	2	3	2	3	2

TRID	73103952085	43	M	17	0.58	148	86	L	2	2	6	1	6	1	2	1	3	2
SUTR	*BL	26	F	17	0.58	132	77	L	1	2	2	2	6	1	6	1	6	1
SUTR	*BL	54	M	22	0.58	154	90	D	6	1	1	2	3	2	3	3	6	1
MMCR	32012277169	51	M	21	0.59	128	75	L	6	1	3	4	3	3	5	2	6	1
SUTR	*BL	42	M	27	0.59	145	85	L	3	1	6	1	4	5	6	1	6	1
TRID	73104909467	64	F	24	0.59	107	63	L	3	3	3	1	3	4	5	2	5	2
MMCR	32011601625	64	M	18	0.59	173	102	L	5	3	3	3						
SUTR	*BL	43	M	21	0.59	115	68	L	3	3	3	4	5	2	5	2	6	1
SUTR	*BL	71	M	17	0.59	101	60	L	1	2	1	1	1	2	3	3	6	1
ENLO	23258402	76	M	17	0.60	176	105	L	5	3					5	2	4	2
MMCR	32011640128	72	M	19	0.60	153	92	L	3	3	5	3	6	1				
SUTR	*BL	57	M	19	0.60	136	82	L	6	1	6	1	3	3	5	2	5	3
MMCR	32011651588	56	M	26	0.60	184	111	L	6	1	6	1	3	3	3	3	3	4
SUTR	*BL	35	M	17	0.60	159	96	L	5	2	3	3	3	3	3	2	3	1
MMCR	32012743764	78	M	21	0.61	112	68	L	6	1	1	2	5	4	4	1	6	1
TRID	73103328388	18	M	17	0.61	143	87	L	4	2	1	2	3	2	3	2	3	3
ENLO	22036439	83	F	17	0.61	131	80	L	3	3	3	2	5	2	1	2	3	2
TRID	73103805314	23	M	17	0.61	158	97	L	6	2	1	2	6	1	6	1	6	1
ENLO	21456080	75	M	17	0.62	159	99	L	3	3	3	2	3	2			4	2
ENLO	23597356	68	F	19	0.63	128	80	L	3	3	5	3	5	2	3	2	3	2
MMCR	32011549220	68	M	17	0.63	169	106	L	3	2	4	2	4	2	3	1	3	2
SUTR	*BL	32	F	17	0.63	108	68	L	1	2	1	2	1	2	6	1	2	2
MMCR	32012471358	60	M	33	0.63	133	84	L	1	2	3	5	3	3	5	1	5	1
SUTR	*BL	78	F	26	0.63	169	107	L	3	3	3	4	5	3	6	1		
TRID	73103727274	76	M	22	0.64	137	87	L	1	2	3	3	3	2	3	3	4	2
TRID	73103687764	55	M	26	0.64	200	128	L	5	3	3	3	3	2	3	4	3	3
TRID	73103329126	68	M	19	0.64	129	83	L	3	3	5	3	5	2	5	2	5	2
TRID	73104250005	22	M	21	0.64	152	98	L	3	2	3	4	5	2	5	2	5	1
TRID	73104598102	47	F	17	0.65	125	81	L	5	3	5	2	5	2	5	2	5	2
ENLO	23007017	44	M	22	0.65	163	106	L	5	3	5	3	3	3	5	2	1	2
ENLO	22208021	58	F	18	0.65	109	71	L	4	3	4	3	4	3	5	3	4	2
SUTR	*BL	67	F	17	0.65	124	81	L	1	2	6	1	2	1	2	1	5	2
TRID	73103982385	60	M	34	0.65	107	70	L	1	2	6	1	6	1	3	3	3	2
TRID	73103367390	92	M	17	0.65	171	112	L	5	3	5	3	5	2	6	2	1	2
SUTR	*BL	21	F	24	0.66	132	87	L	3	2	5	4	5	4	4	2	4	2

SUTR	*BL	61	F	41	0.66	94	62	L	6	3	3	3	3	3	4	4	4	4
SUTR	*BL	40	M	21	0.66	142	94	L	6	1	3	4	3	4	5	1	5	2
SUTR	*BL	56	M	27	0.66	161	107	L	2	1	6	1	6	1	3	3	4	3
SUTR	*BL	65	M	25	0.67	124	83	L	3	3	3	3	5	4	5	4	5	4
TFHS	314001297871	55	M	17	0.67	152	102	L	3	3	3	2	1	2	3	1	5	2
TRID	73105302783	32	M	26	0.67	134	90	L	3	3	3	2	3	3	3	2	3	1
TRID	73104248654	44	M	17	0.67	144	97	L	1	2	1	2	4	2	4	2	3	3
SUTR	*BL	73	M	21	0.68	142	96	L	1	1	3	1	3	1	3	1	5	4
ENLO	22605919	65	M	22	0.68	158	107	L	3	3	5	3			3	2	4	2
SUTR	*BL	63	M	19	0.68	121	82	L	6	1	3	2	3	3	3	2	6	1
TRID	73104548382	51	M	17	0.68	115	78	L	3	3	4	2	5	2	1	2		
SUTR	*BL	59	F	22	0.68	112	76	L	3	3	3	3	3	2	4	2	5	3
SUTR	*BL	30	M	38	0.68	137	93	L	6	1	6	1	6	1	6	1	3	3
ENLO	23314732	60	M	17	0.68	133	91	L	1	2	3	3	3	2	5	2	5	2
TFHS	314001114524	45	M	18	0.69	141	97	L	4	3	3	3						
TFMC	978800117121	50	M	17	0.69	154	106	L	1	2	6	1	3	2	3	2	3	2
MMCR	32011564435	50	M	24	0.69	154	106	L	1	2	3	3	3	4	5	2	4	2
MMCR	32012279926	55	F	21	0.69	134	93	L	3	2	3	1	6	1	6	1	4	4
TRID	73104498716	47	M	30	0.70	123	86	L	6	1	6	1	4	2	4	2	3	5
SUTR	*BL	34	M	17	0.70	100	70	L	2	1	3	2	3	3	4	2	5	2
ENLO	23863988	82	F	17	0.70	190	133	L	5	3	1	2	6	2			6	1
SUTR	*BL	66	F	22	0.70	127	89	L	3	3	4	3	4	3	5	2		
ENLO	21871331	73	F	17	0.71	85	60	L	3	3	1	2	3	2	3	2	5	2
TFMC	978800210356	80	F	17	0.71	136	96	L	3	3	5	2	4	2	3	2		
TRID	73105303642	70	M	24	0.71	137	97	L	1	2	1	2	6	1	5	4	4	2
ENLO	23874791	67	F	19	0.71	153	109	L	5	3	5	3	3	3	3	3	5	2
SUTR	*BL	49	F	19	0.71	129	92	L	6	1	6	1	4	2	4	2	4	3
ENLO	23233248	63	F	17	0.73	142	103	L	3	3	3	3	4	2	4	2	1	2
TFHS	314001281096	43	M	17	0.73	108	79	L	3	3	3	2	3	2	5	2	5	2
TRID	73103727114	85	F	22	0.73	108	79	L	1	2	6	2	3	3	3	2	4	2
TRID	73103814785	57	F	22	0.73	172	126	L	1	2	1	2	6	1	2	2	2	2
TRID	73103302062	40	M	17	0.73	150	110	L	5	2	5	2	5	1	2	1	2	2
SUTR	*BL	78	M	17	0.74	136	100	L	2	2	6	2	5	3	5	2	5	1
SUTR	*BL	63	M	17	0.74	132	98	L	2	2	6	1	6	1	6	1	3	3
MMCR	32011705111	47	F	17	0.74	113	84	L	6	2	1	9	4	2	4	2	4	2

ENLO	22324156	19	M	19	0.75	134	100	L	3	3	5	3	5	2					
MMCR	32012214428	69	M	17	0.75	142	106	L	3	2	3	2	4	3	4	3	4	3
ENLO	22204439	27	M	17	0.75	136	102	L	3	3	3	2	5	2	4	2	5	2
TFMC	978800267188	44	M	18	0.75	145	109	L	3	3	6	3						
ENLO	24201830	71	F	17	0.77	103	79	L	1	2	3	3	4	2			5	2
TFHS	314001251964	42	F	22	0.77	130	100	L	4	3	3	3	5	2	6	1	6	1
MMCR	32011837971	73	M	17	0.78	190	148	L	1	2	3	3	3	3	3	2	4	2
TRID	73105384860	60	M	17	0.78	148	116	L	1	1	3	2	3	3	4	1	4	2
TRID	73103872491	57	M	33	0.79	137	108	L	3	3	3	4	5	2	5	4	6	1
SUTR	*BL	89	M	19	0.79	114	90	D	6	1	6	1	6	1	3	3	3	2
TRID	73103302083	42	M	22	0.79	116	92	L	6	1	1	2	3	3	3	2	3	2
MMCR	32011840520	49	F	18	0.80	158	126	L	2	1	5	2	5	4	6	1	6	1
MMCR	32012769652	22	M	17	0.80	110	88	L	1	2	3	2	6	1			4	3
SUTR	*BL	42	M	27	0.80	125	100	L	3	1	5	5	5	5	5	5	6	1
SUTR	*BL	62	M	17	0.80	100	80	L	6	1	6	1	3	3	5	2	5	2
TRID	73105064303	41	M	17	0.81	126	102	L	1	2	1	1	3	2	3	2	3	2
MMCR	32012701598	74	M	17	0.81	116	94	L	1	2	6	1	3	1	6	1	4	3
MMCR	32012563055	21	F	17	0.82	110	90	L	6	1	2	1	2	2	2	2	6	1
ENLO	22767209	28	M	17	0.82	85	70	L	5	3	5	3	3	2	4	2	5	2
ENLO	23546848	33	M	22	0.82	114	94	L	3	3	3	3	3	3	3	2	4	3
TRID	73104284840	59	M	19	0.83	141	117	L	3	3	4	3	4	1	4	1	4	1
ENLO	22754109	55	M	27	0.84	104	87	L	4	3			3	3	5	3		
TRID	73104499533	54	M	17	0.84	123	103	L	3	2	3	3	3	3	1	2	5	2
SUTR	*BL	29	F	26	0.85	118	100	L	1	1	3	3	3	2	3	2	4	4
MMCR	32012589506	78	M	21	0.85	118	100	L	1	2	3	4	6	1	6	1	6	1
SUTR	*BL	46	M	22	0.85	94	80	L	3	1	3	1	3	1	3	3	3	3
SUTR	*BL	58	F	21	0.86	140	120	L	6	1	6	1	5	4	4	2	4	1
SUTR	*BL	62	M	29	0.86	148	127	L	1	2	6	1	6	1	1	2	1	2
SUTR	*BL	66	F	19	0.86	99	85	D	3	3	3	3	6	1	5	3	5	2
SUTR	*BL	50	M	22	0.88	104	91	L	1	2	1	1	3	3	4	3	6	1
ENLO	21231018	57	M	17	0.88	125	110	L	5	2	4	2	3	3	4	2		
MMCR	32012617612	29	M	26	0.88	111	98	L	6	1	6	1			2	1	6	1
TRID	73105134836	47	M	17	0.89	117	104	L	1	2	3	2	3	3	3	2	3	3
SUTR	*BL	62	F	18	0.89	153	136	L	3	3	4	3						
TRID	73103537857	44	M	17	0.89	109	97	L	1	2	3	2	3	3	1	1	4	2

ENLO	23965311	25	M	17	0.89	85	76	L	5	3	1	2	2	2	2	2	2	2
MMCR	32012032952	53	M	19	0.90	96	86	L	5	3	5	2	3	1	3	3	4	1
TRID	73104339846	64	M	17	0.90	132	119	L	1	2	4	2	3	3	6	1		
SUTR	*BL	69	F	21	0.90	112	101	L	1	2	6	1	6	1	3	4	3	2
SUTR	*BL	22	M	38	0.91	143	130	L	3	3	3	3	6	1	4	2	5	5
SUTR	*BL	19	F	17	0.91	111	101	L	6	1	6	1	6	1	3	2	4	1
TRID	73103837718	63	M	24	0.91	101	92	L	1	2	3	3	3	3	3	2	3	4
SUTR	*BL	56	F	22	0.91	90	82	L	1	2	3	3	4	2	1	1	1	1
ENLO	23847868	19	M	17	0.92	106	97	L	4	3	3	2	3	2	1	2	6	1
MMCR	32012456375	43	M	24	0.92	148	136	L	1	2	3	4	3	3	6	1		
ENLO	22013679	49	M	22	0.93	108	100	L	3	3	5	3	5	2			5	3
TRID	73104503047	74	F	27	0.93	101	94	L	3	3	4	3	5	3	3	2	3	3
SUTR	*BL	40	M	34	0.94	115	108	L	6	1	3	3	4	2	4	4	5	3
TRID	73105163930	80	F	19	0.95	131	124	L	3	2	3	3	4	3	6	1		
ENLO	22183002	32	M	19	0.95	99	94	L	3	3	5	3	5	2	5	2	5	1
TRID	73104718382	63	F	29	0.97	146	142	L	3	2	3	3	3	1	5	4	5	3
TRID	73103915566	16	M	34	0.98	119	117	L	4	3	5	3	3	3	5	3	5	4
SUTR	*BL	45	M	29	0.99	110	109	D	2	1	1	2	1	1	1	2	1	2
MMCR	32012355064	18	M	43	1.00	95	95	L	6	1	6	1			6	1		
ENLO	22035004	25	M	22	1.00	108	108	L	5	3	4	2	4	3	5	2	3	2
TFHS	314001182289	31	M	22	1.00	110	110	L	3	3	4	3	3	2	4	1	3	2
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	Column 1	*Column 2*	*Column 3*
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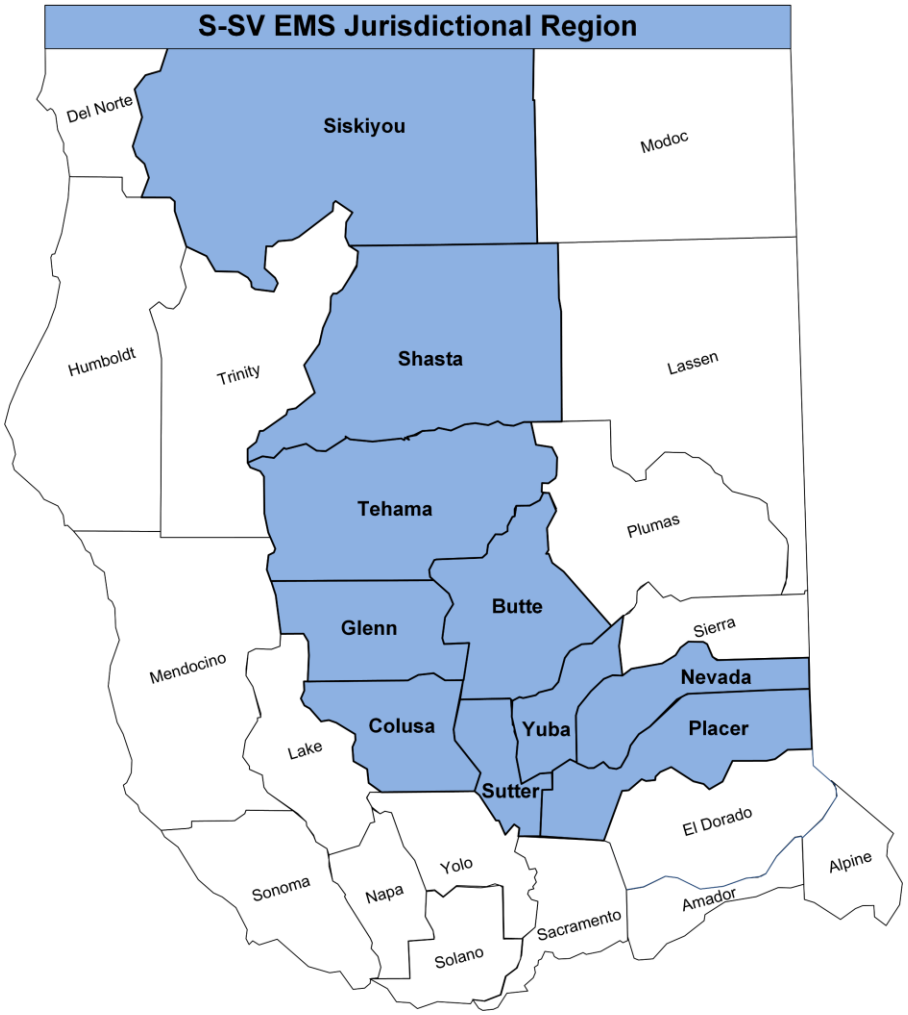
S-SV EMS 2023
EMS System Data Reports

Regional EMS System Data Report
Updated Through December 31st, 2023

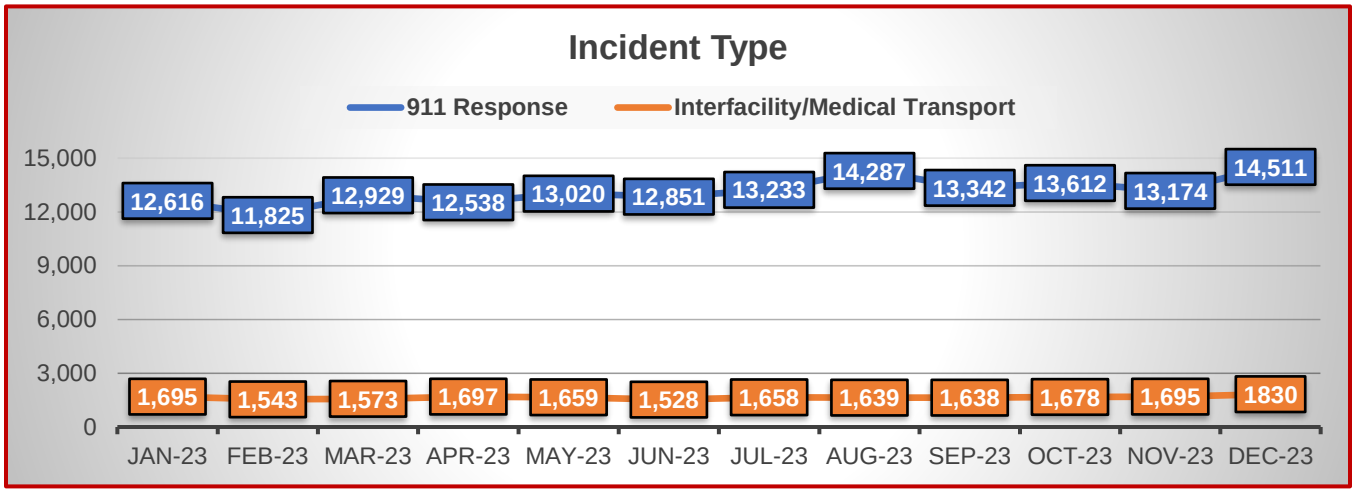


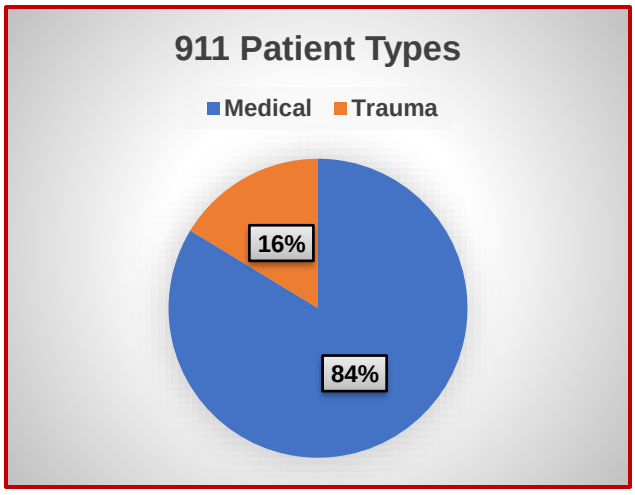
Contents

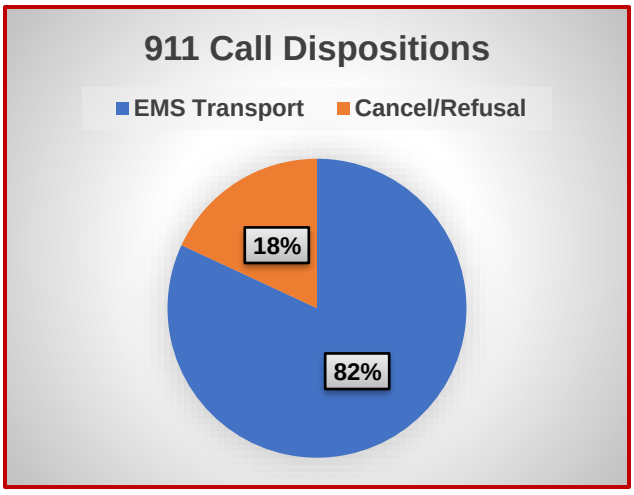
Ground EMS Incident System Data 4
EMS Aircraft Incident System Data 5
EMS Aircraft Incident County & Times Data 6
EMS Trauma Patient Data 7
EMS Stroke Patient Data 8
EMS STEMI Patient Data 9
EMS Cardiac Arrest Patient Data 10
EMS Electrical Therapy, Restraint & Hemorrhage Control Procedures 12
Ground EMS Intraosseous (IO) Procedures 13
EMS Aircraft Intraosseous (IO) Procedures 14
BLS King Airway & Supraglottic Airway Procedures 15
ALS Ground Orotracheal Intubation & King Airway Procedures 16
ALS Ground Supraglottic Airway Procedures 17
EMS Aircraft Supraglottic Airway Procedures 18
EMS Aircraft Pediatric Orotracheal Intubation Airway Procedures 19
EMS Aircraft Adult Orotracheal Intubation Airway Procedures 20
ALS Ground Cricothyrotomy & Thoracostomy Procedures 21
EMS Aircraft Cricothyrotomy & Thoracostomy Procedures 22
EMS Naloxone Utilization 23
Adventist Health +Rideout APOT 28
Colusa Medical Center APOT 29
Enloe Medical Center APOT 30
Fairchild Medical Center APOT 31
Glenn Medical Center APOT 32
Kaiser Roseville Medical Center APOT 33
Mayers Memorial Hospital APOT 34

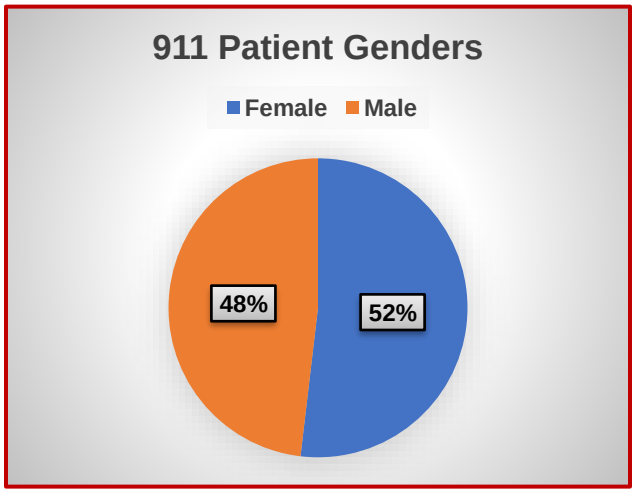
Mercy Mt. Shasta Medical Center APOT 35
Mercy Medical Center Redding APOT 36
Orchard Hospital APOT 37
Oroville Hospital APOT 38
Shasta Regional Medical Center APOT 39
Sierra Nevada Memorial Hospital APOT 40
St. Elizabeth Hospital APOT 41
Sutter Auburn Faith Hospital APOT 42
Sutter Roseville Medical Center APOT 43
Tahoe Forest Hospital APOT 44

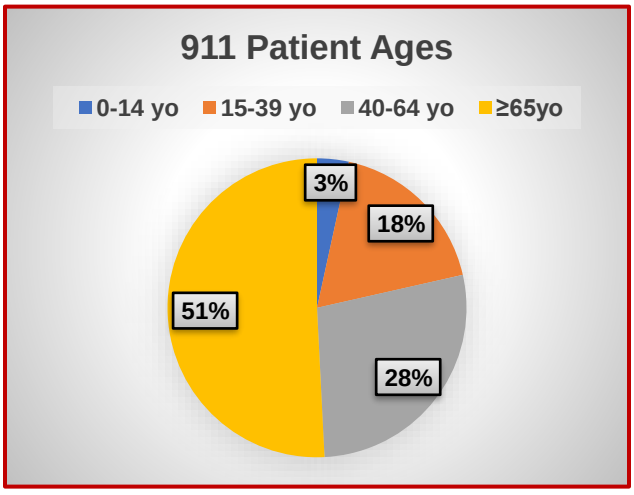
Ground EMS Incident System Data



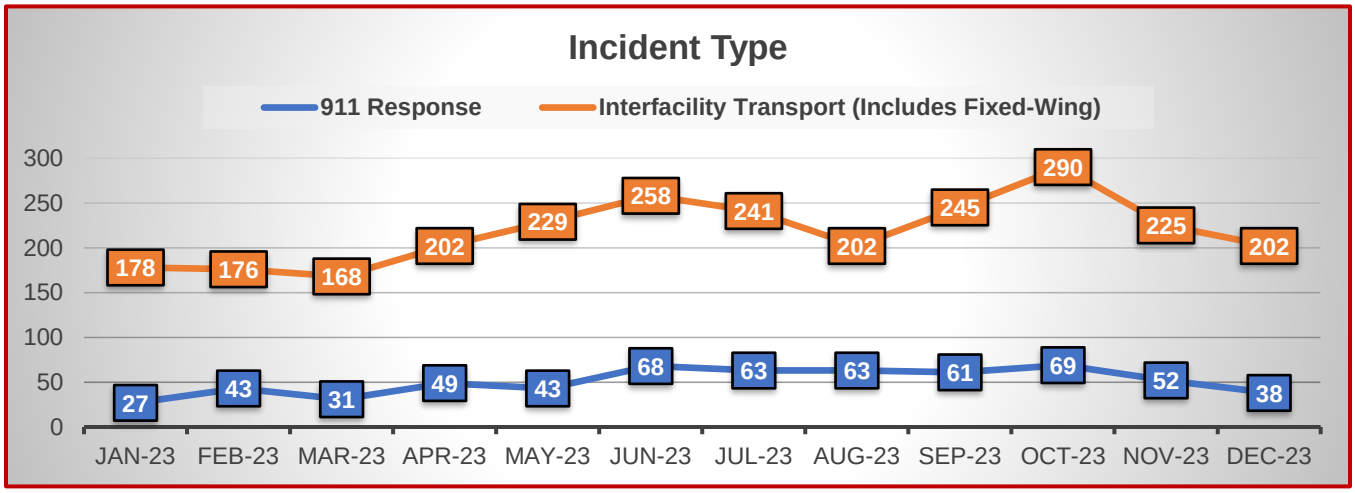


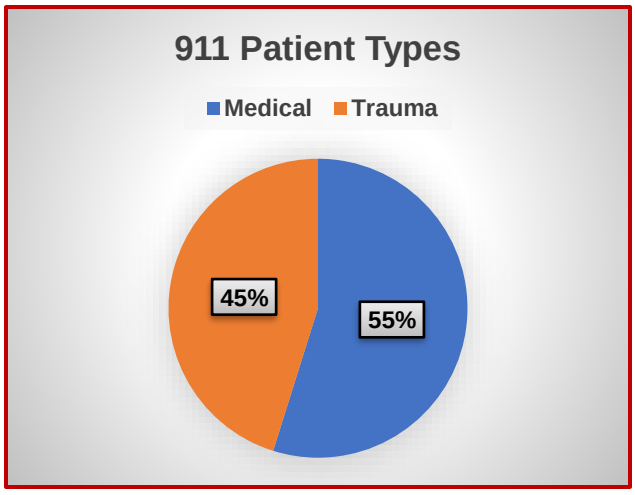


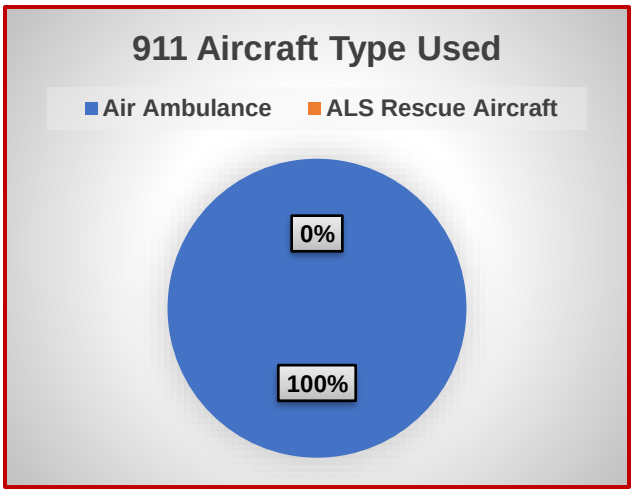


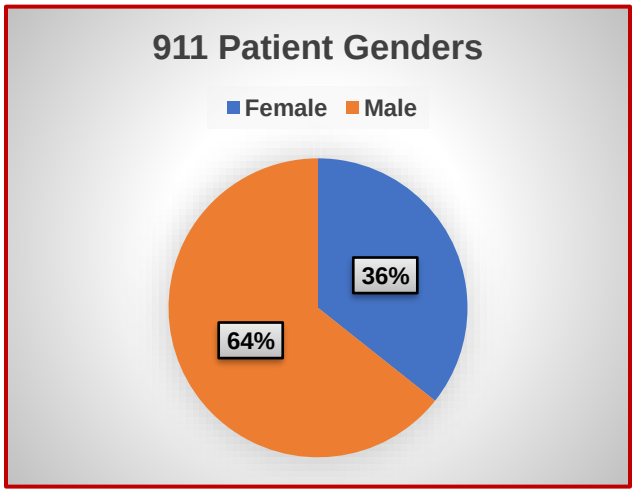


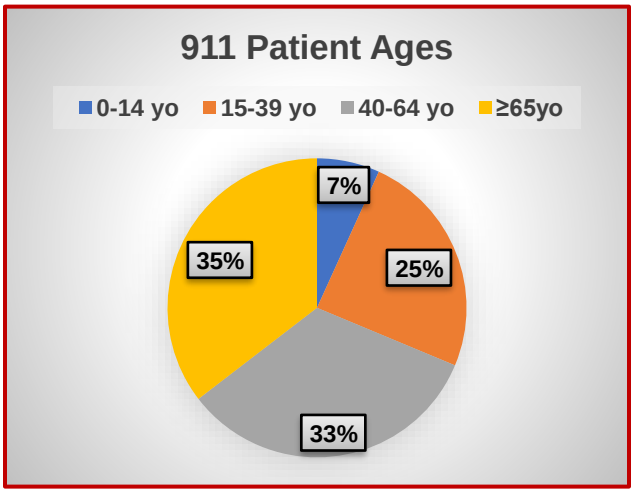
EMS Aircraft Incident System Data



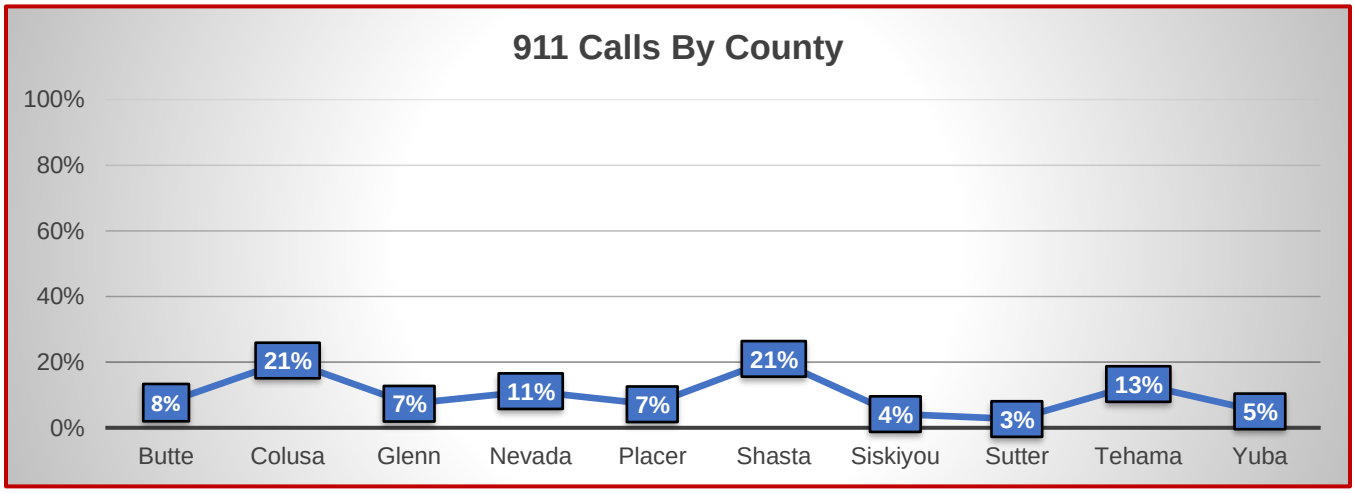


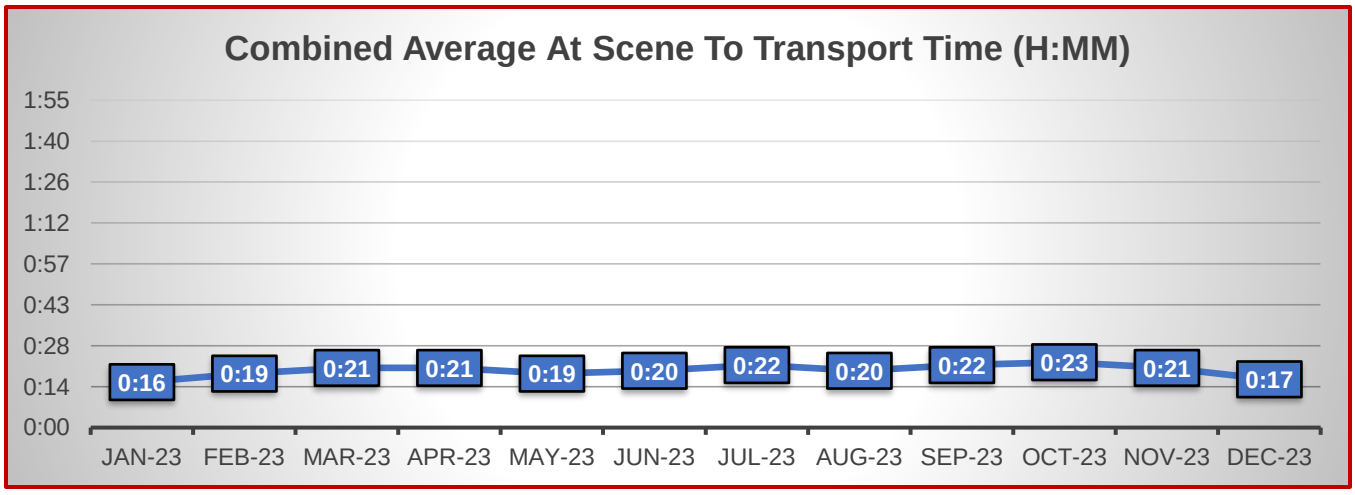


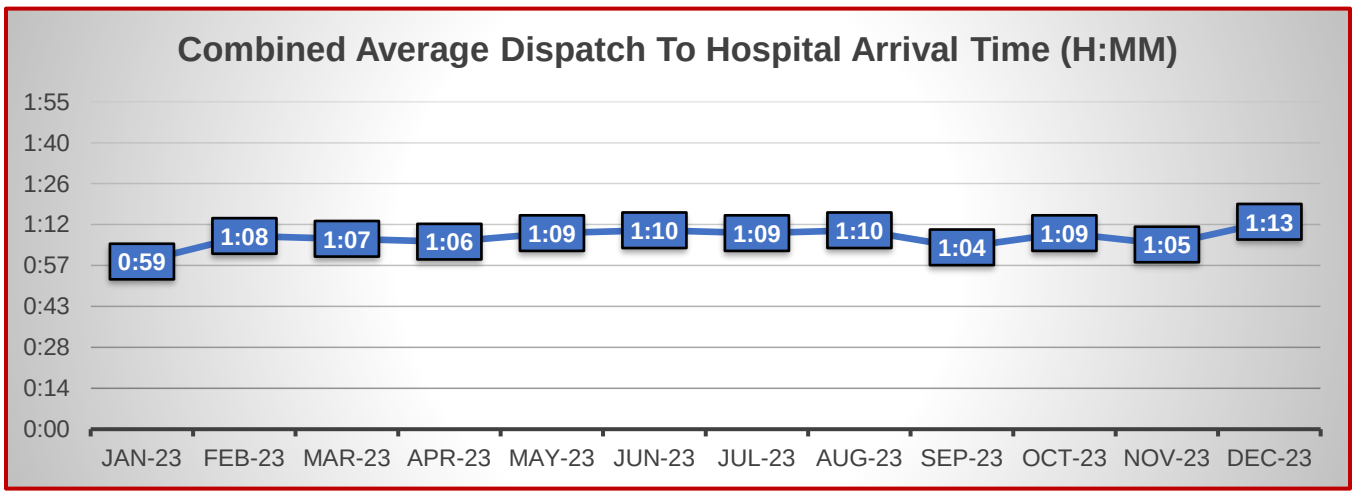




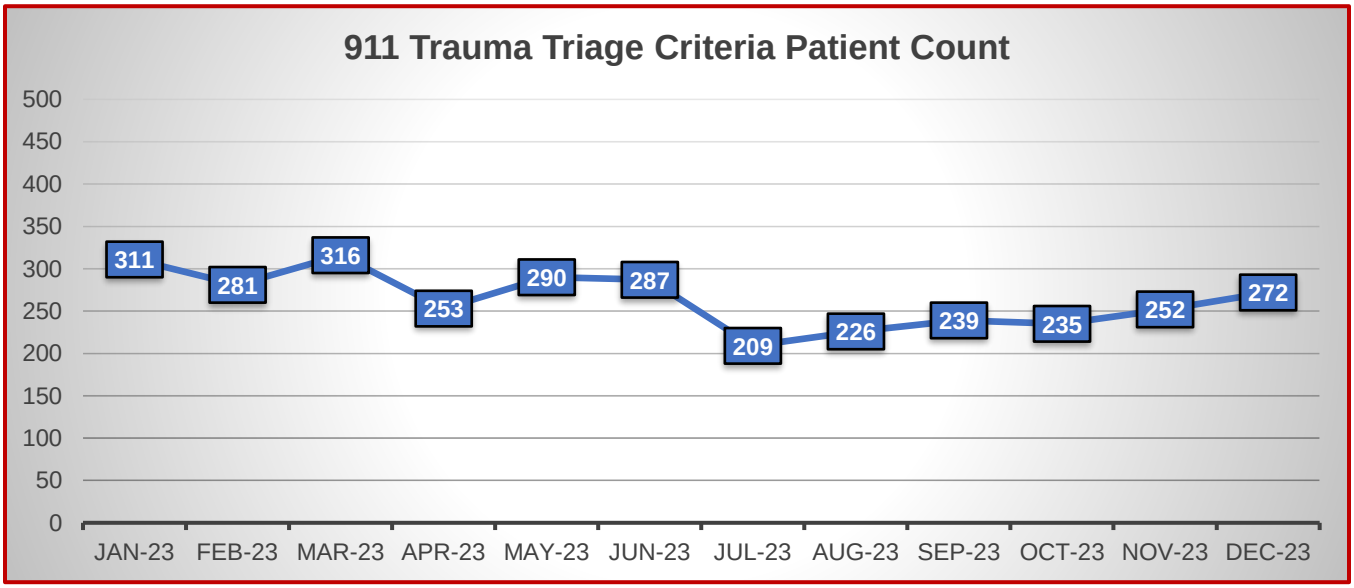
EMS Aircraft Incident County & Times Data

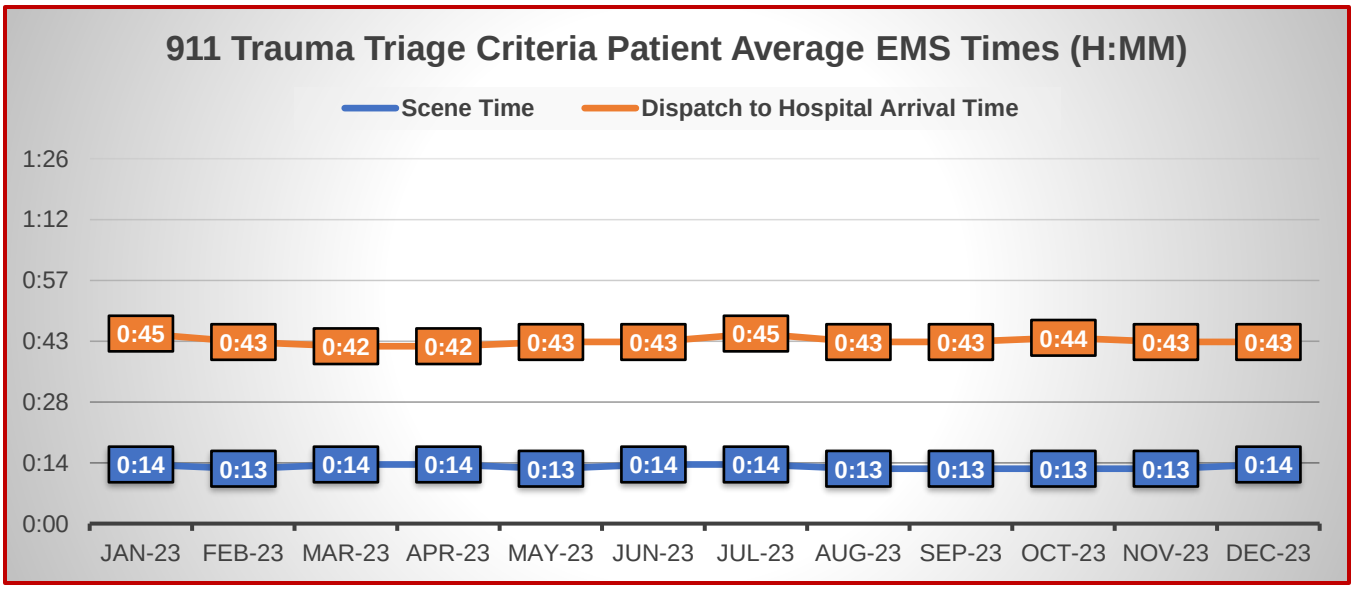




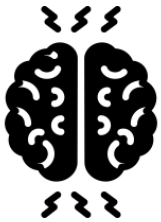


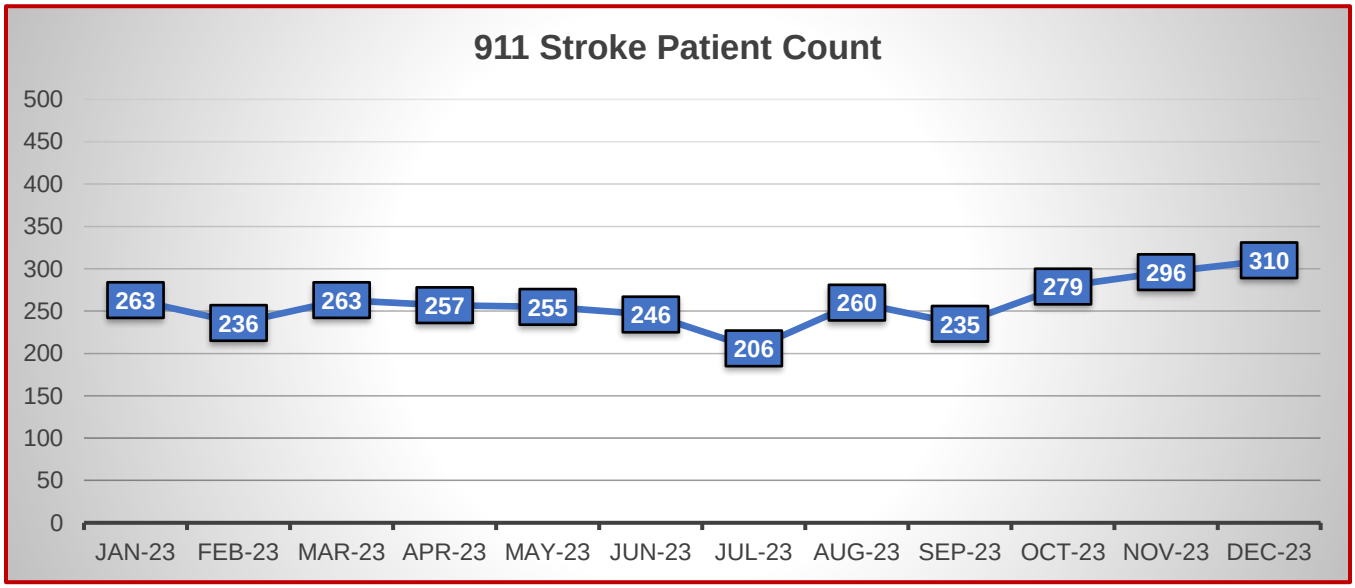
EMS Trauma Patient Data

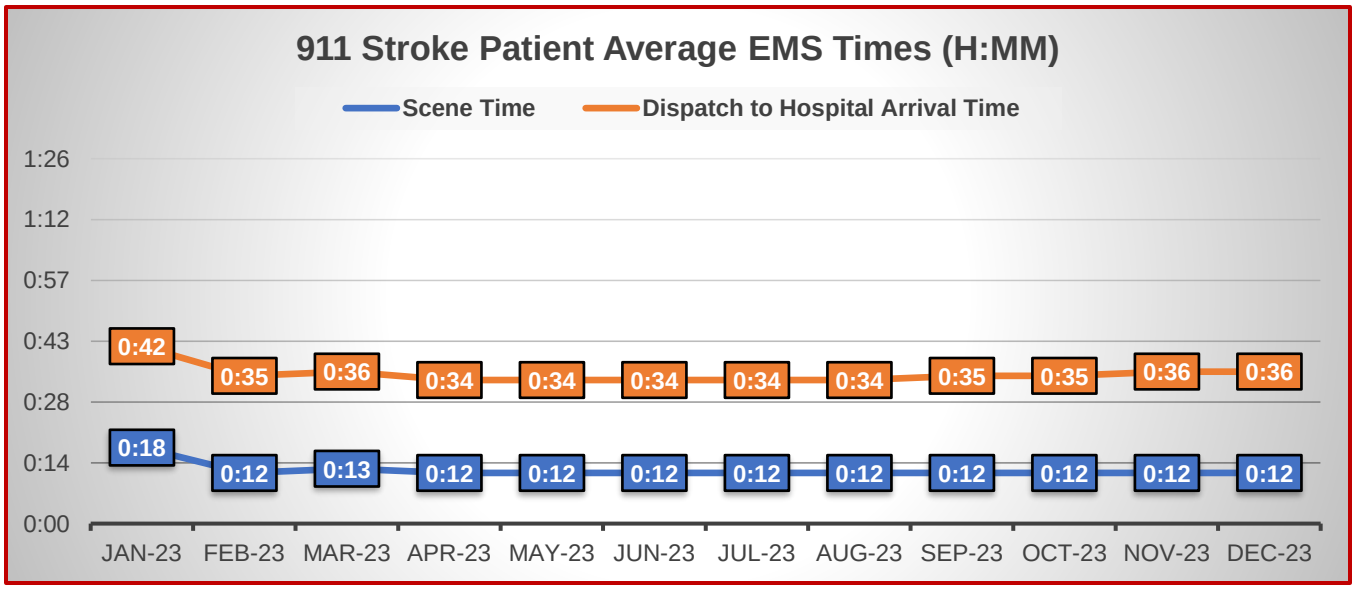




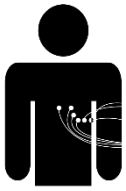
EMS Stroke Patient Data

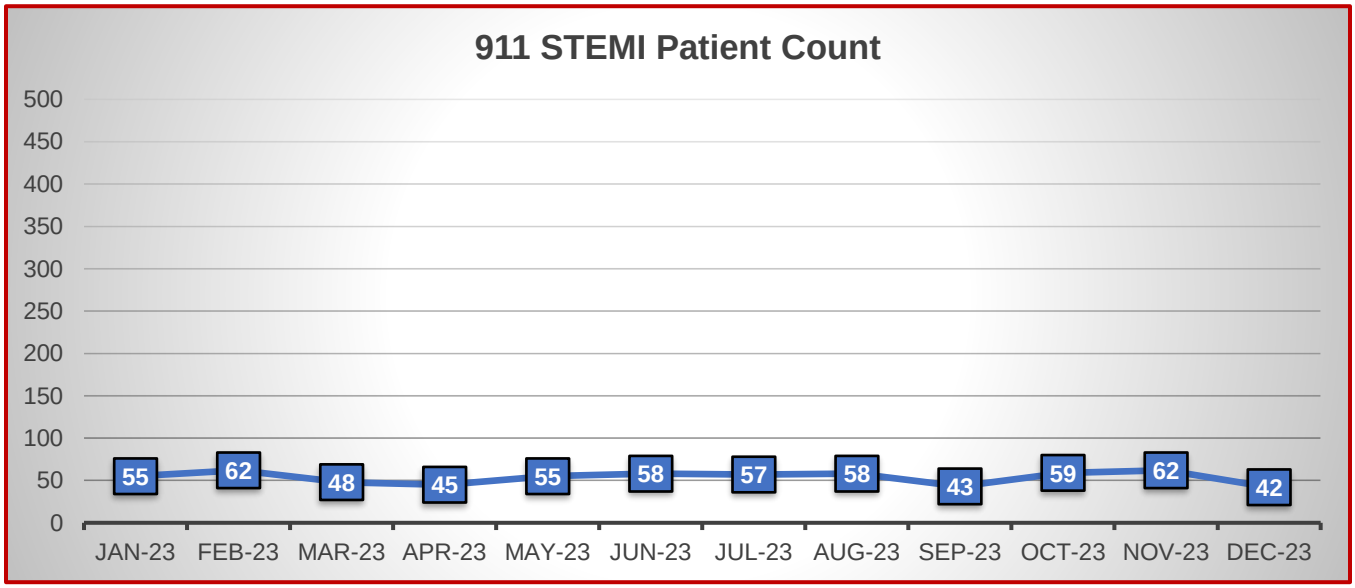


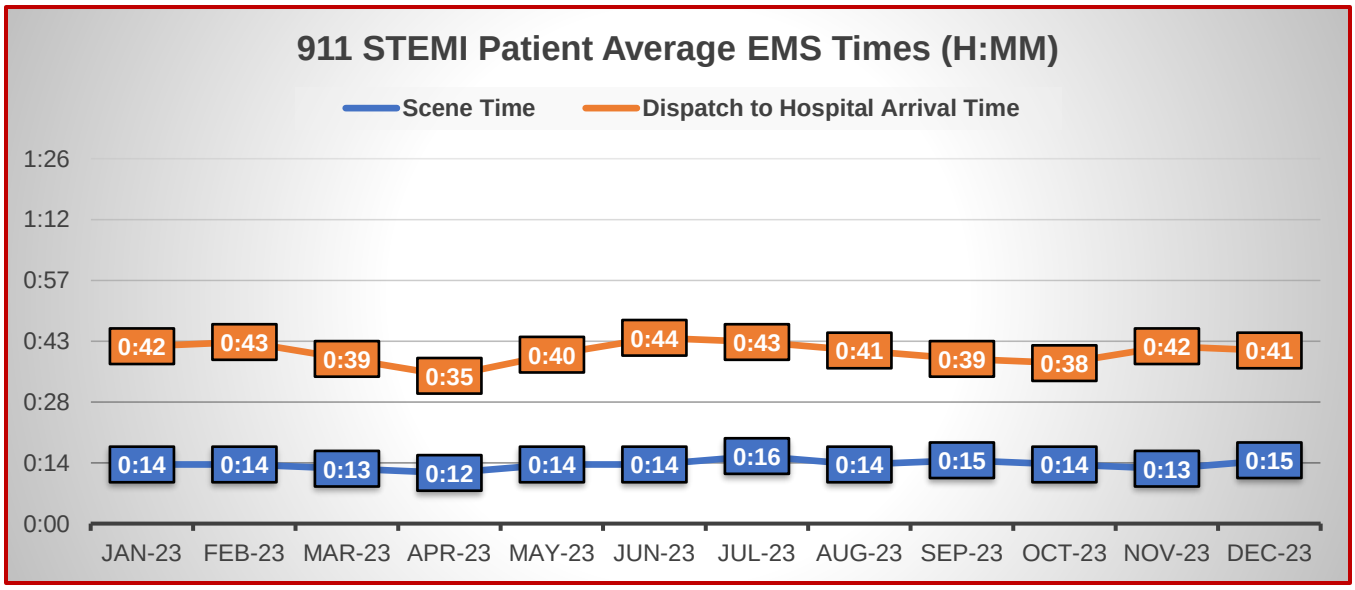




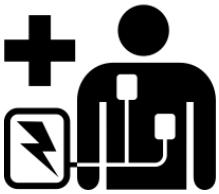
EMS STEMI Patient Data

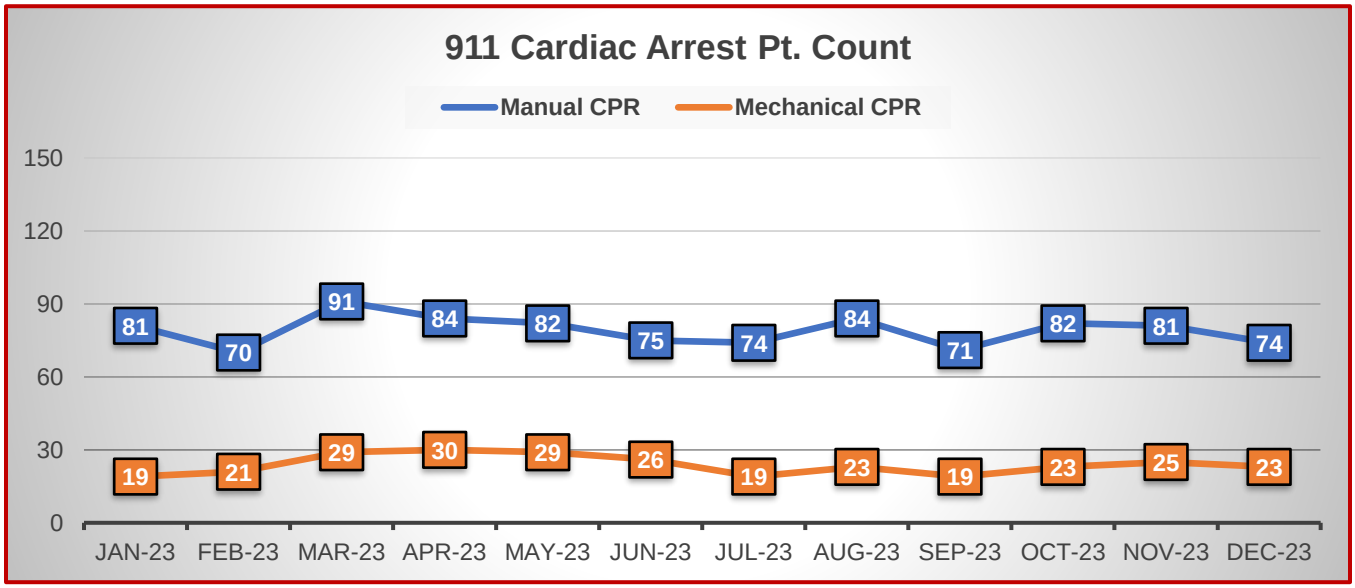


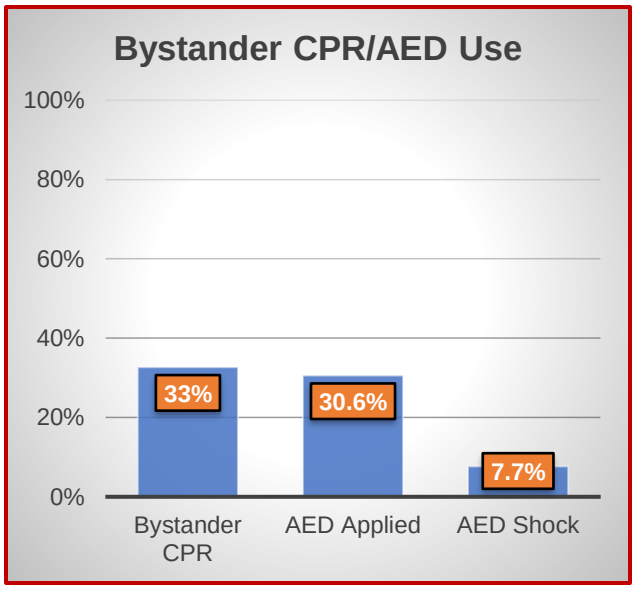


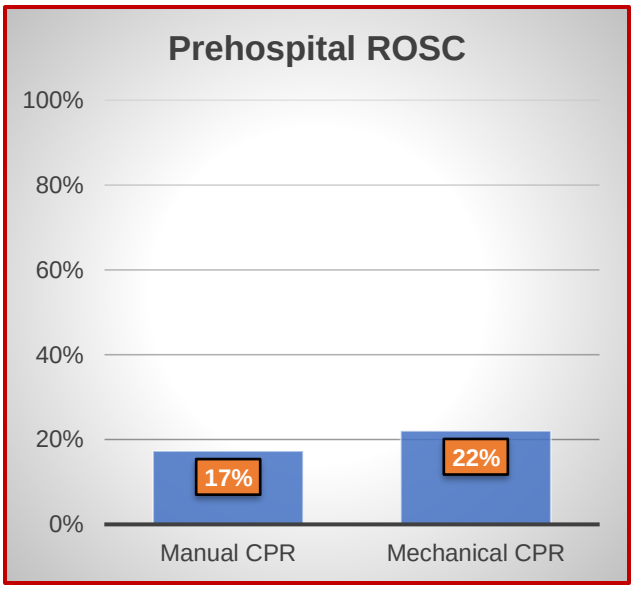


EMS Cardiac Arrest Patient Data

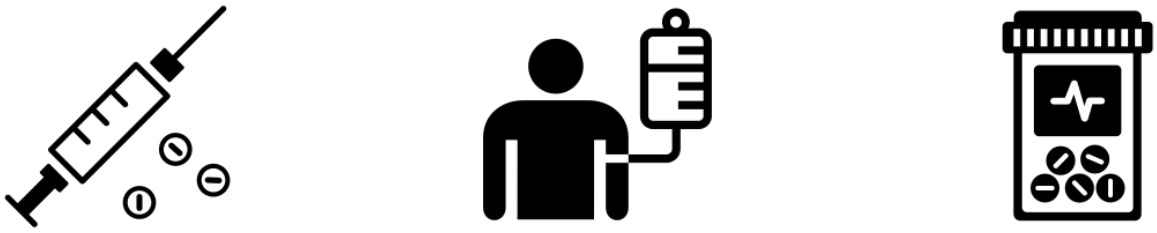



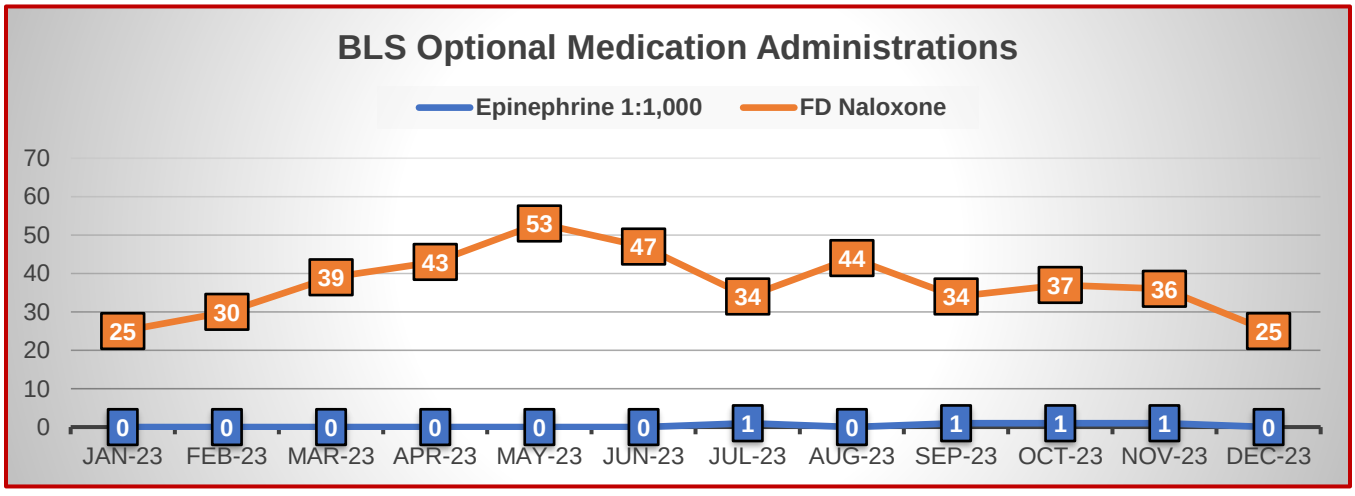




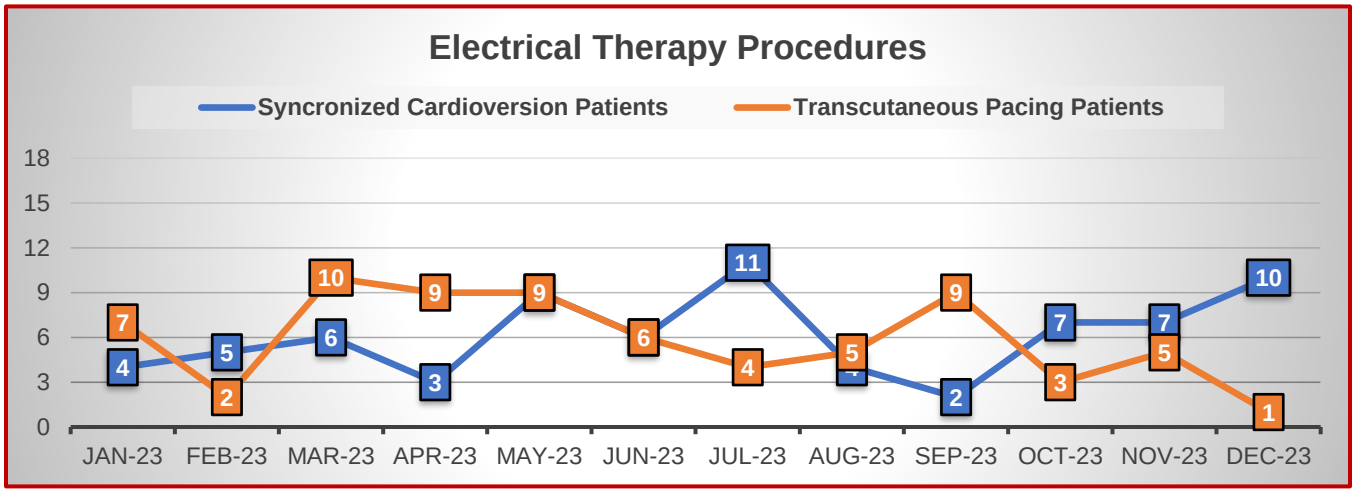
EMS Medication Utilization Data

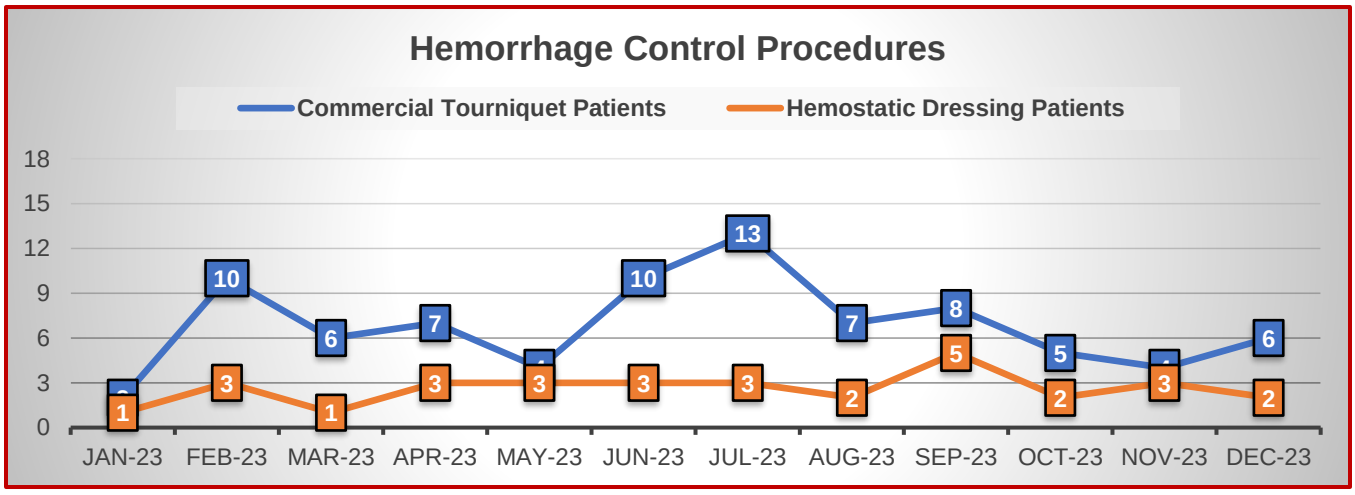


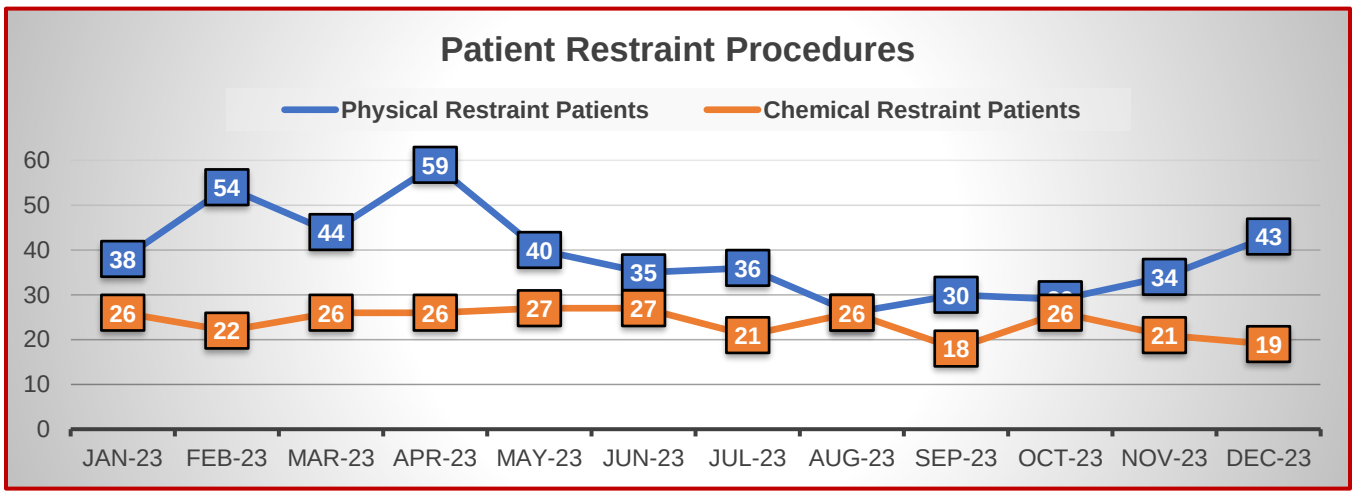
Medication	Ground Doses	Aircraft Doses	Medication	Ground Doses	Aircraft Doses
Acetaminophen (IV)	795	0	Ipratropium	4132	73
Activated Charcoal	73	0	Ketamine	179	69
Adenosine	265	0	Ketorolac	147	0
Albuterol	4626	7	Lidocaine	72	1
Amiodarone	233	0	Lorazepam	0	16
Aspirin	5410	10	Midazolam	1202	24
Atropine	181	3	Morphine	1014	10
Dextrose 10%	793	5	Naloxone	2362	4
Dextrose 50%	28	0	Nitroglycerin	6700	29
Diphenhydramine	479	1	Norepinephrine	0	7
Dopamine	0	0	Ondansetron	11043	124
Epinephrine 1:1,000	342	10	Rocuronium	0	40
Epinephrine 1:10,000	4464	64	Sodium Bicarbonate	122	4
Etomidate	0	9	Terbutaline	0	0
Fentanyl	8106	227	TXA	18	13
Glucagon	164	0	Vecuronium	0	0



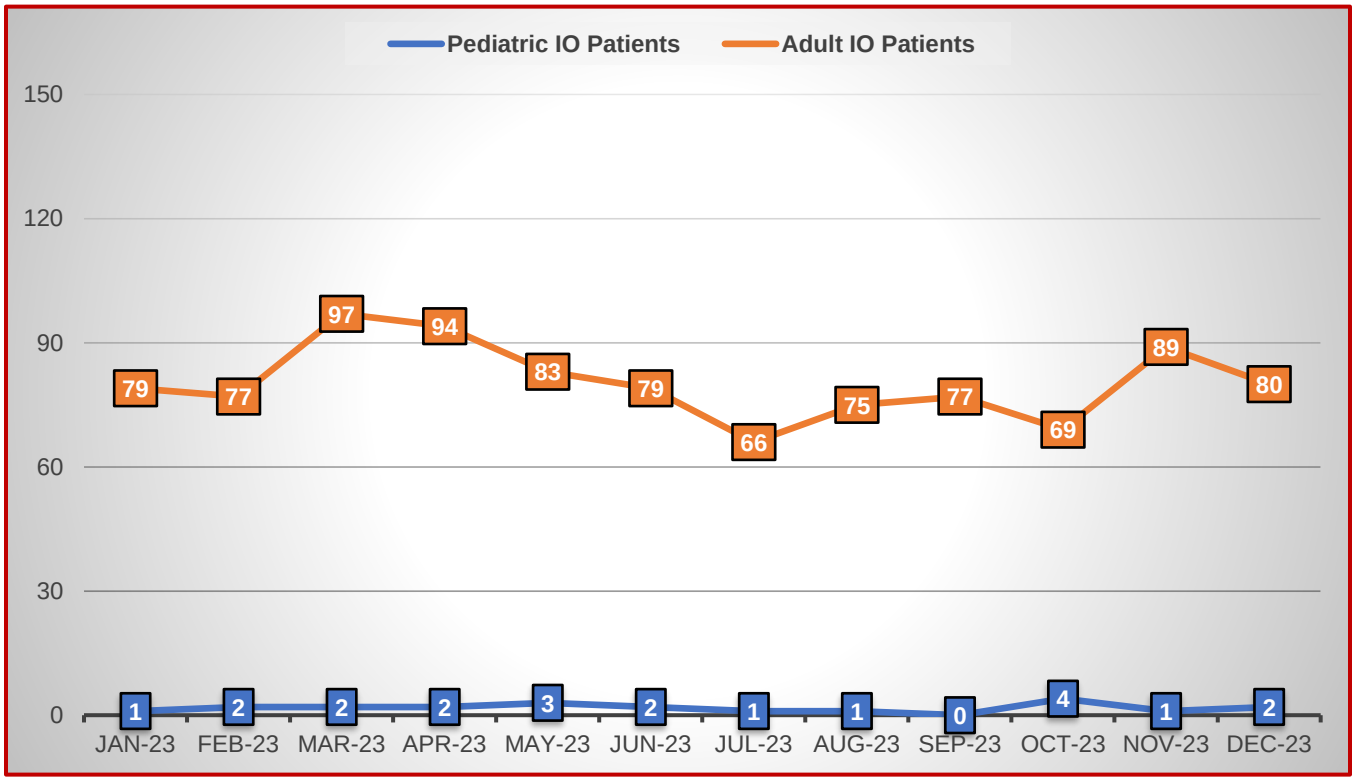
EMS Electrical Therapy, Restraint & Hemorrhage Control Procedures

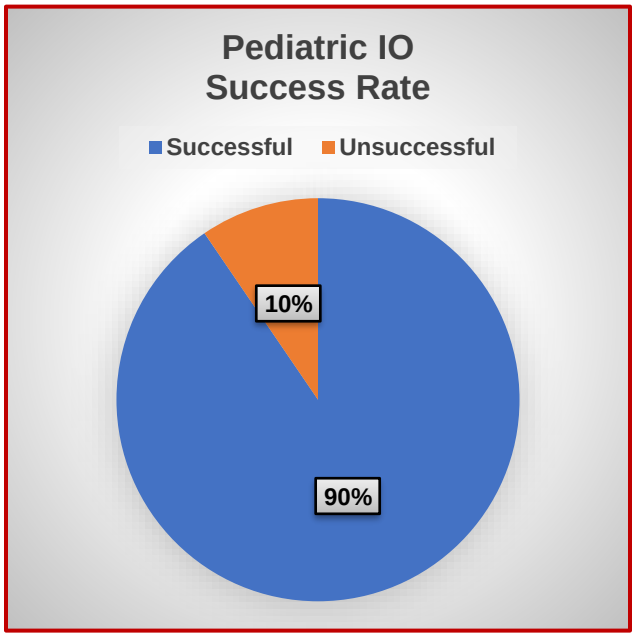


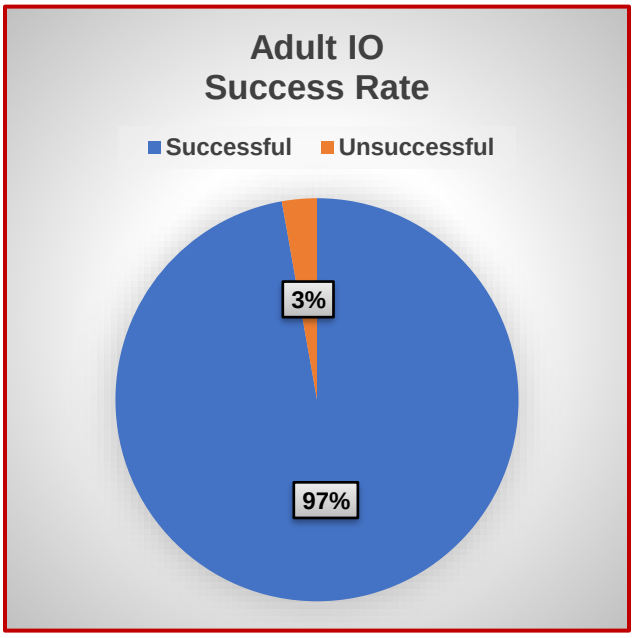




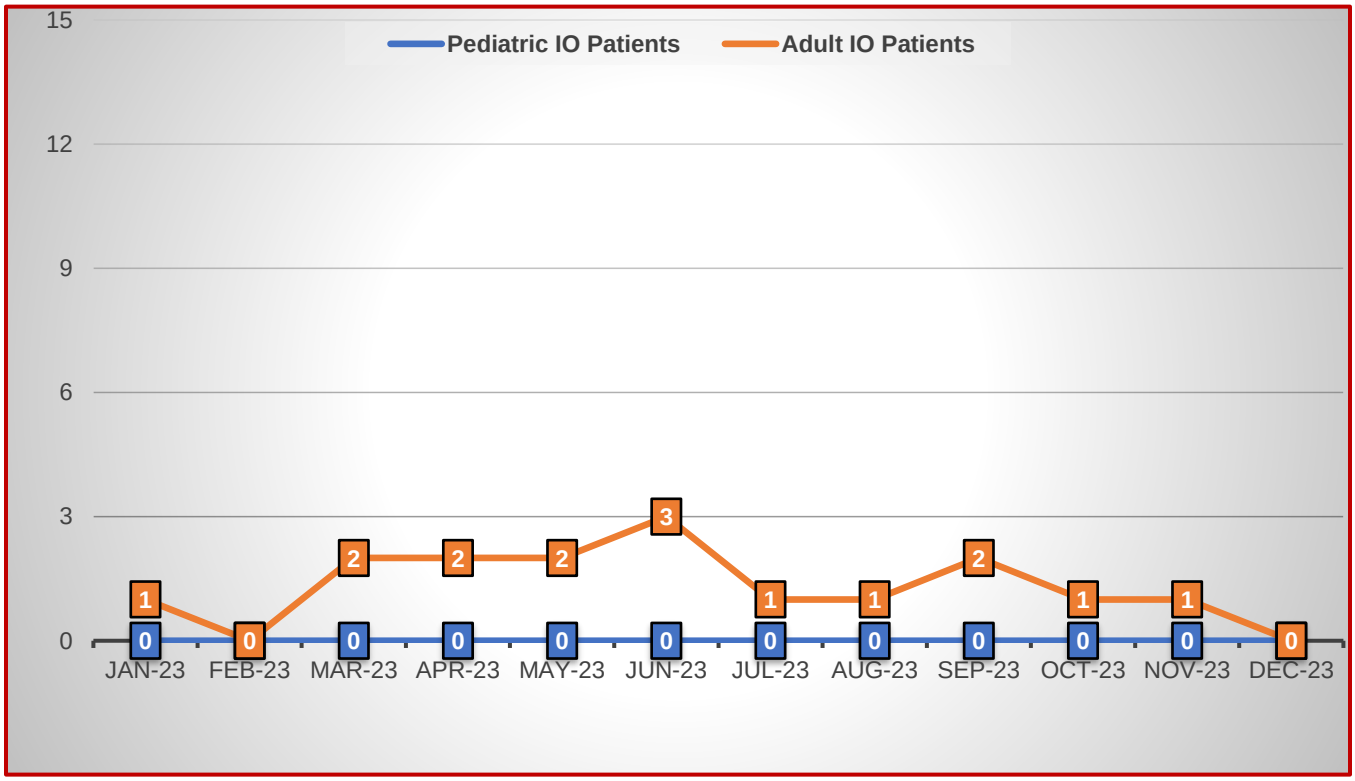
Ground EMS Intraosseous (IO) Procedures

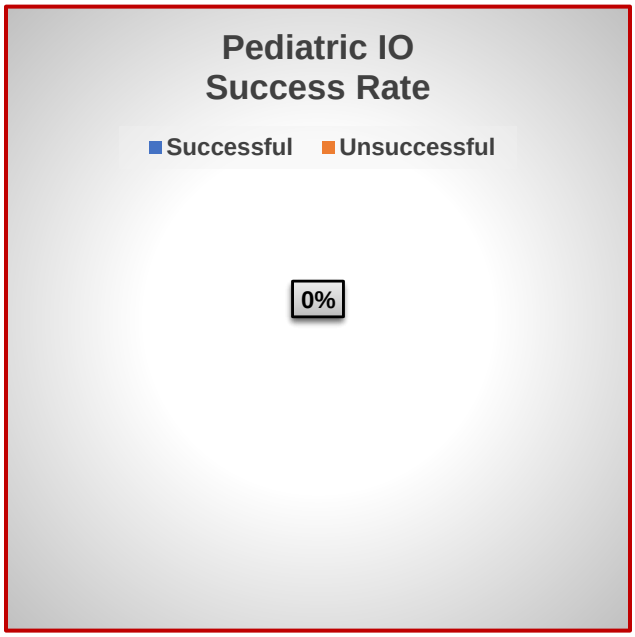


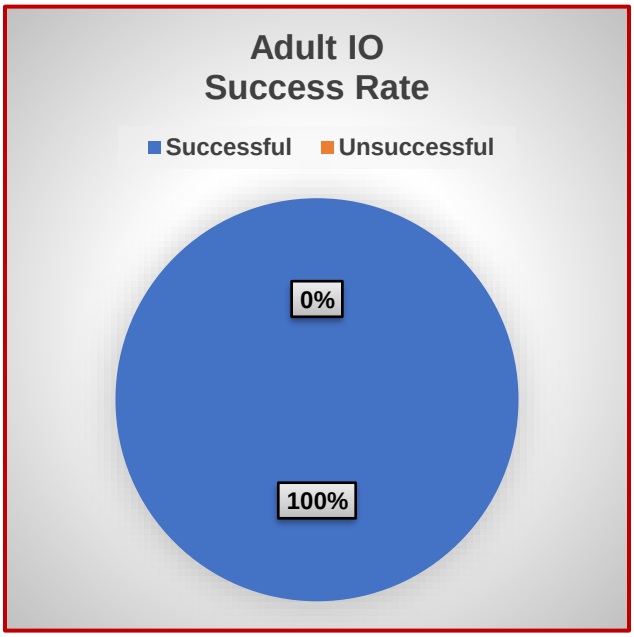




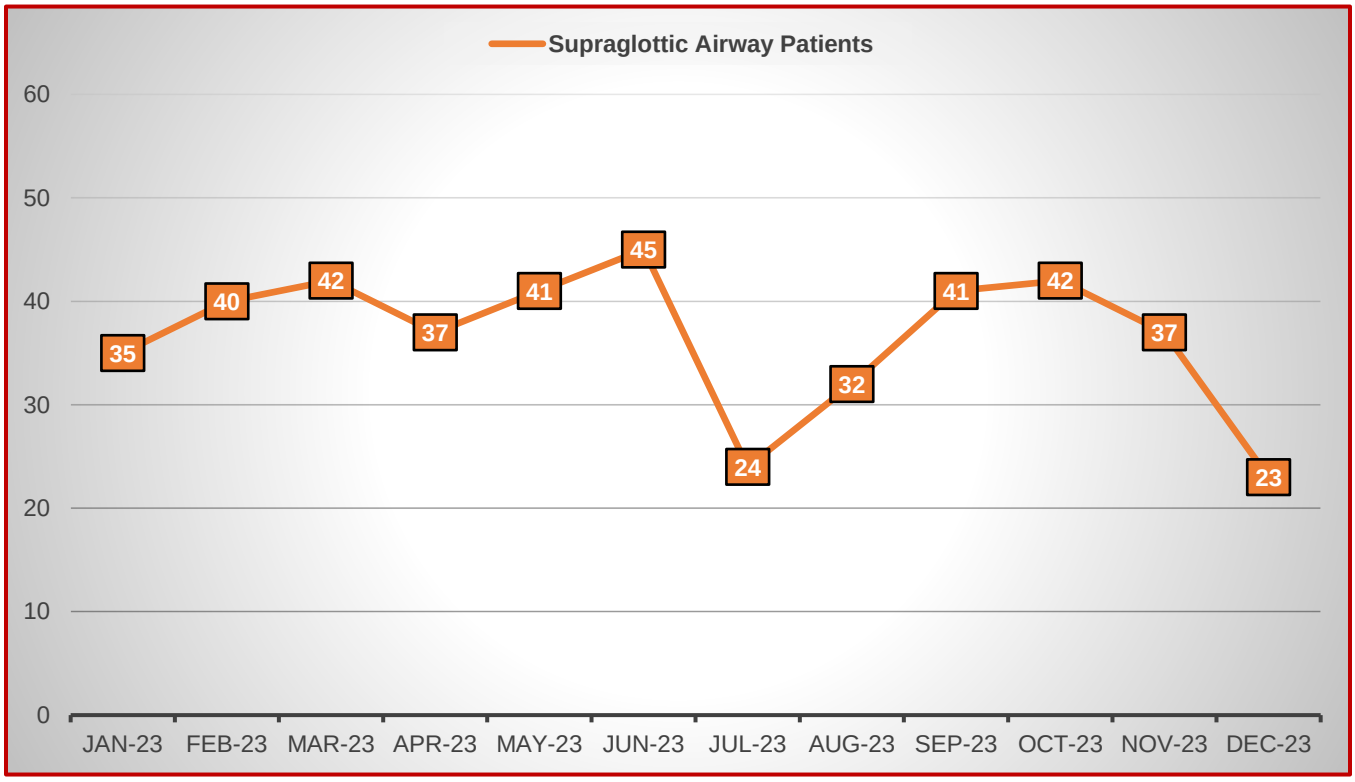
EMS Aircraft Intraosseous (IO) Procedures

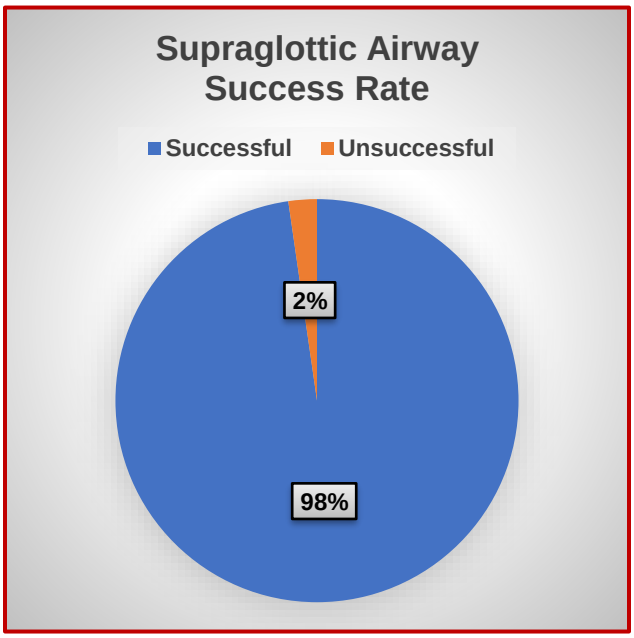




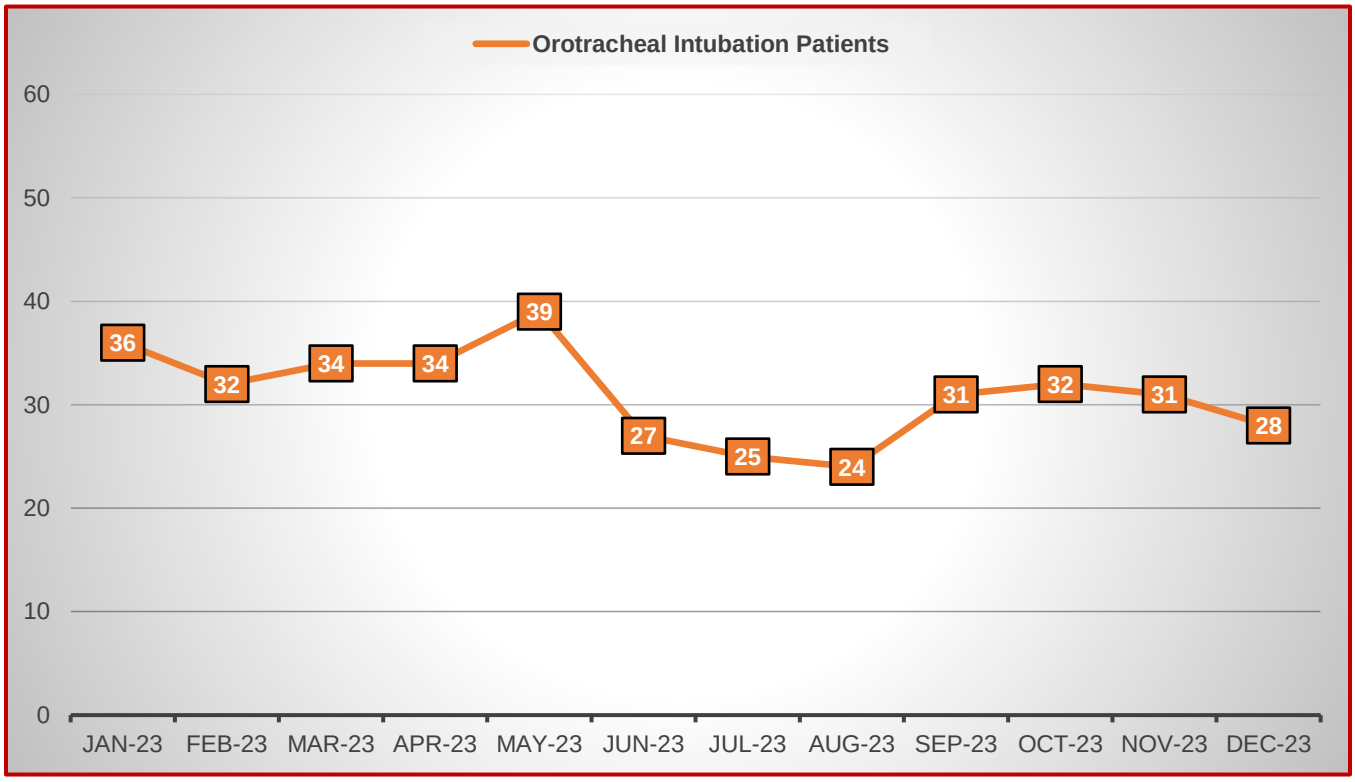


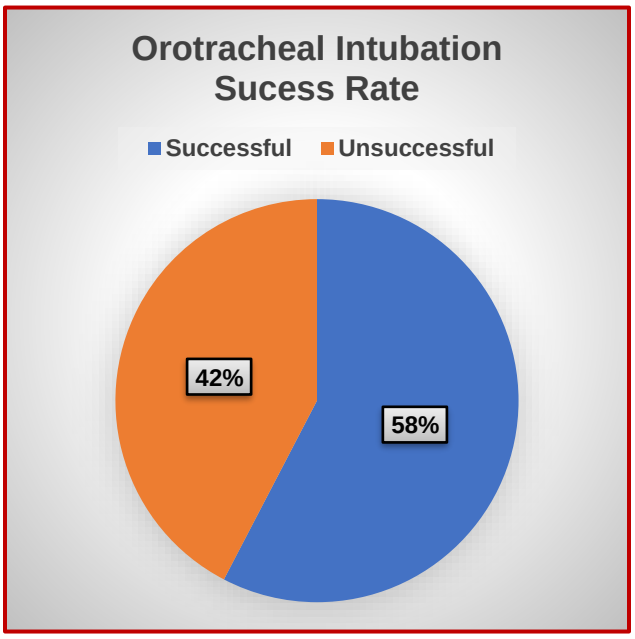
BLS Supraglottic Airway Procedures



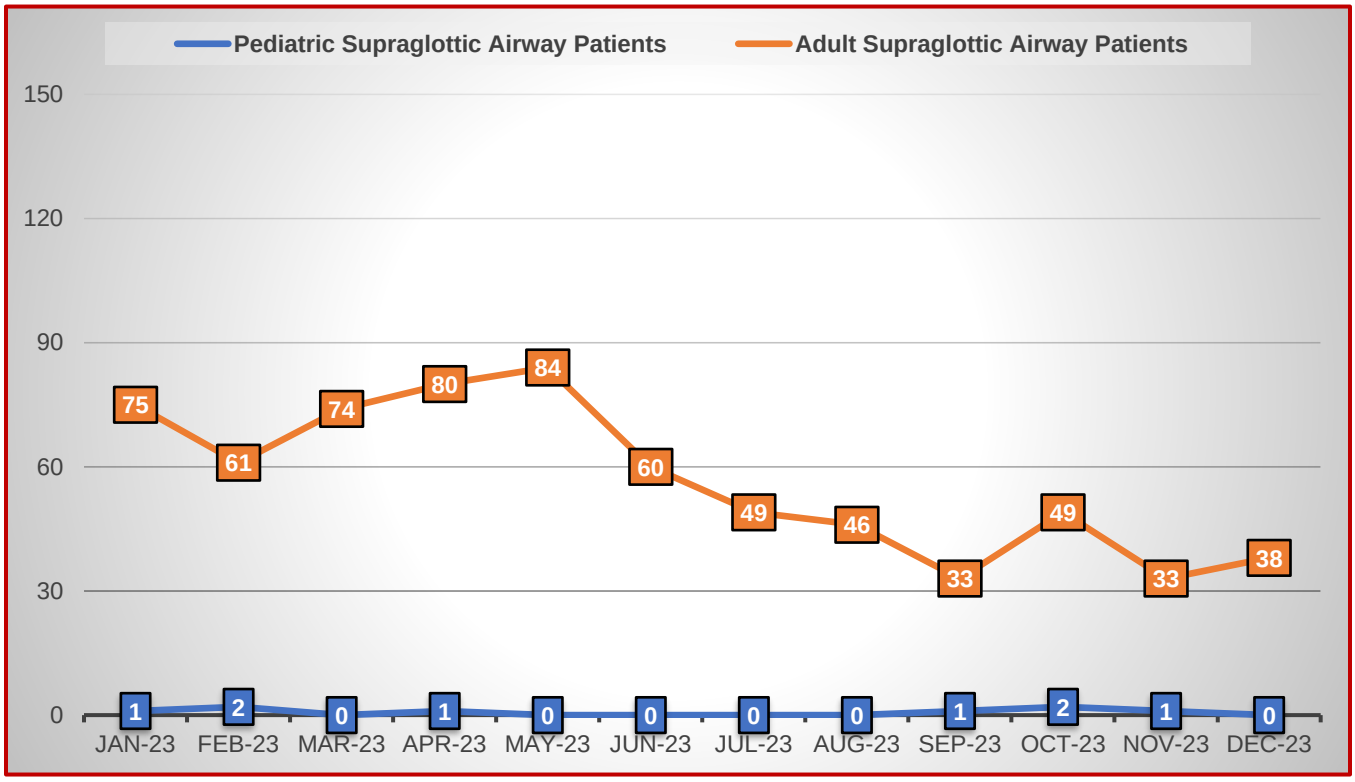


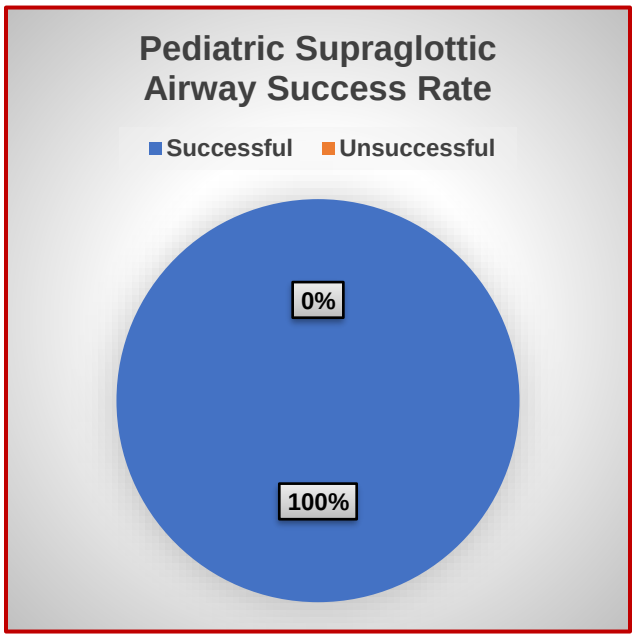
ALS Ground Orotracheal Intubation Procedures

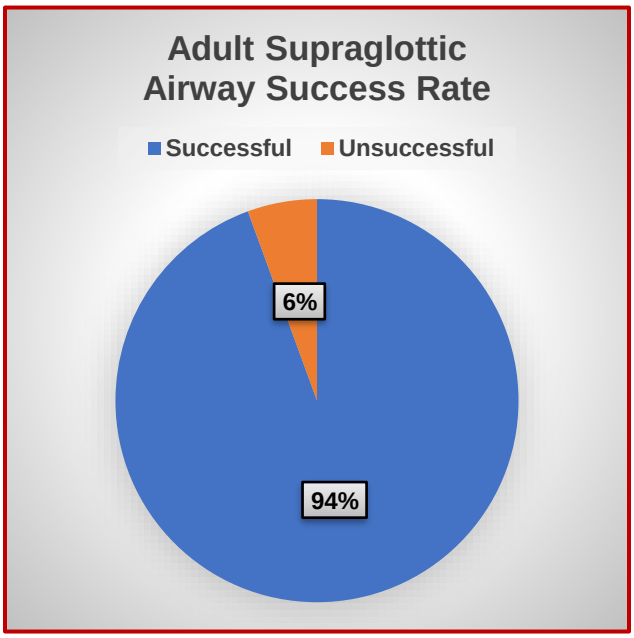




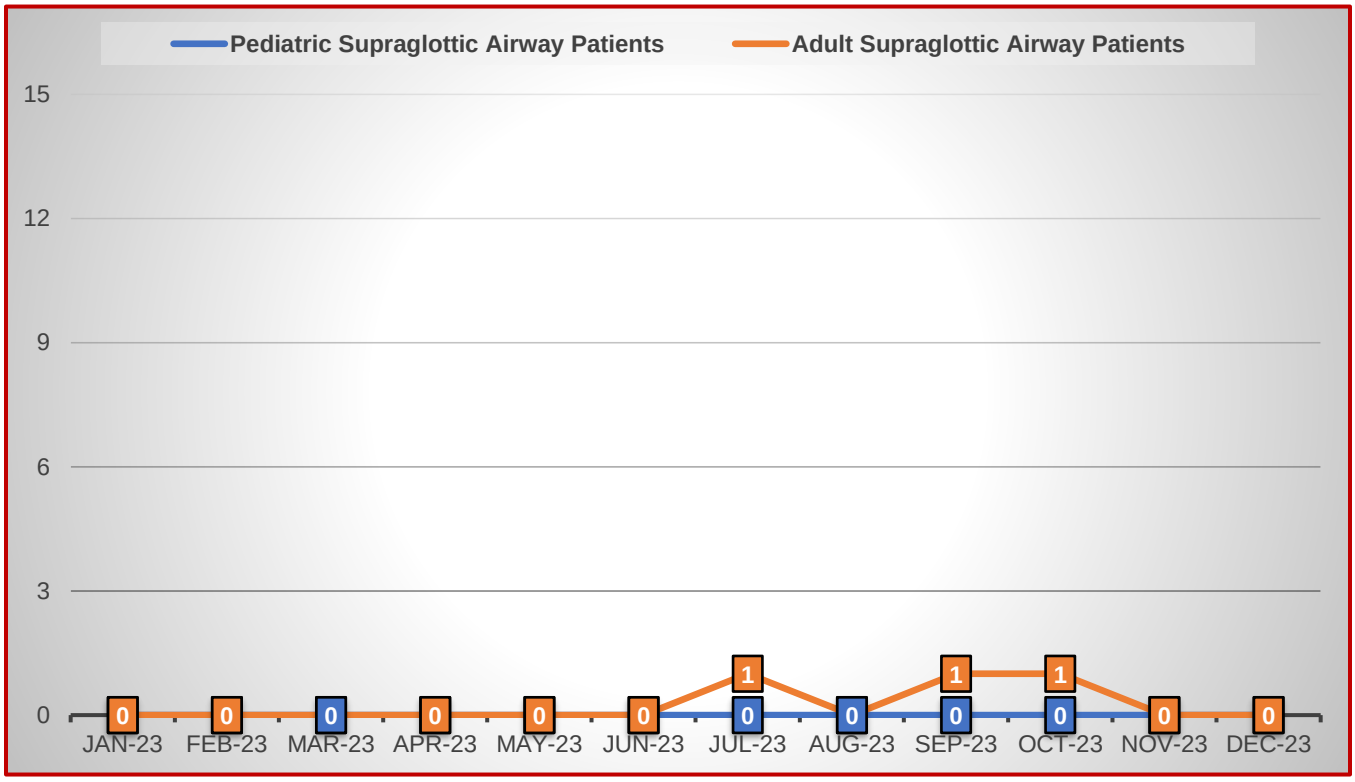
ALS Ground Supraglottic Airway Procedures

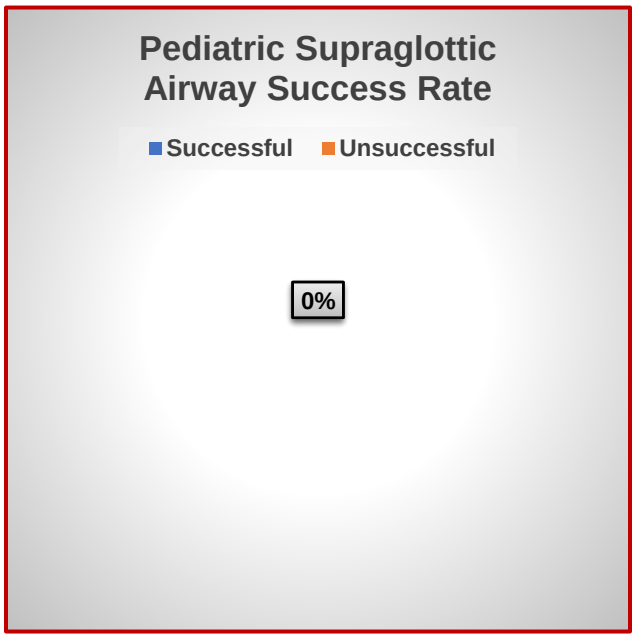


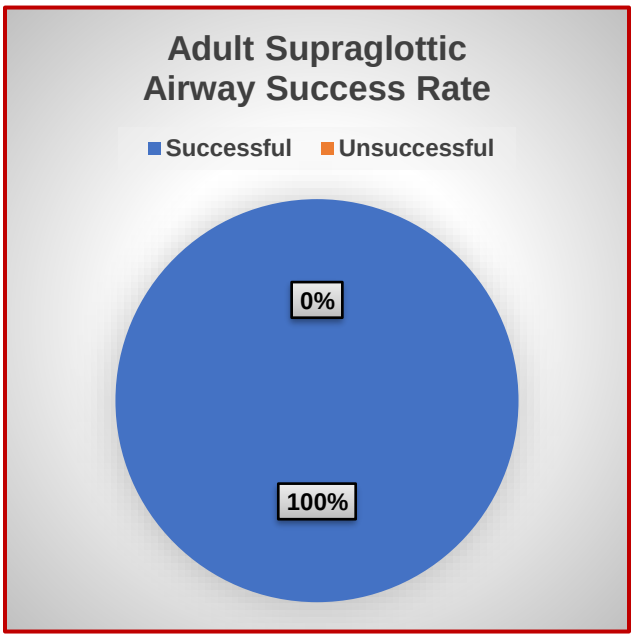




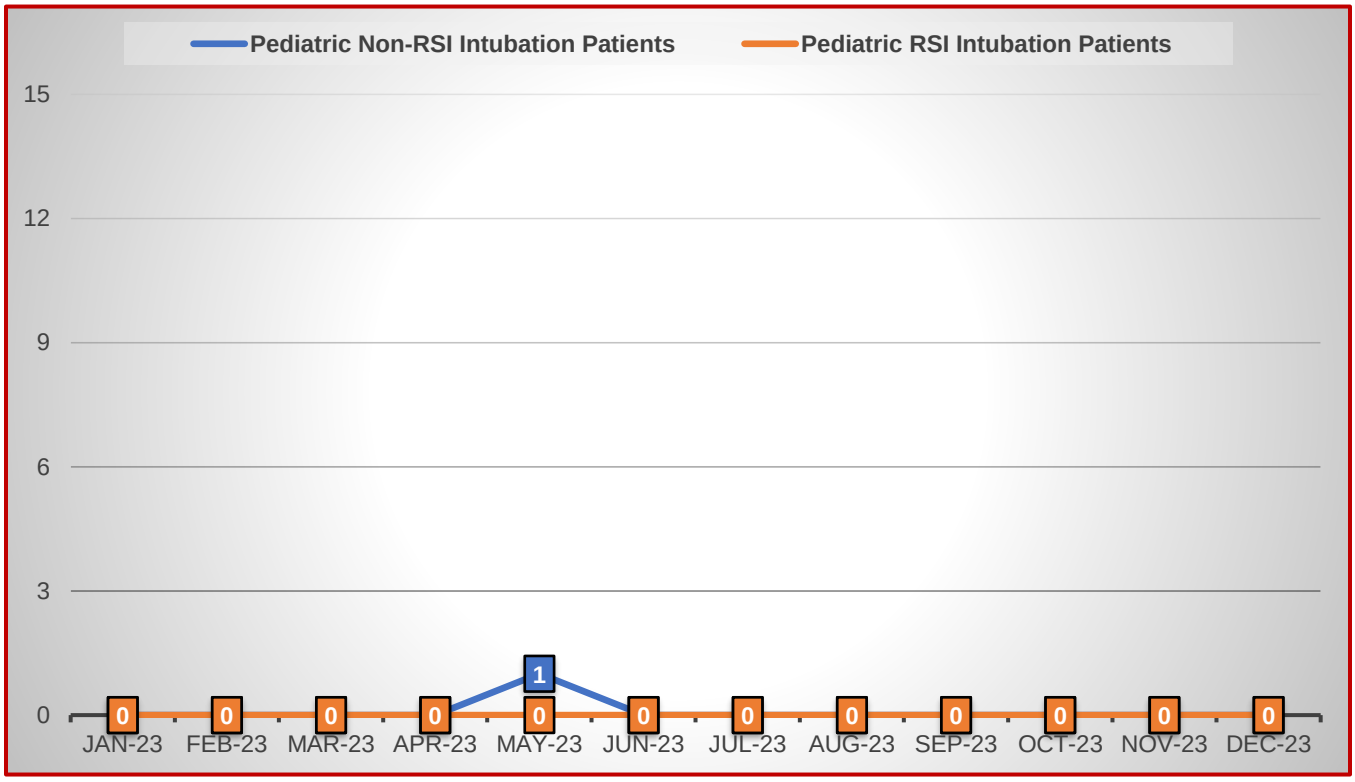
EMS Aircraft Supraglottic Airway Procedures

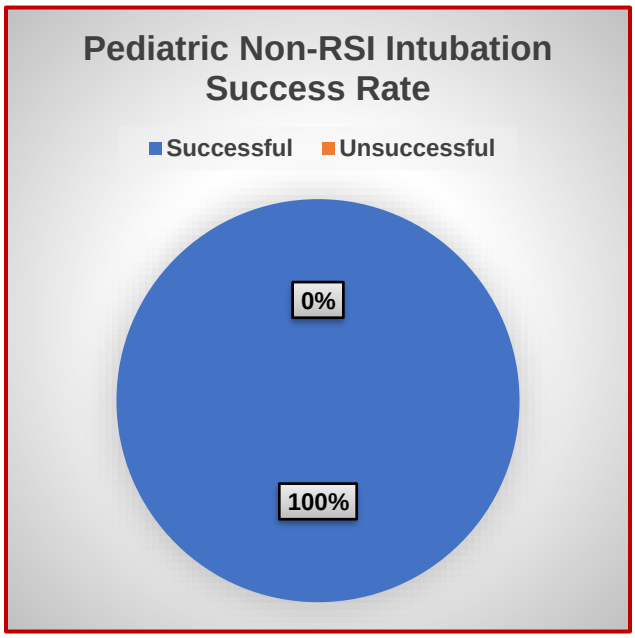


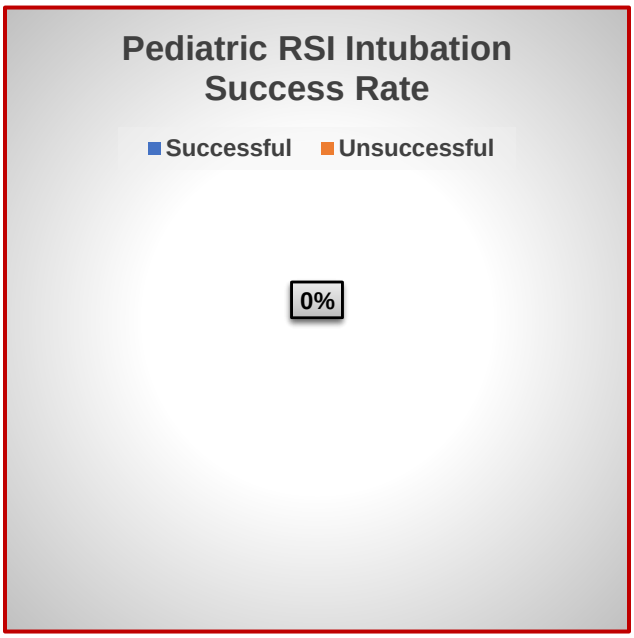




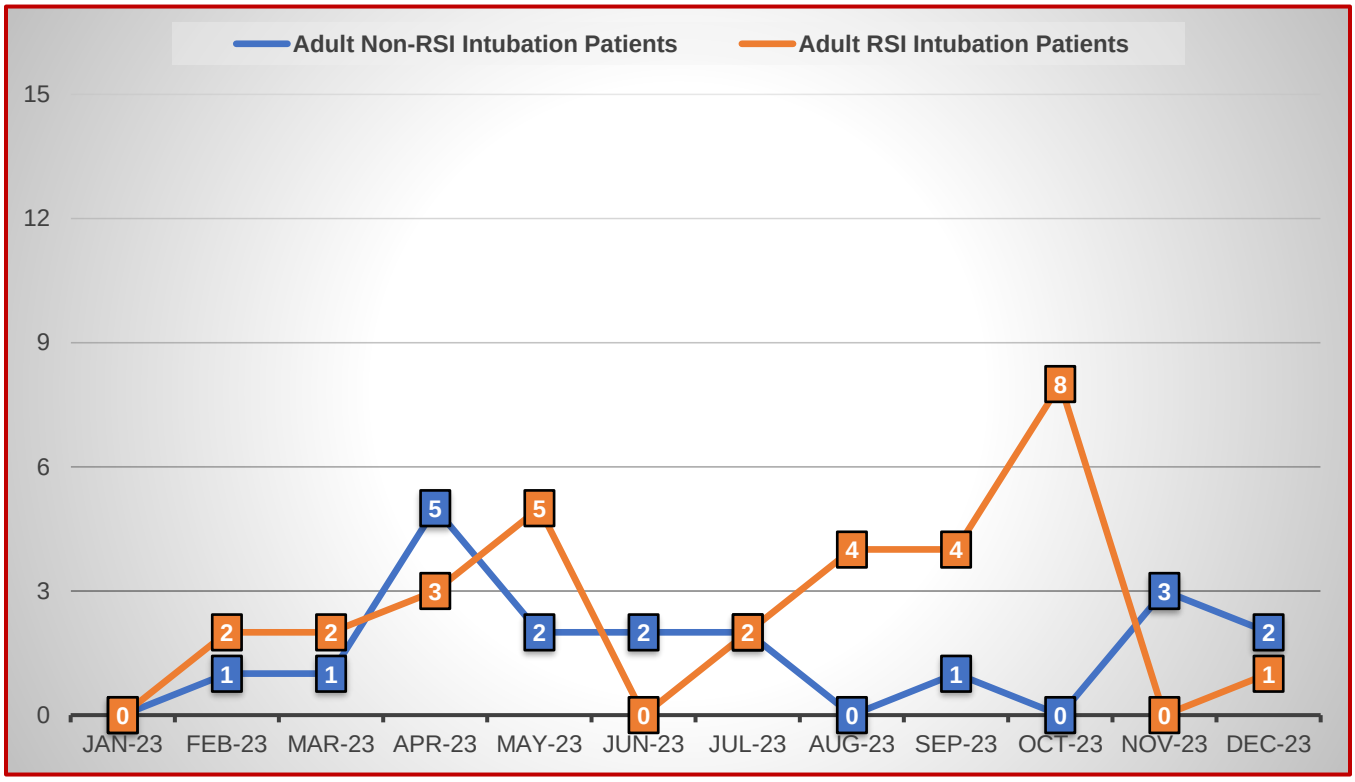
EMS Aircraft Pediatric Orotracheal Intubation Airway Procedures

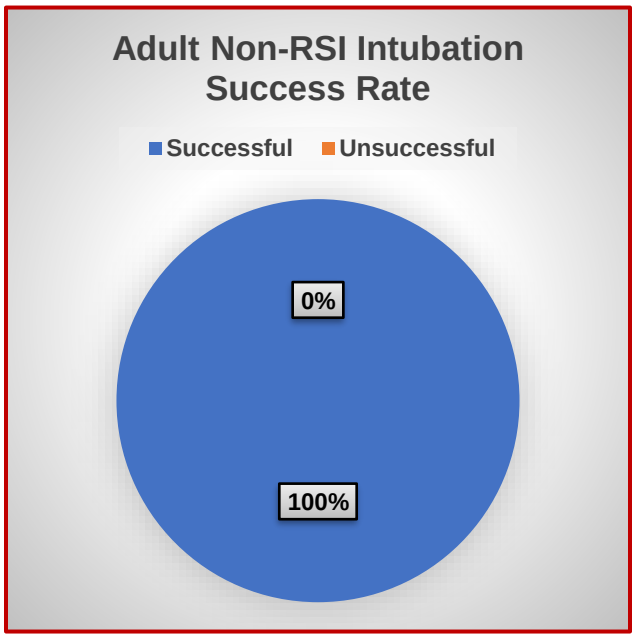


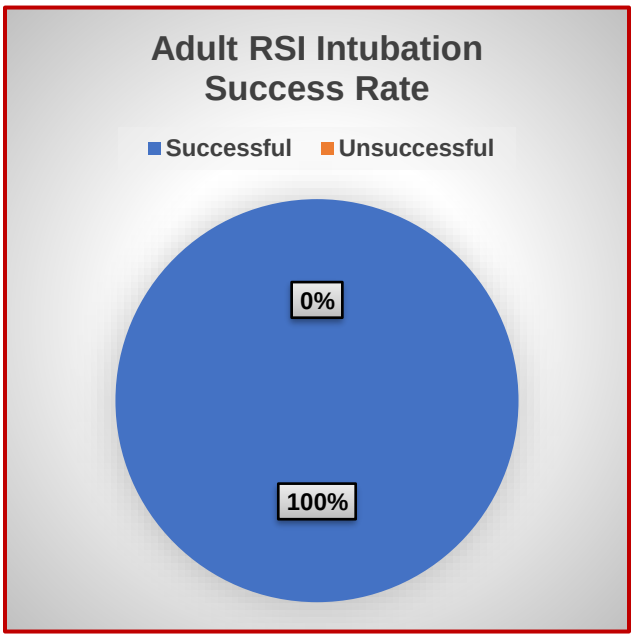




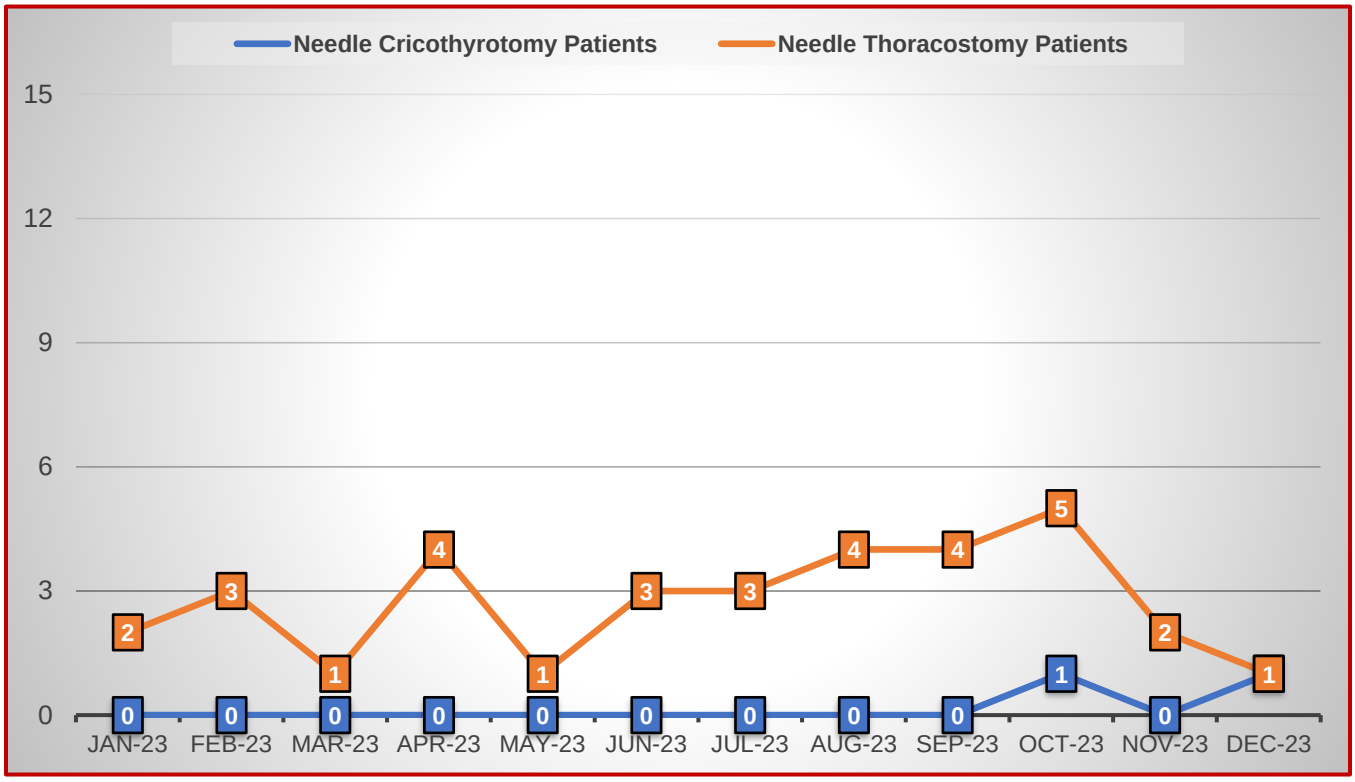
EMS Aircraft Adult Orotracheal Intubation Airway Procedures

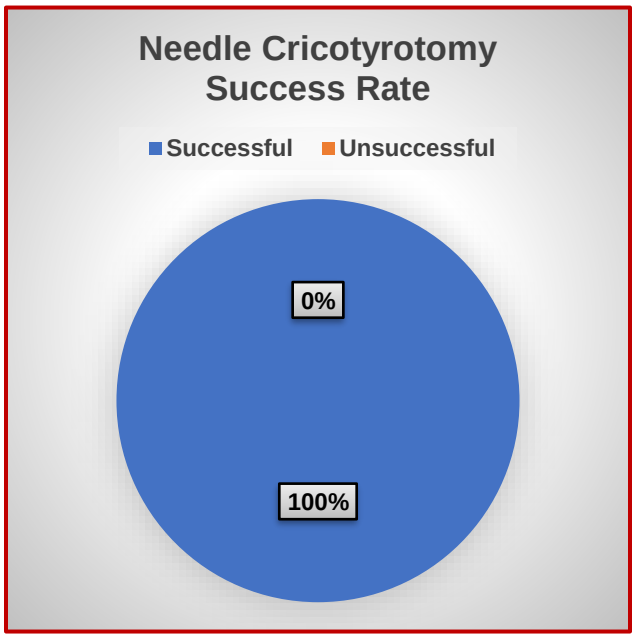


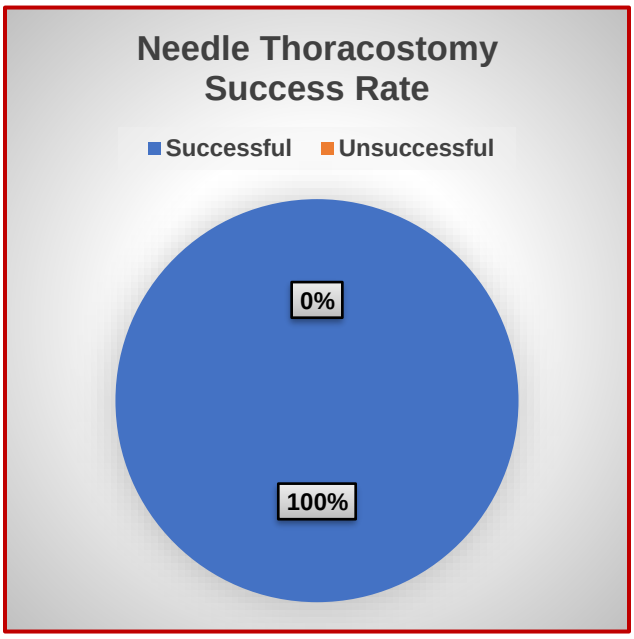




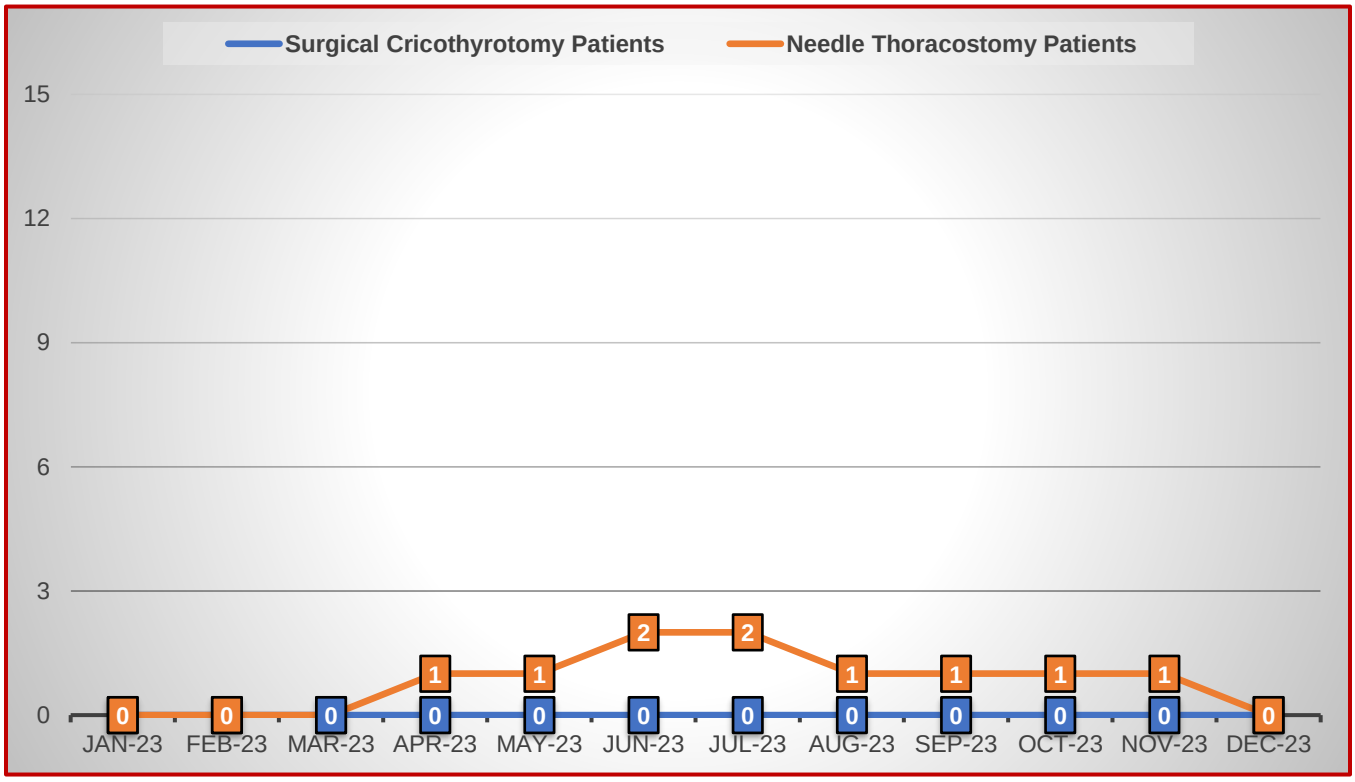
ALS Ground Cricothyrotomy & Thoracostomy Procedures

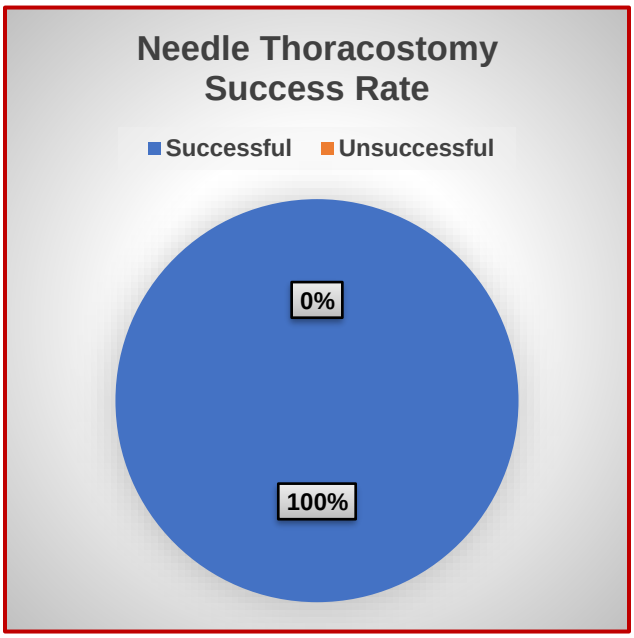




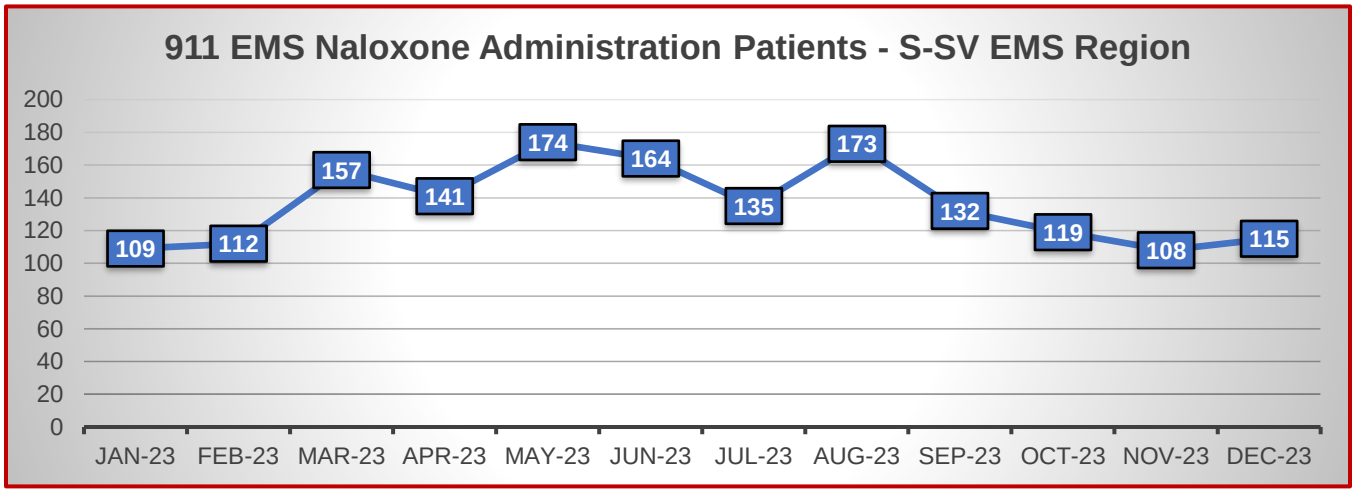


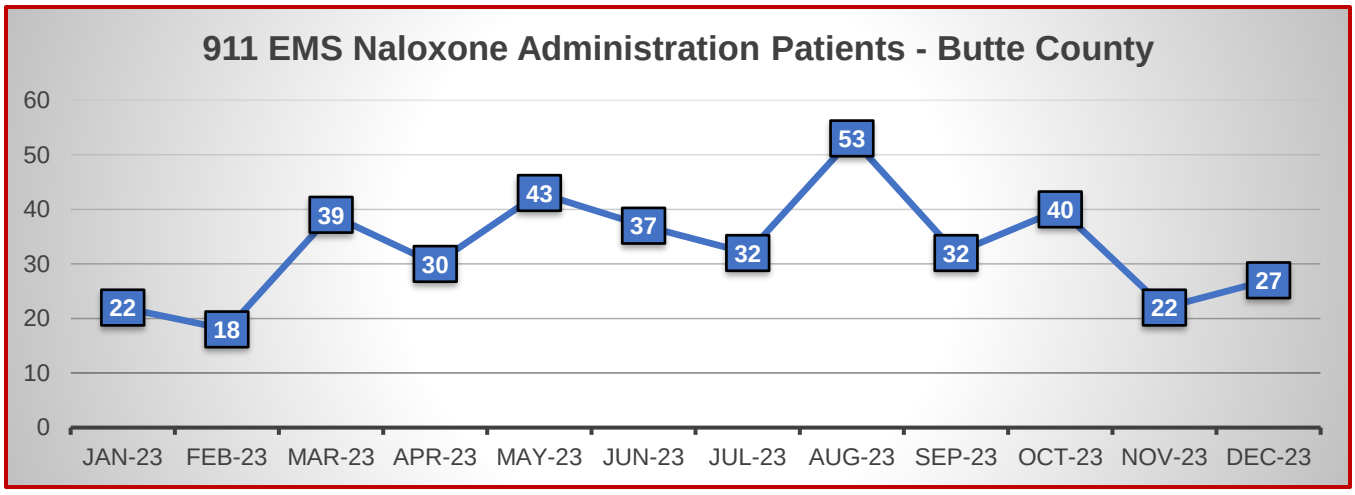
EMS Aircraft Cricothyrotomy & Thoracostomy Procedures

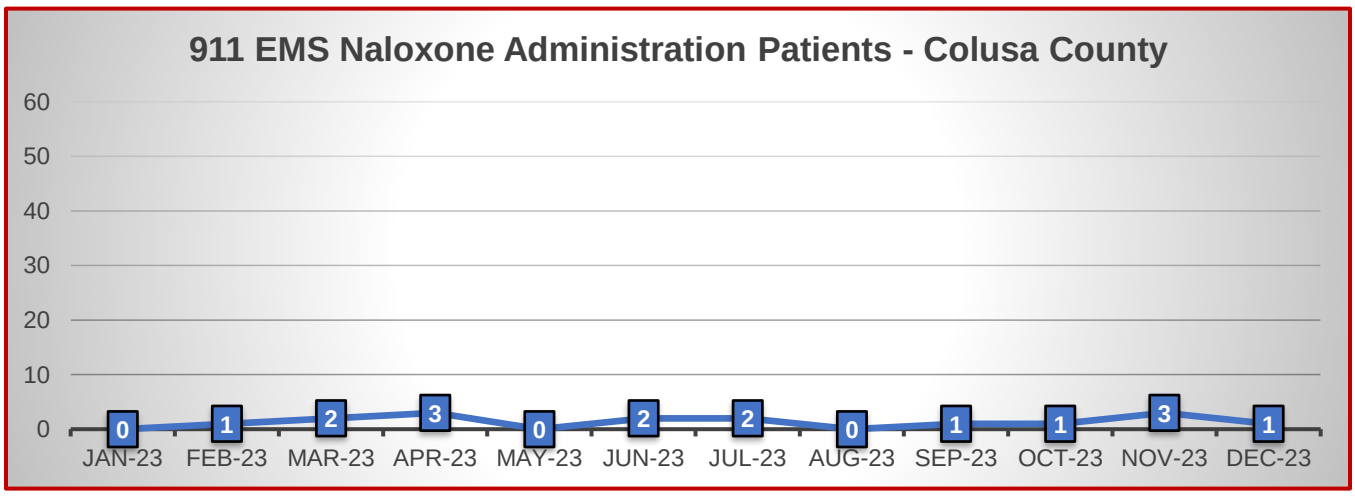




EMS Naloxone Utilization







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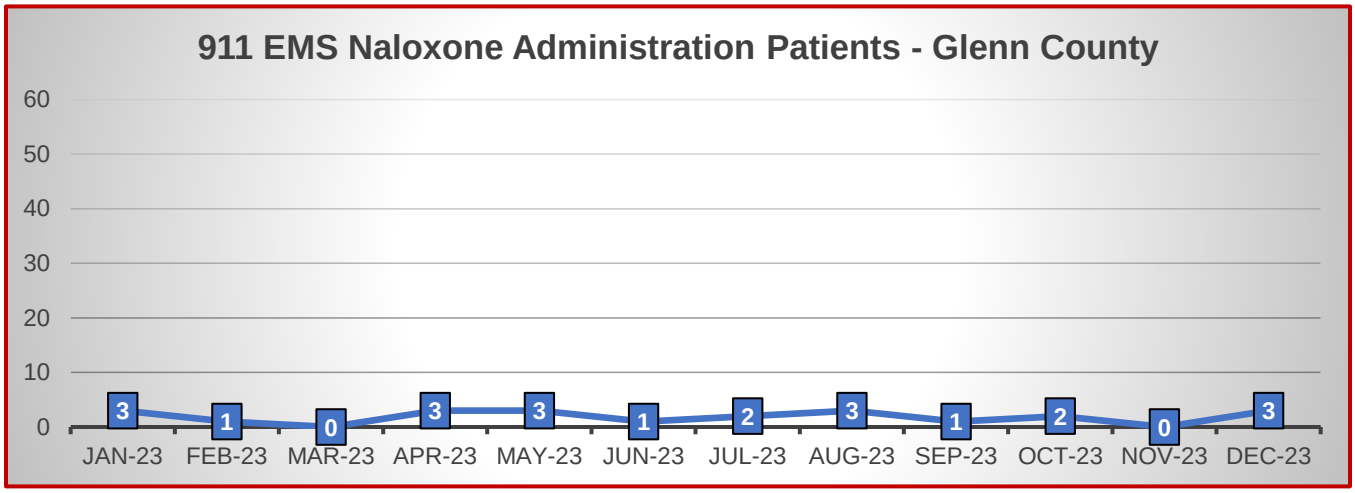

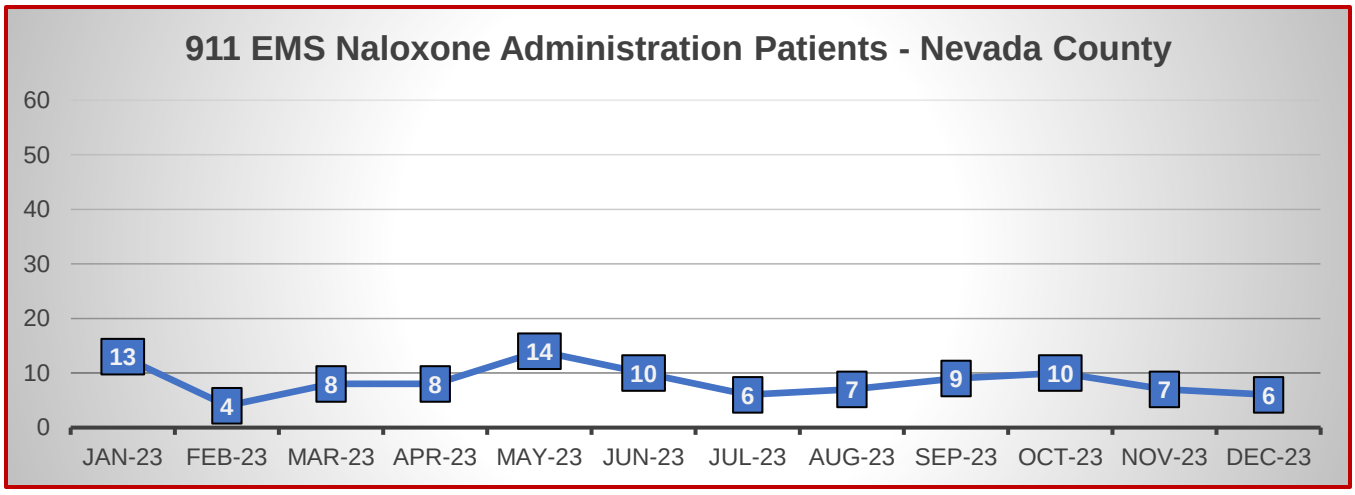

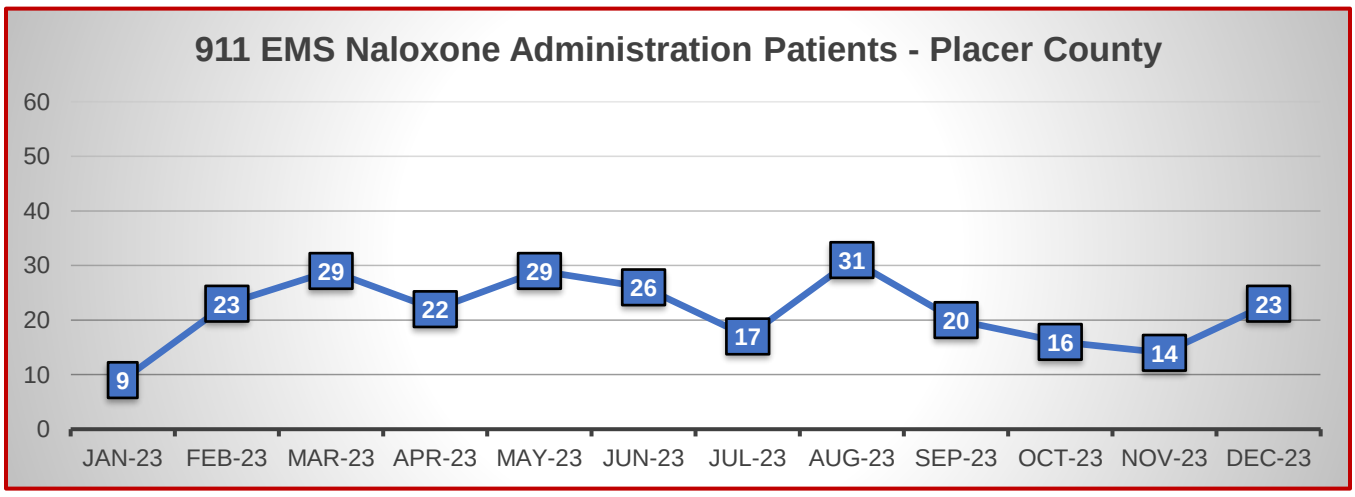

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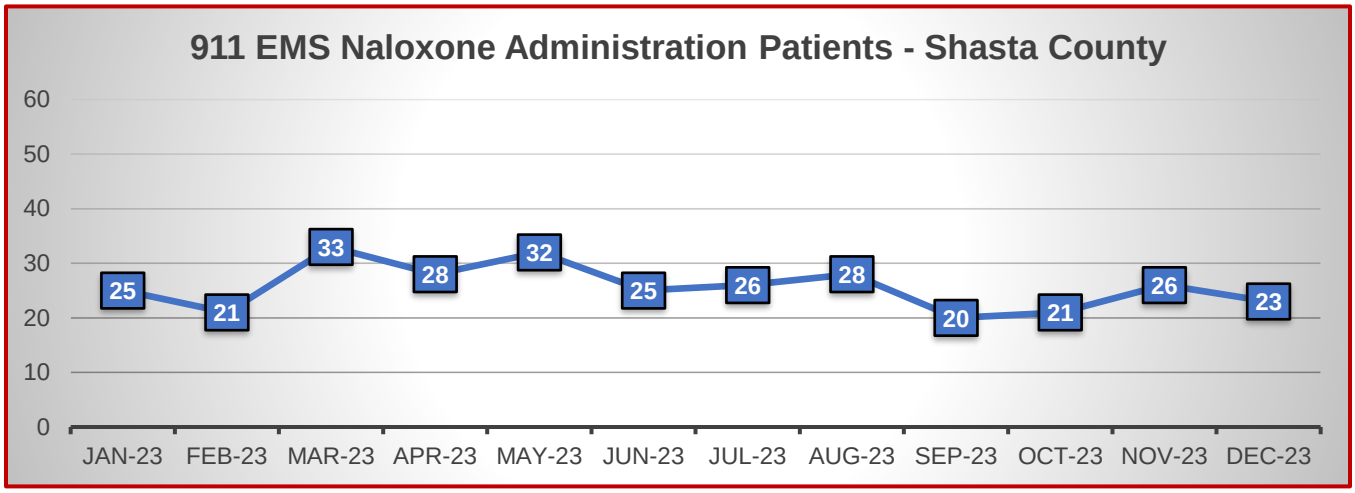
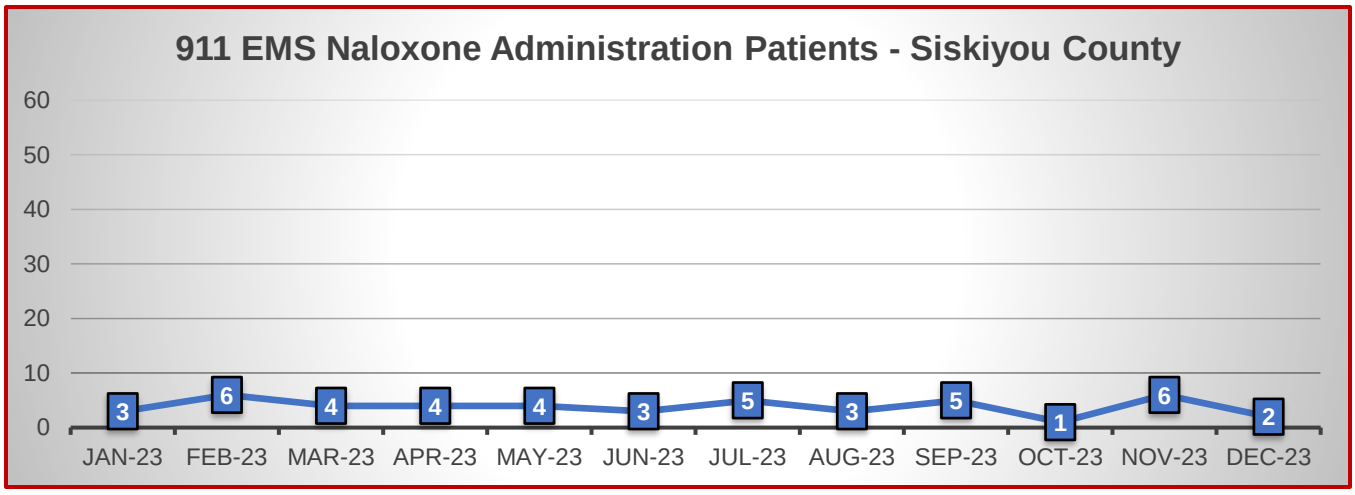
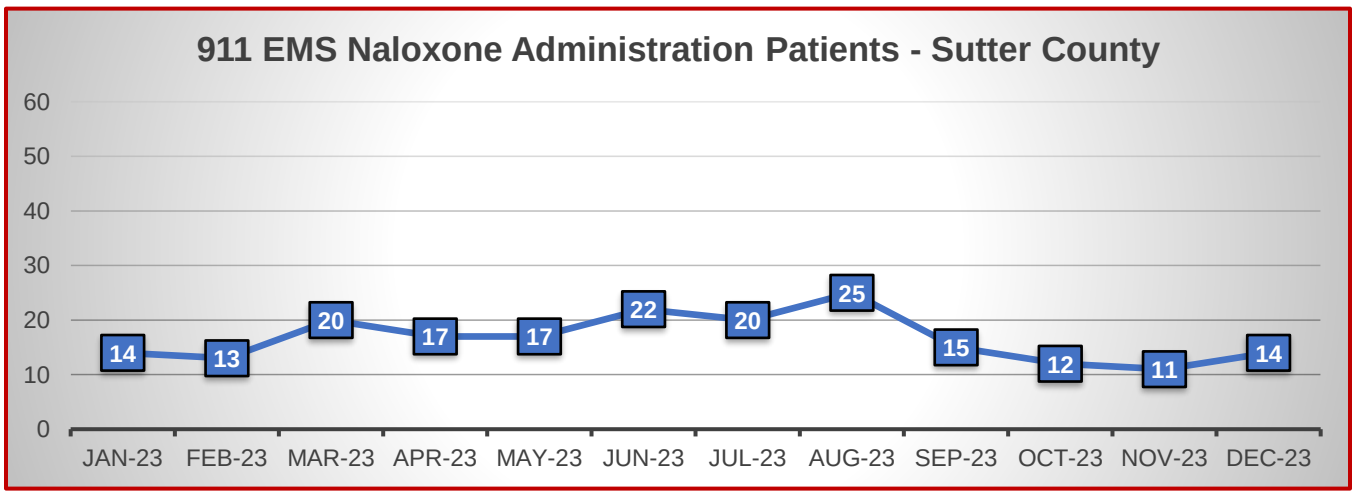
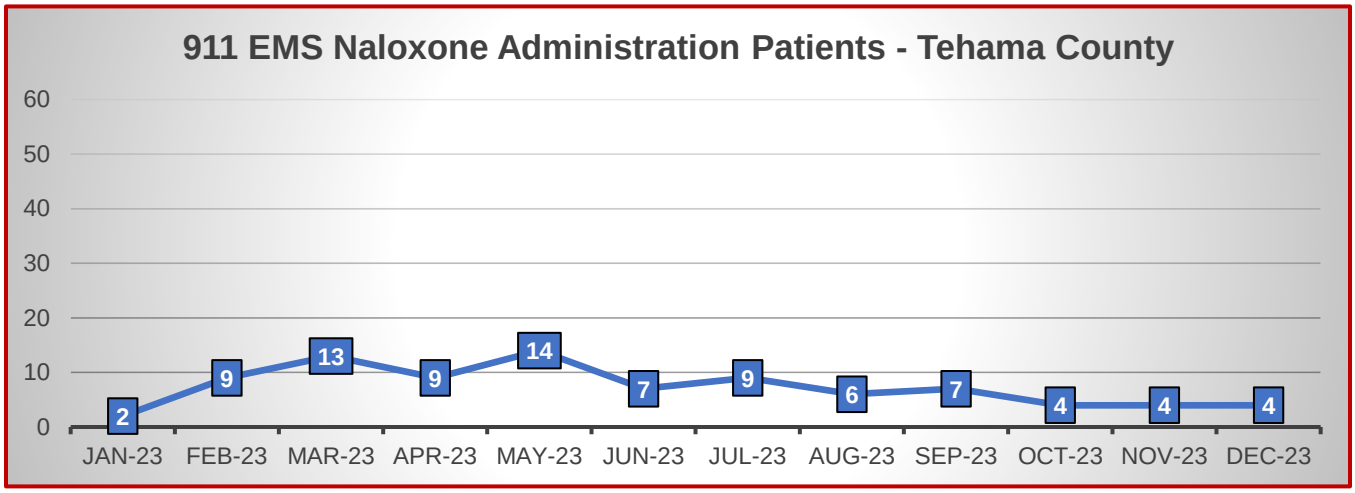
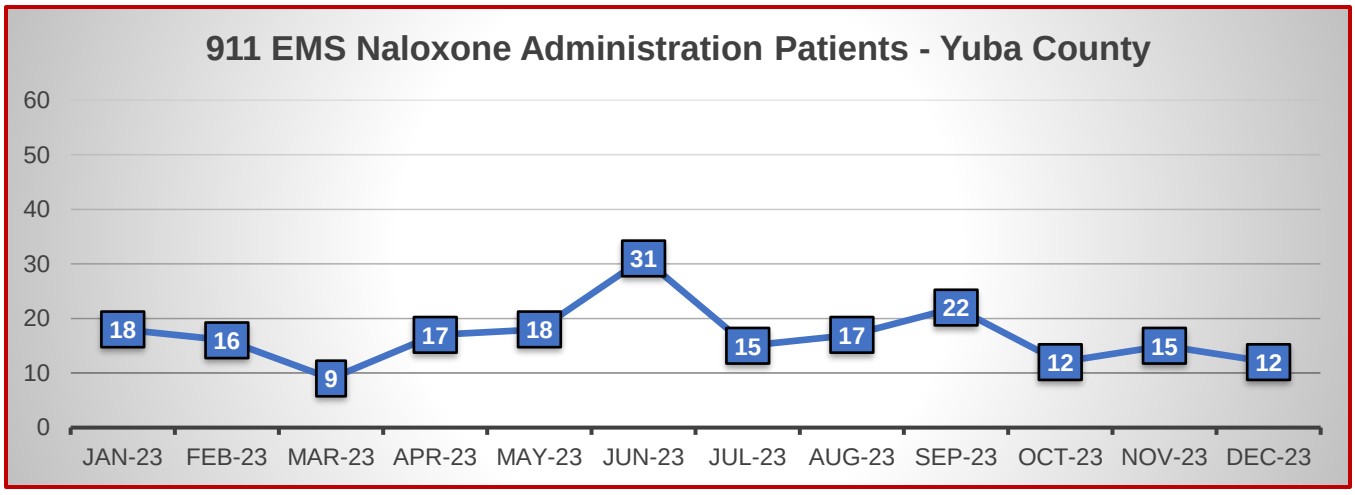






EMS Naloxone Utilization





Ambulance Patient Offload Time (APOT) General Information



Ambulance Patient Offload Time (APOT) Definition – The time interval between the arrival of an ambulance patient at a hospital emergency department (ED), and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the ED assumes full responsibility for care of the patient. The following NEMSIS Version 3.4 data elements, descriptions and calculations (as documented on the legal electronic patient care report by EMS personnel) are utilized to determine/report the APOT data:

NEMSIS Data Element	Data Element Description	S-SV EMS Criteria/Calculation
dAgency.03	Agency Name	All S-SV EMS 911 Transport Providers
eResponse.05	Response Type of Service Requested	911 Response (Scene)
eDisposition.12	Incident/Patient Disposition	Treated, Transported by EMS
eDisposition.01	Destination/Transferred to, Name	All S-SV EMS Jurisdiction Hospitals
eTimes.11 eTimes.12	Pt Arrived at Destination Date/Time Destination Pt Transfer of Care Date/Time	Calculation = Difference (Minutes) Between eTimes.11 & eTimes.12

APOT Measures

- **APOT 1.1** – An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a median.
- **APOT 1.2** – An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a 90th percentile.
- **APOT 2** – An ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patients within a 20 minute target, and exceeding that time in reference to 60, 120 & 180 minute intervals.

APOT Charts/Graphs Color Key Definitions

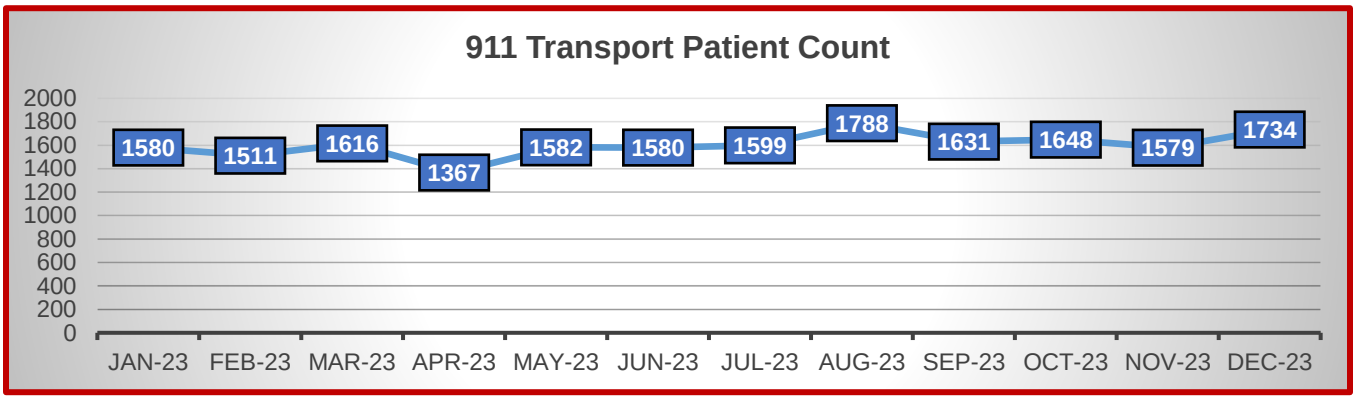
Total Number of 911 patient transports for the reporting month

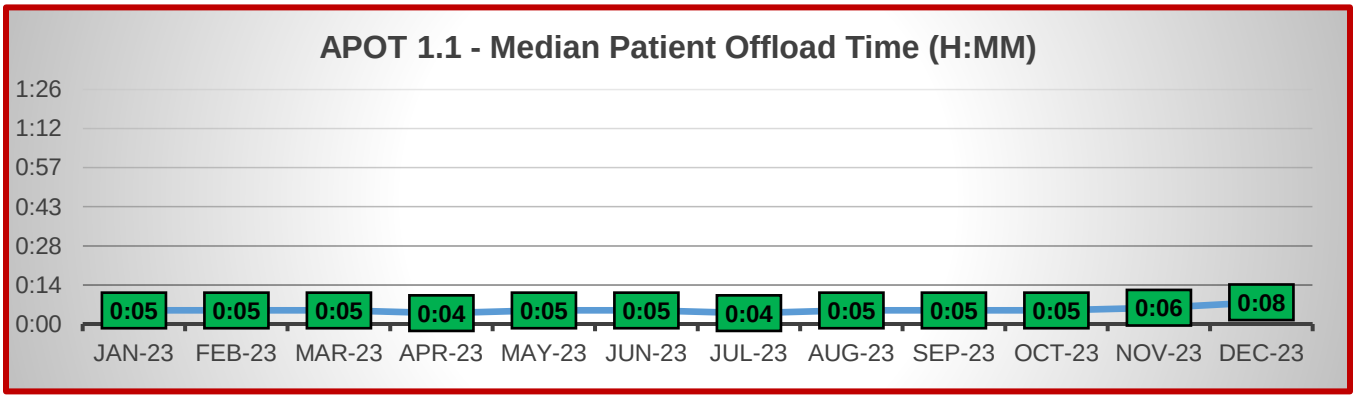
Meets APOT Standard (All APOT measures: ≤20 minutes)

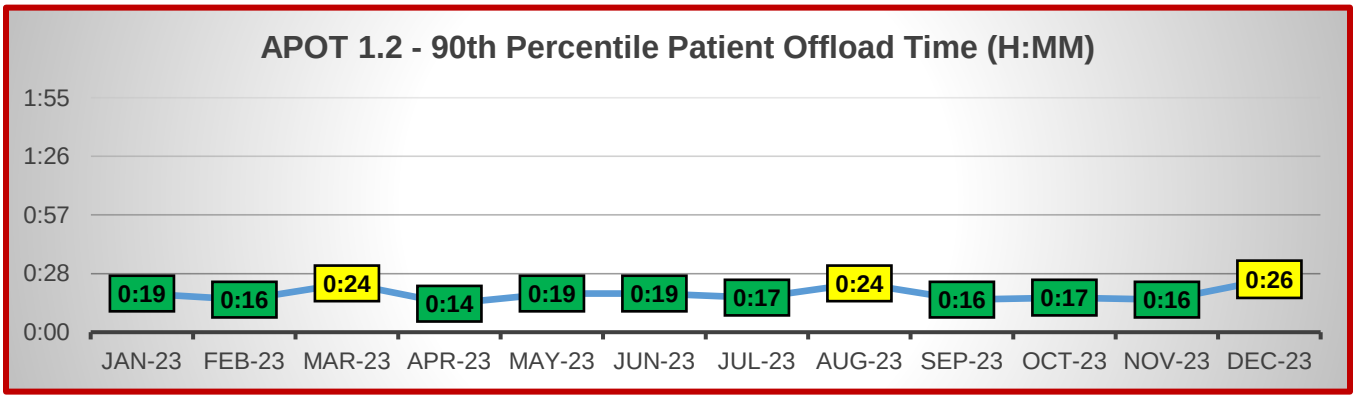
Exceeds APOT Standard (APOT 1.1 & 1.2: 21-30 minutes, APOT 2: 21-60 minutes)

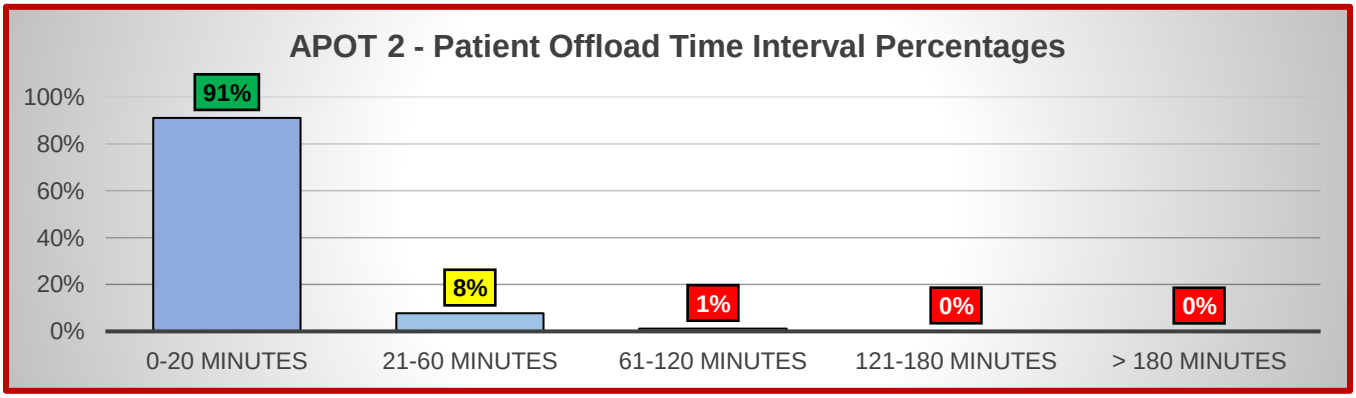
Significantly Exceeds APOT Standard (APOT 1.1 & 1.2: >30 minutes, APOT 2: >60 minutes)

Adventist Health +Rideout APOT

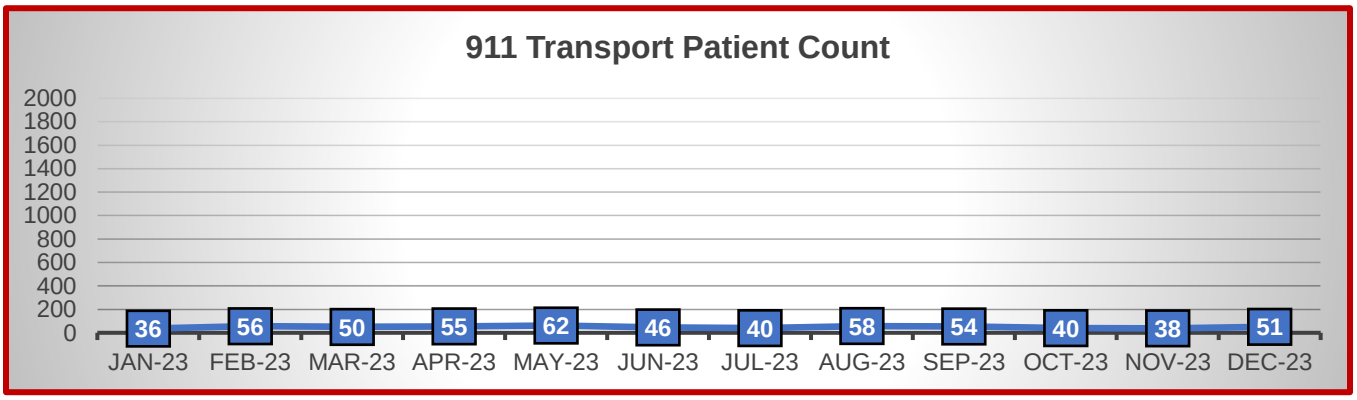


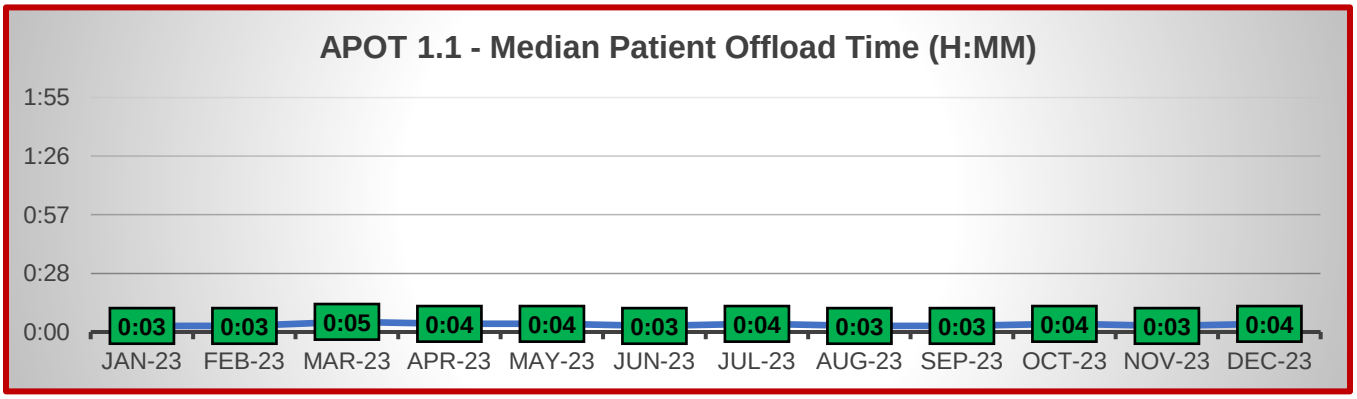


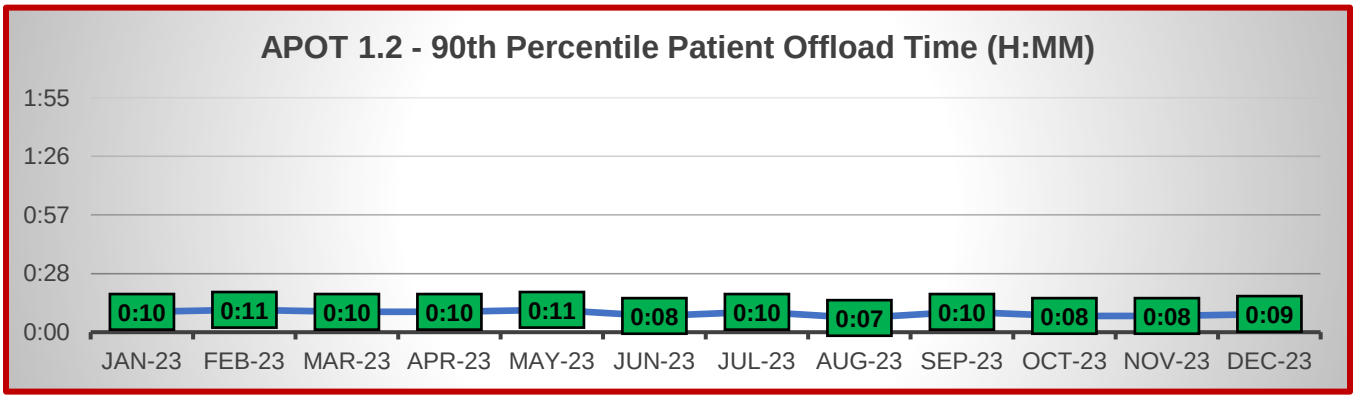


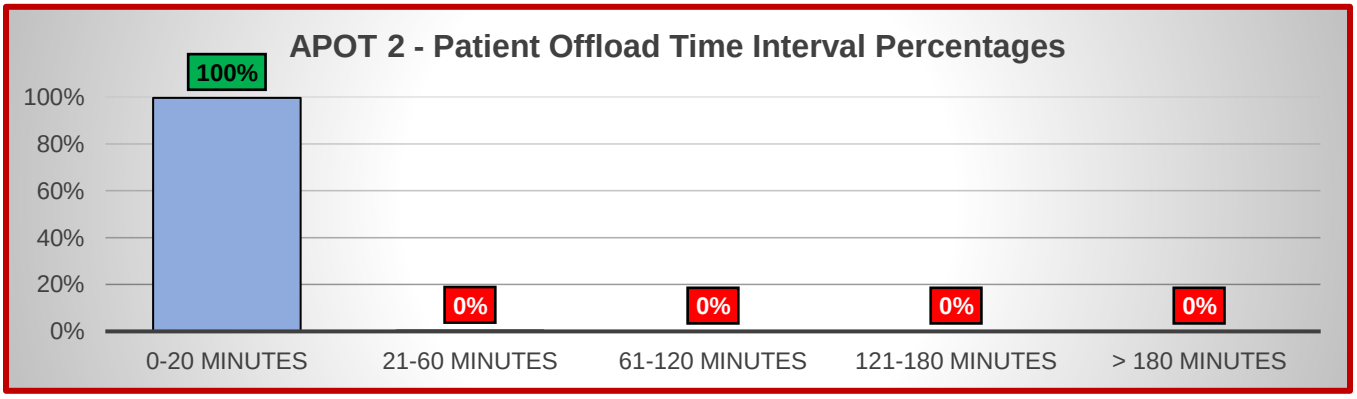


Colusa Medical Center APOT

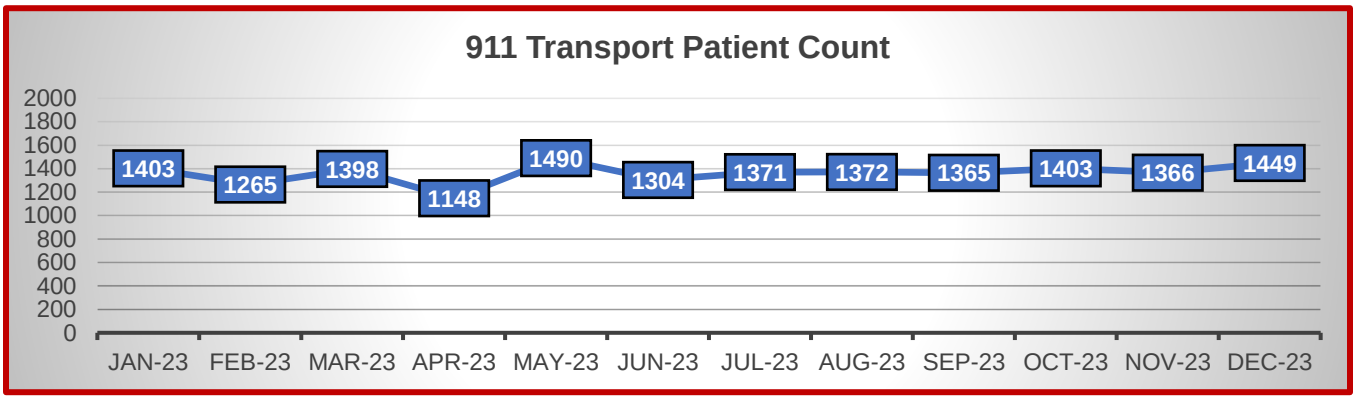


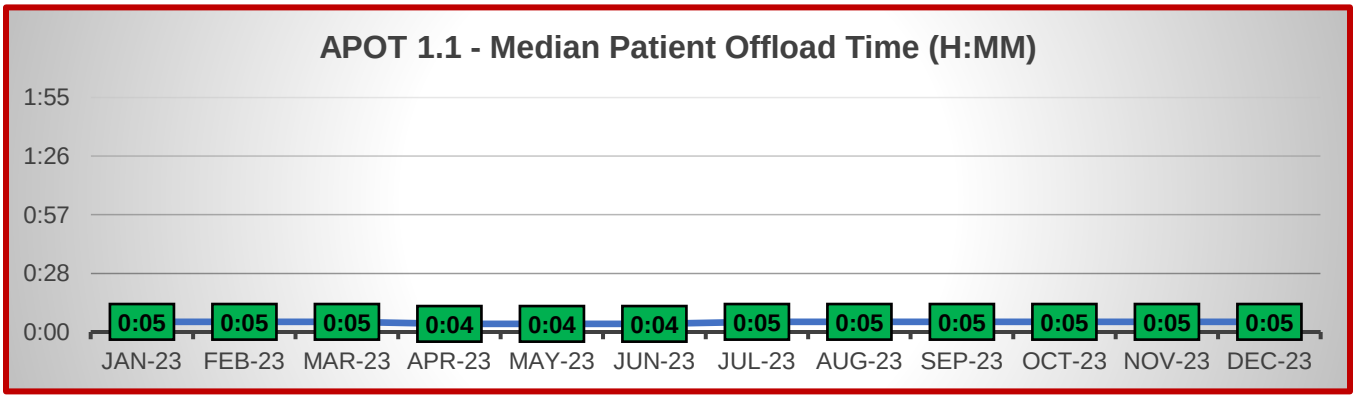


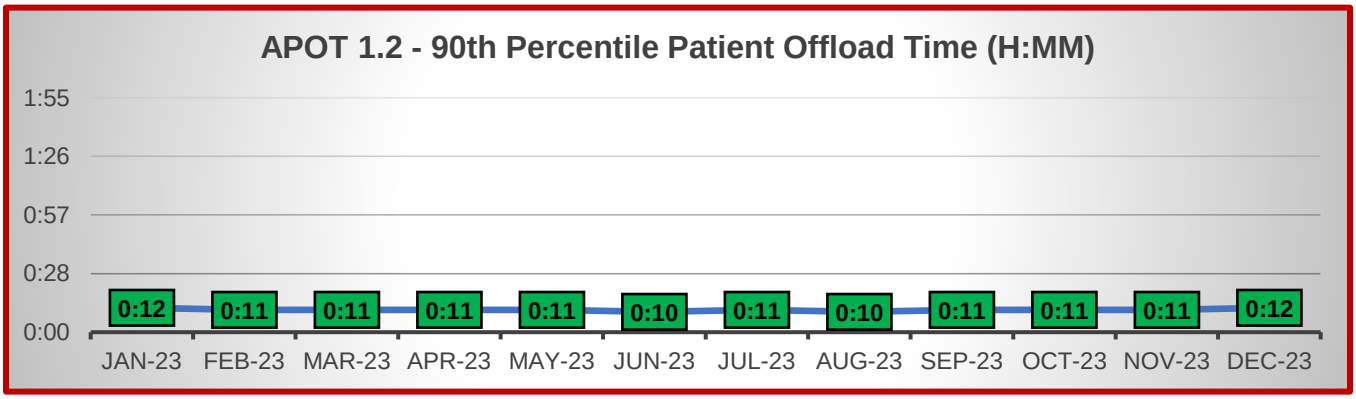


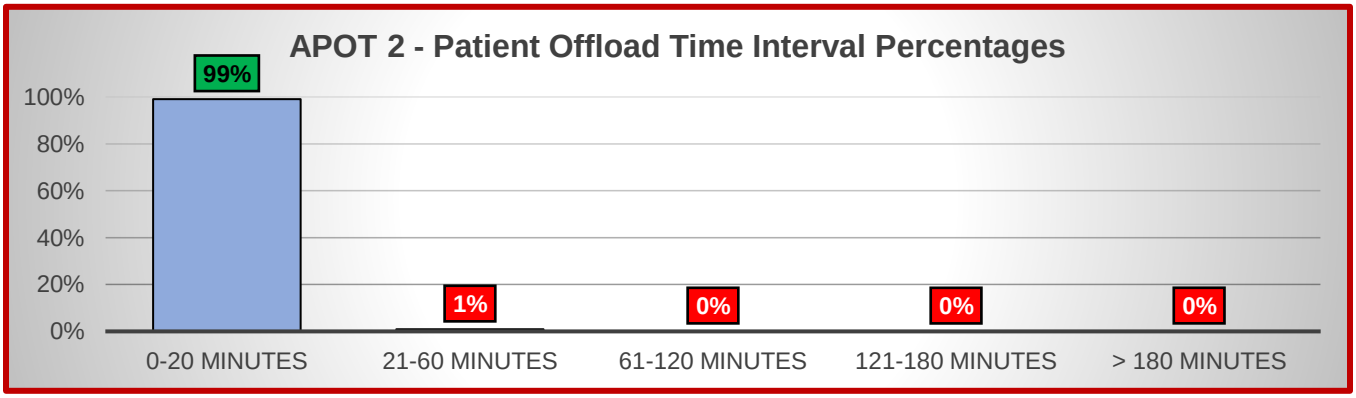


Enloe Medical Center APOT

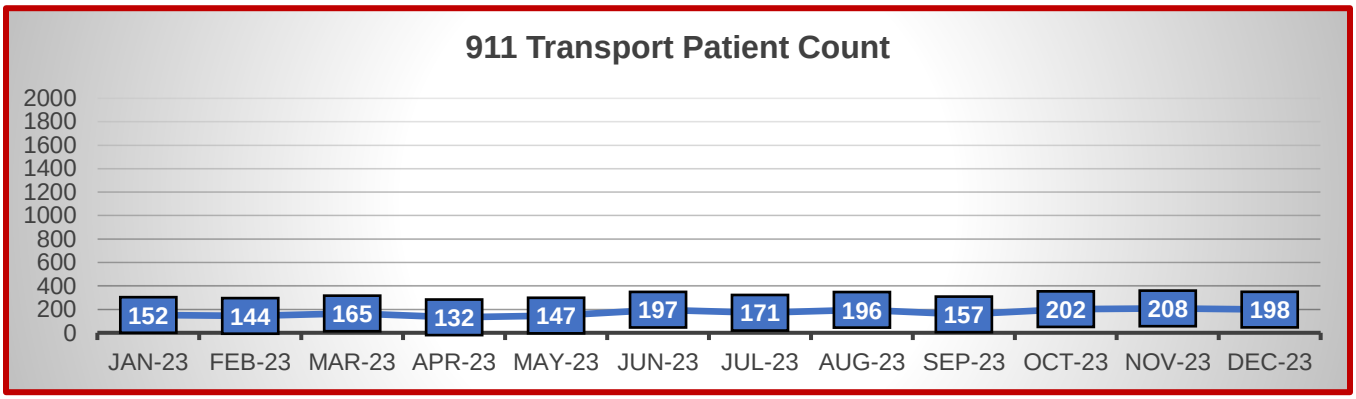


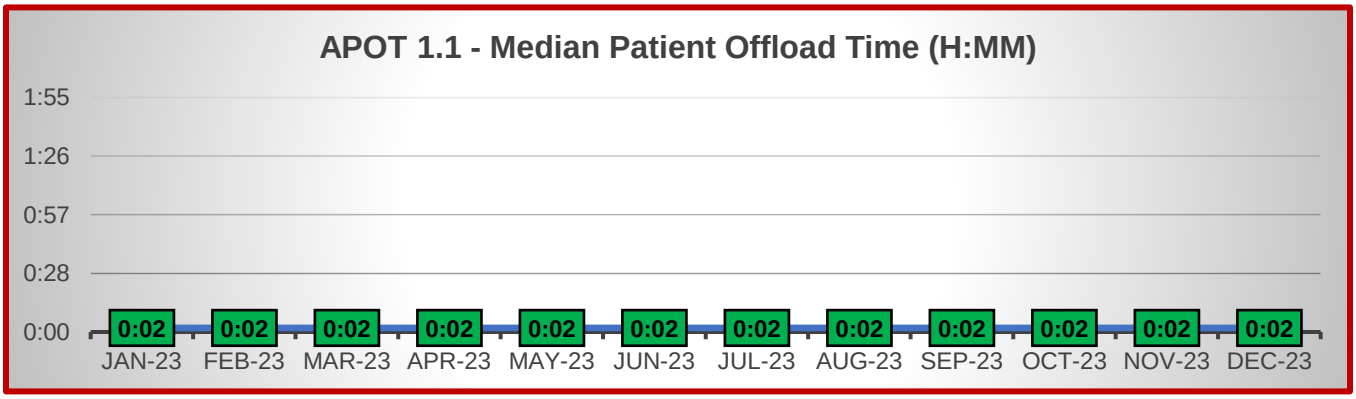


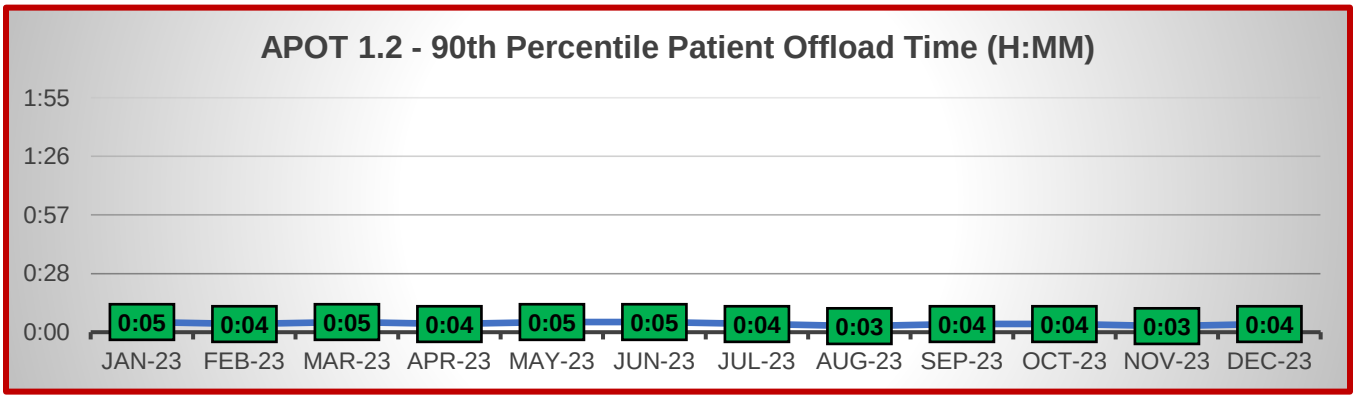


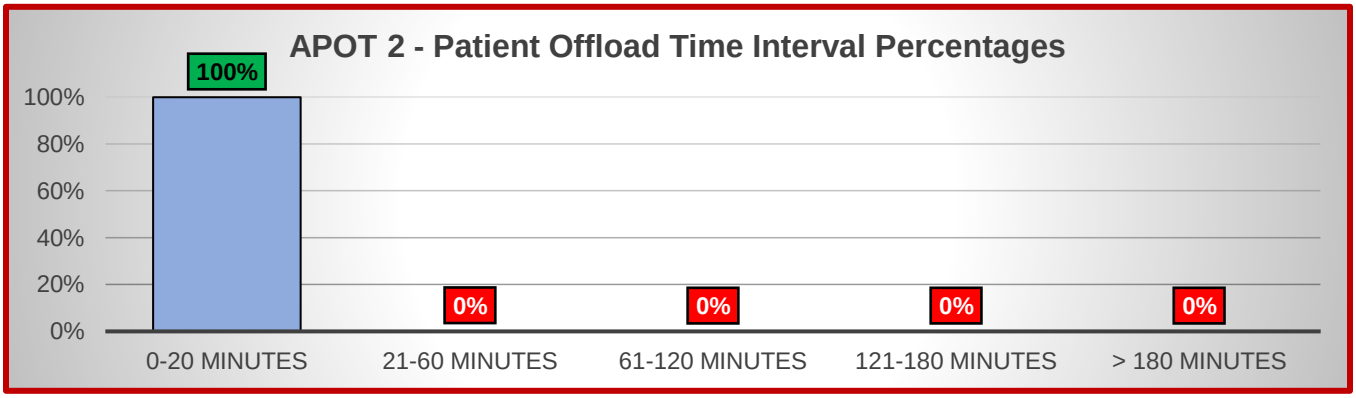


Fairchild Medical Center APOT

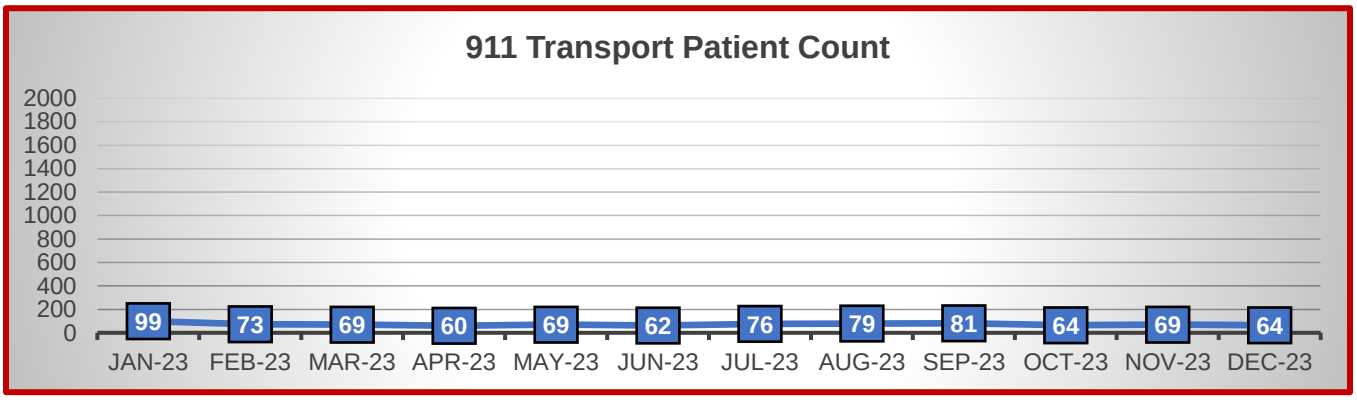


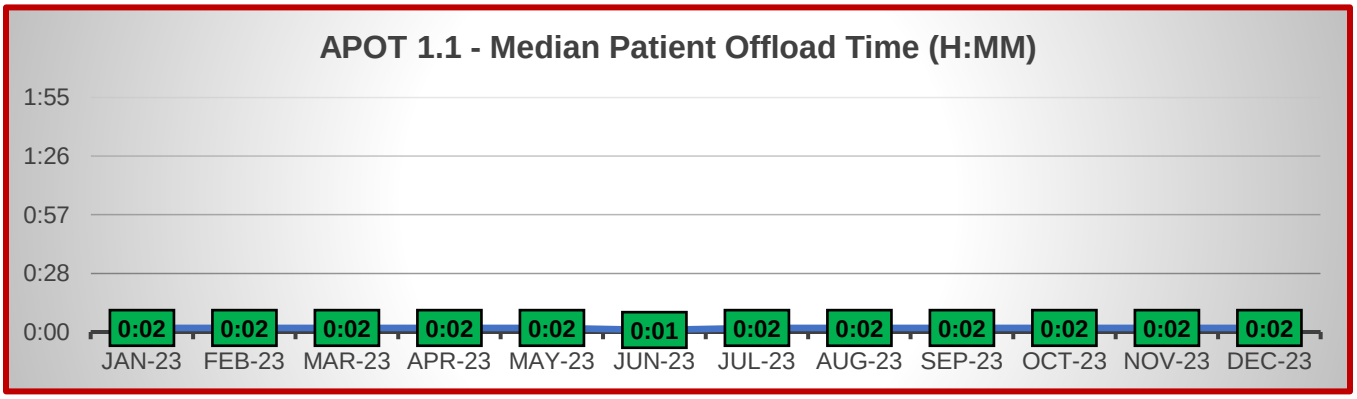


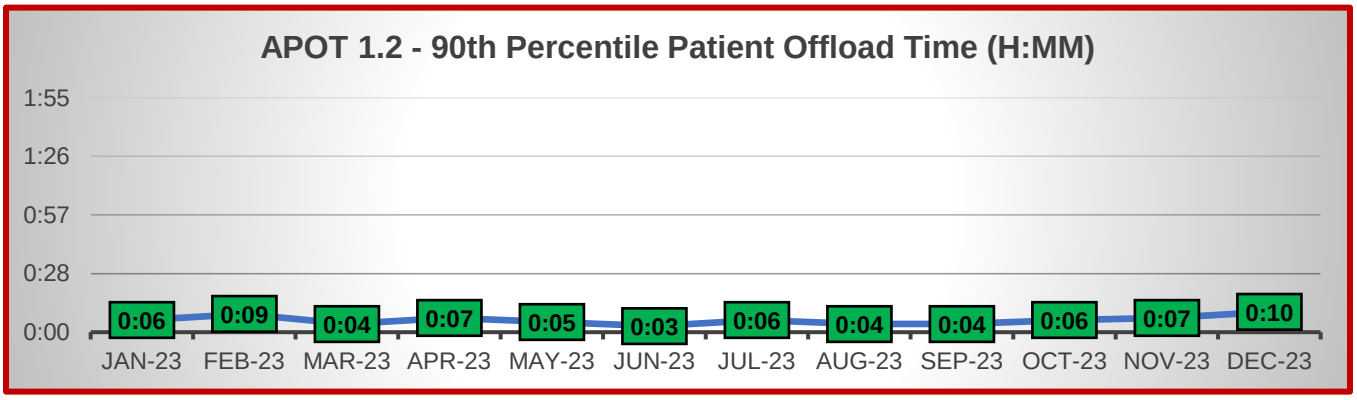


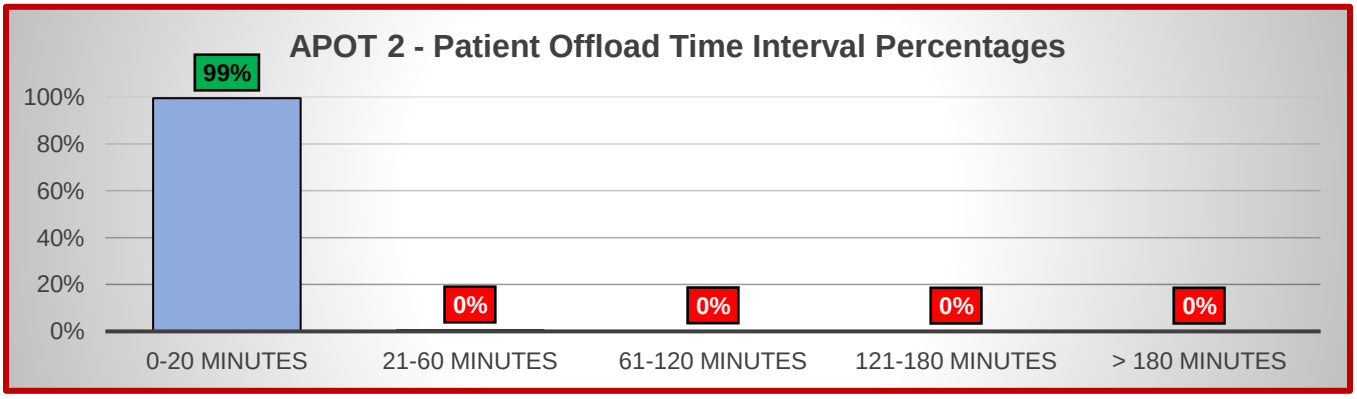


Glenn Medical Center APOT

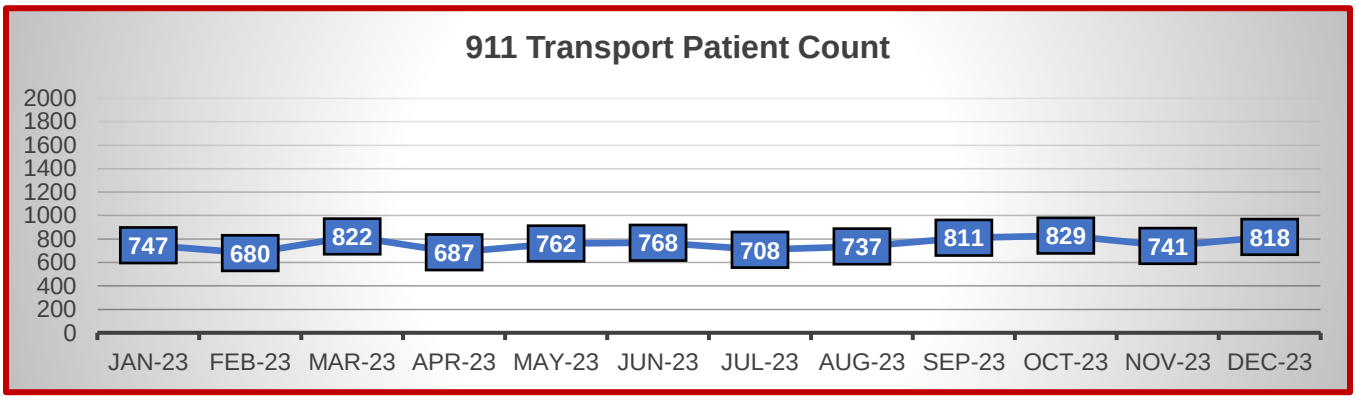


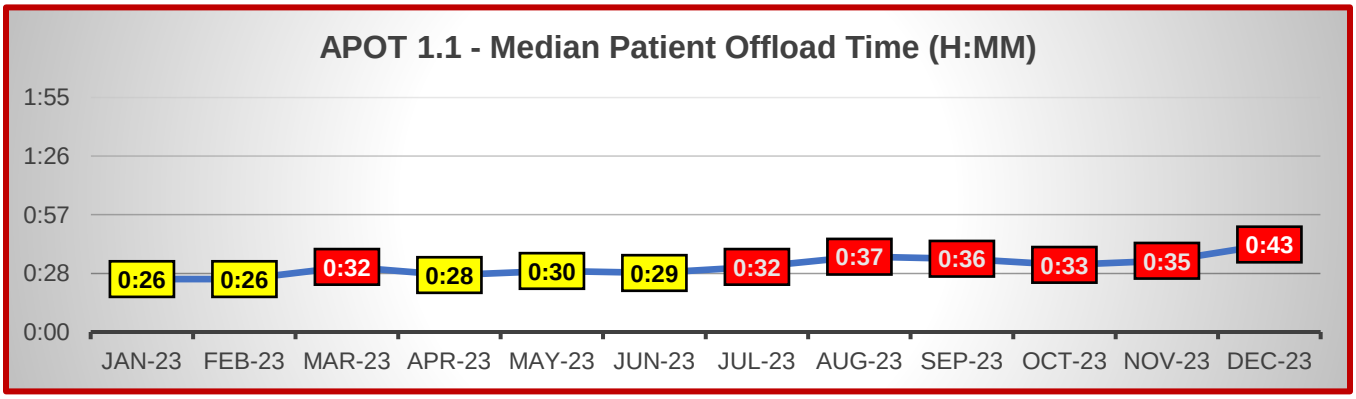


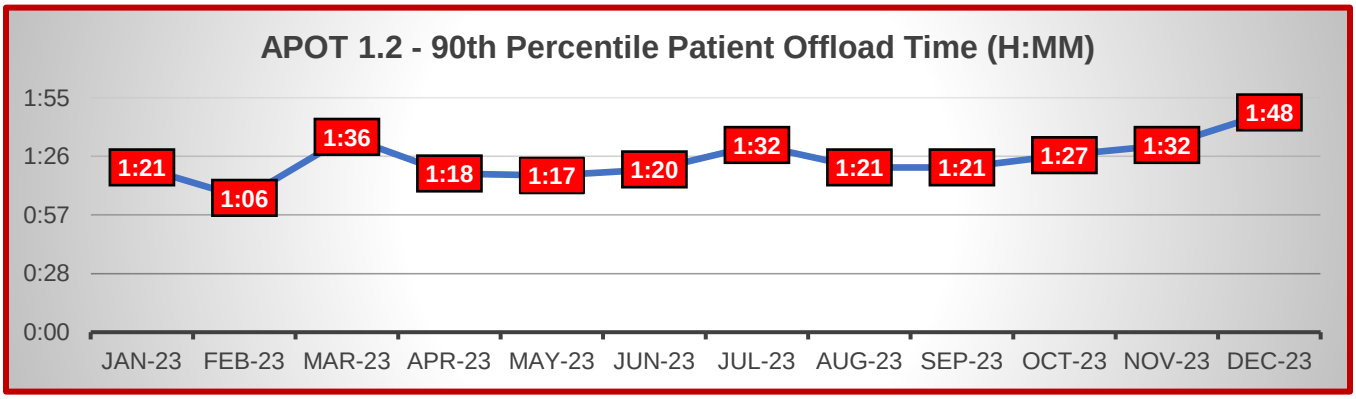


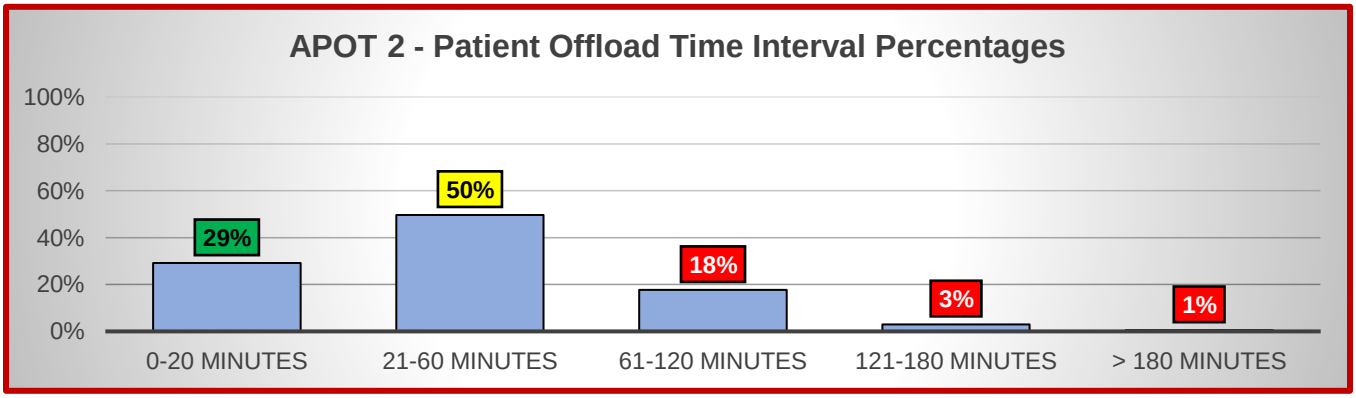


Kaiser Roseville Medical Center APOT

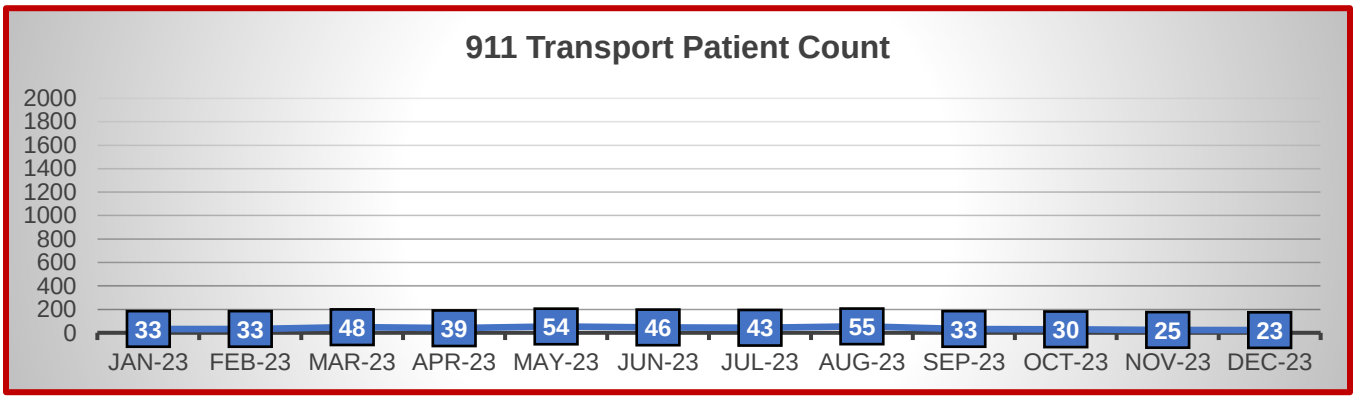


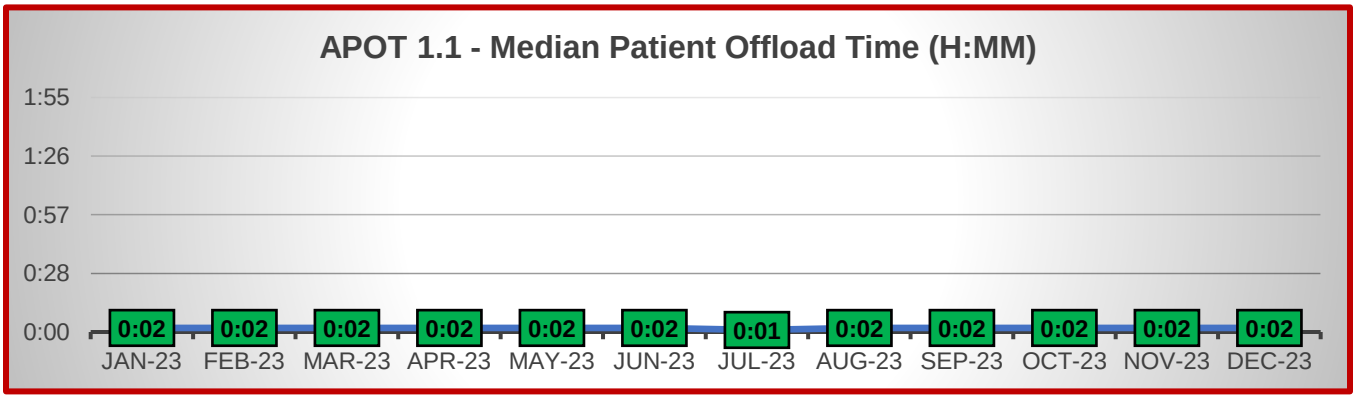


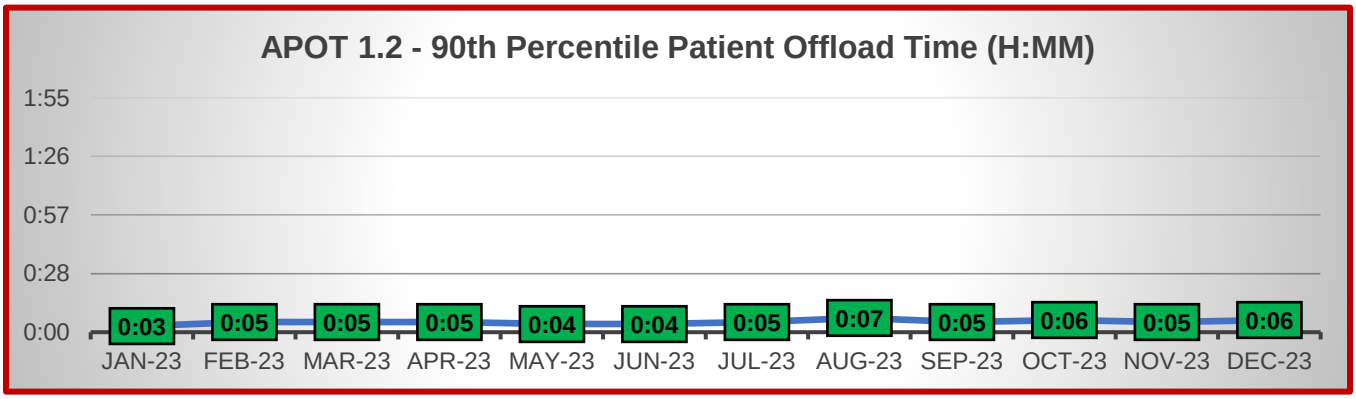


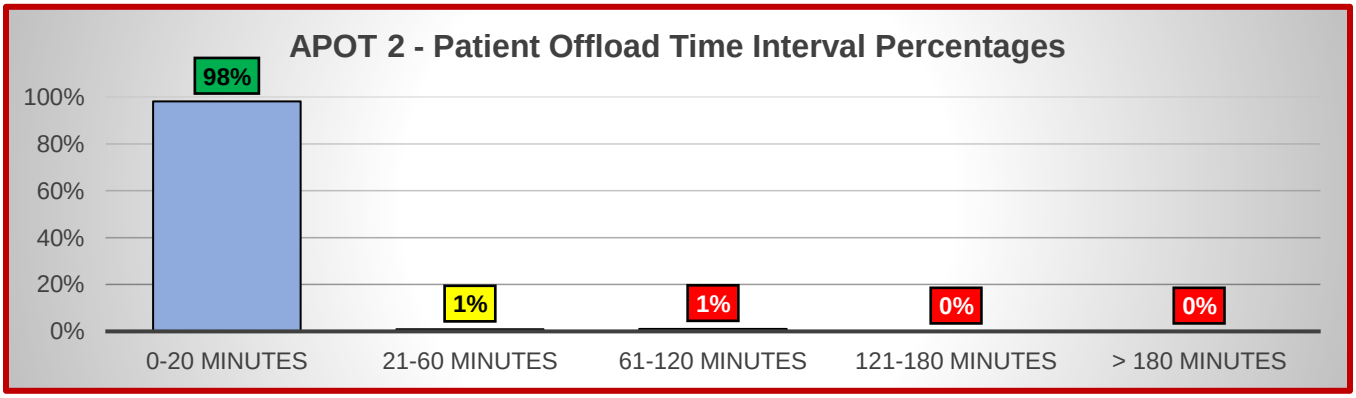


Mayers Memorial Hospital APOT

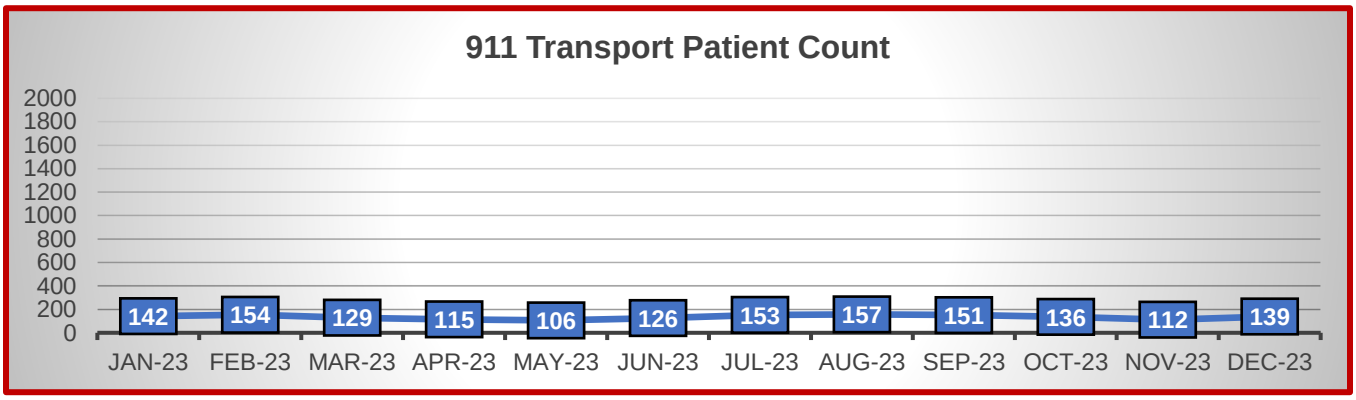


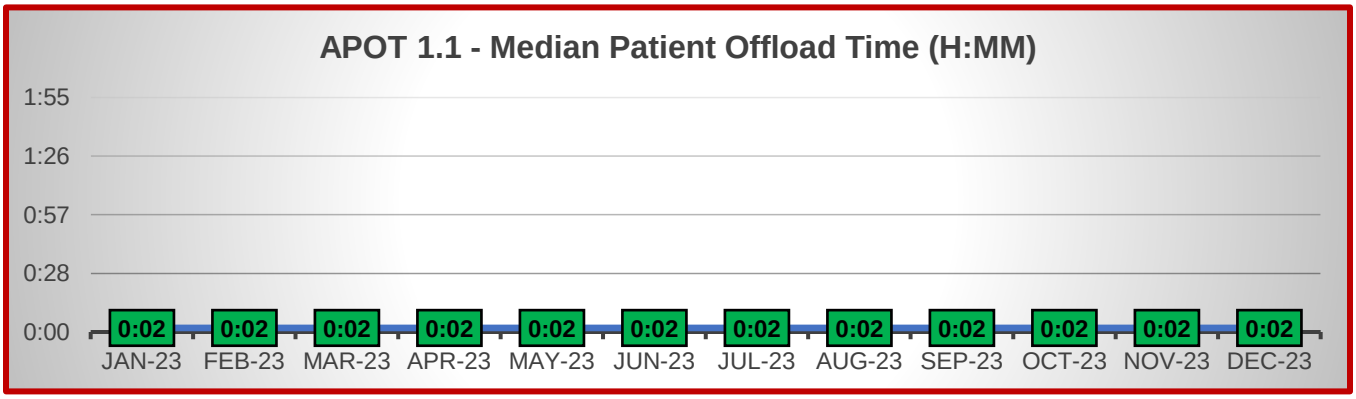


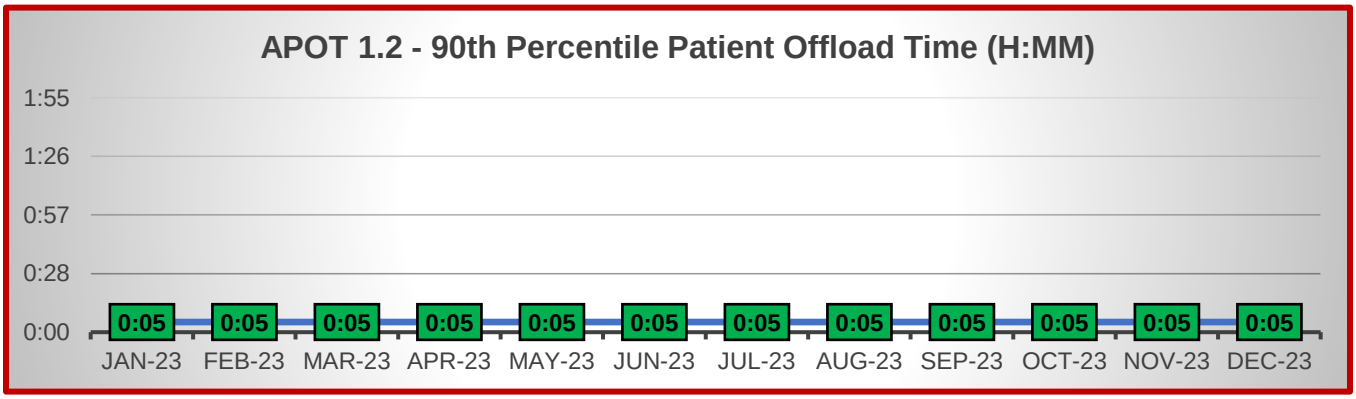


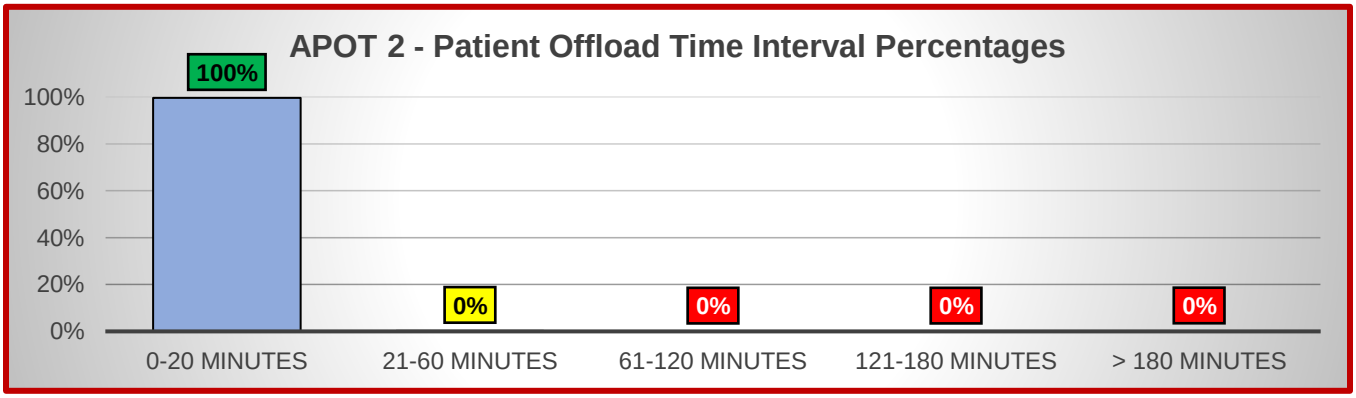


Mercy Mt. Shasta Medical Center APOT

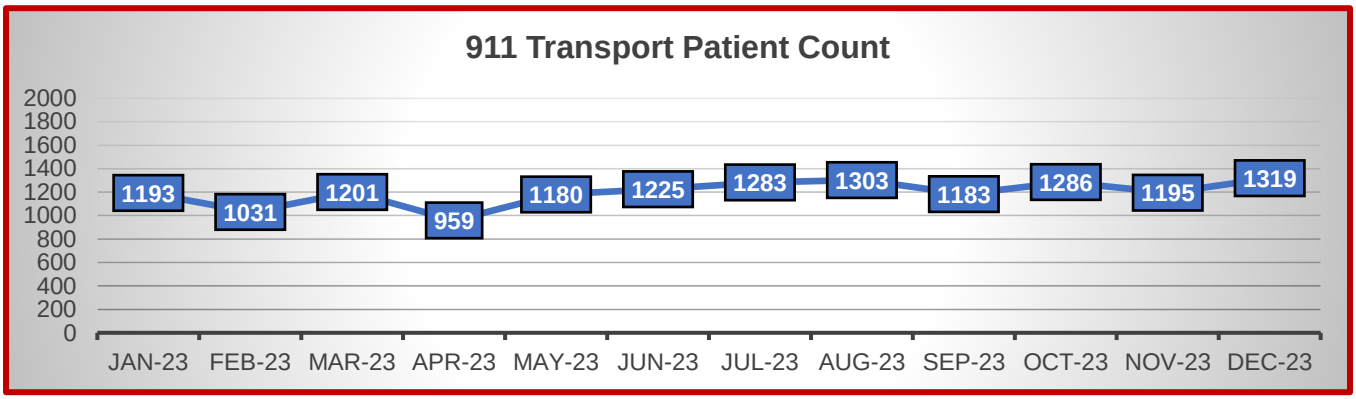


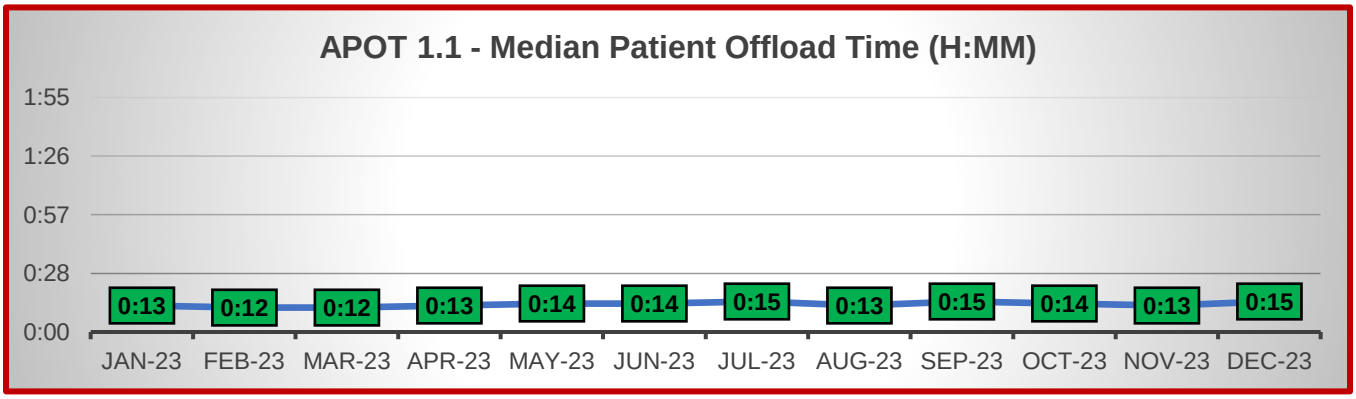


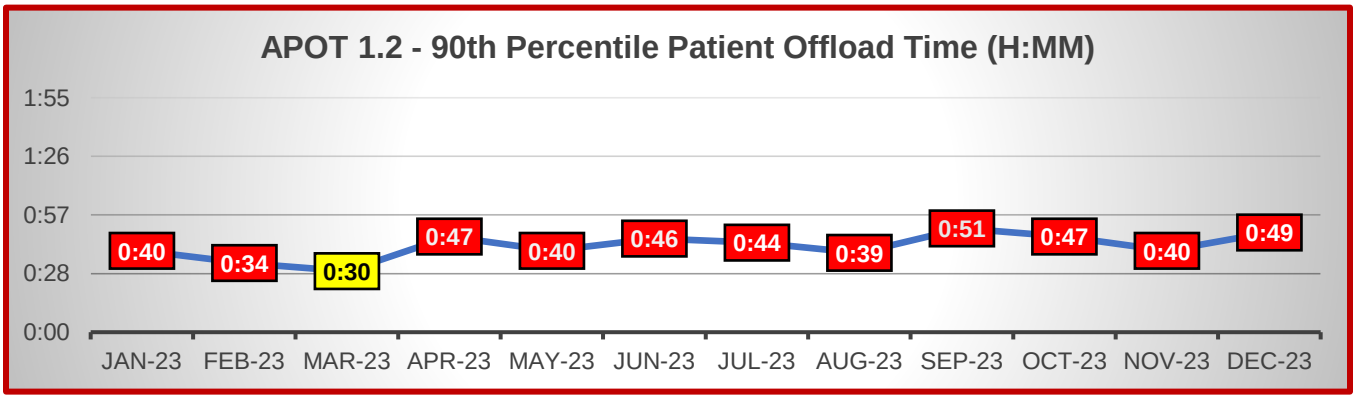


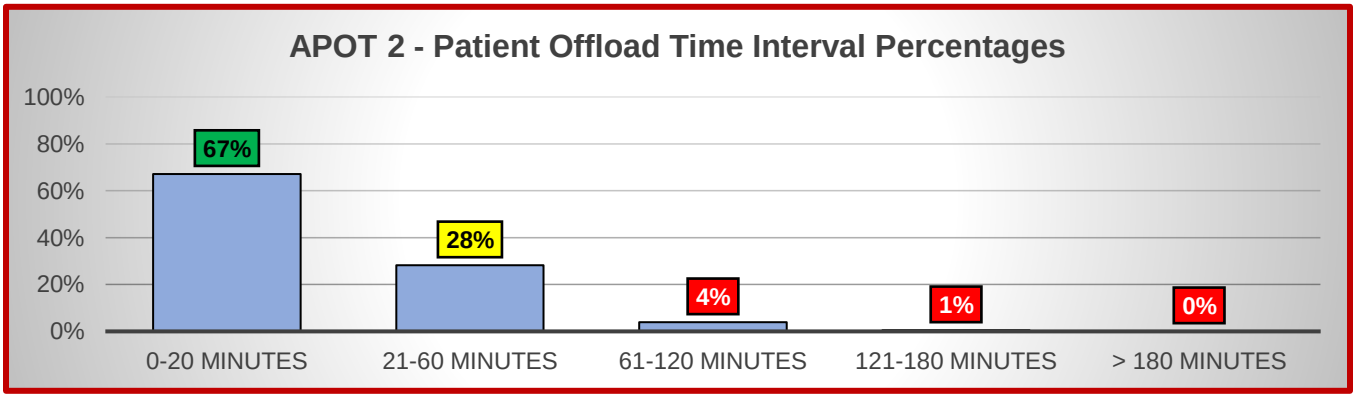


Mercy Medical Center Redding APOT

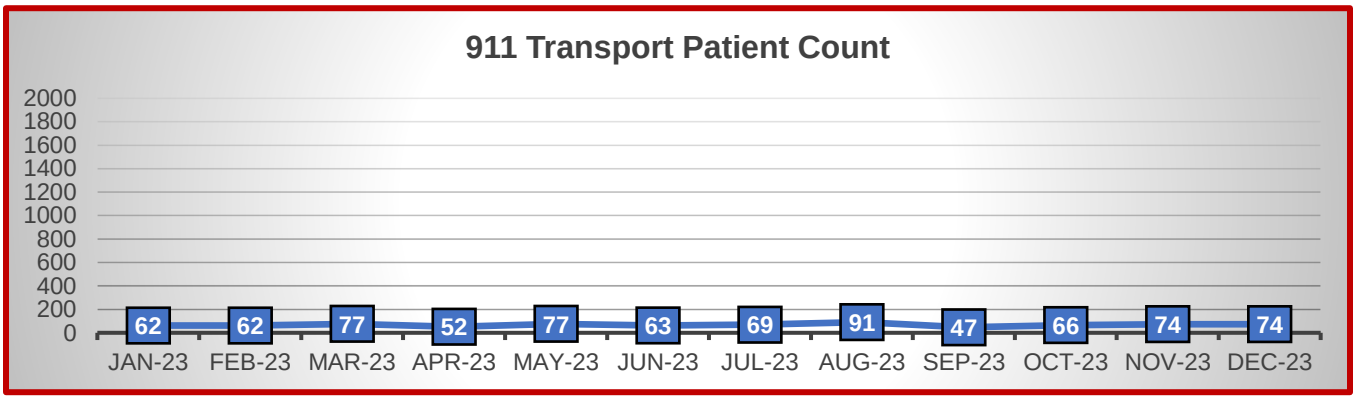


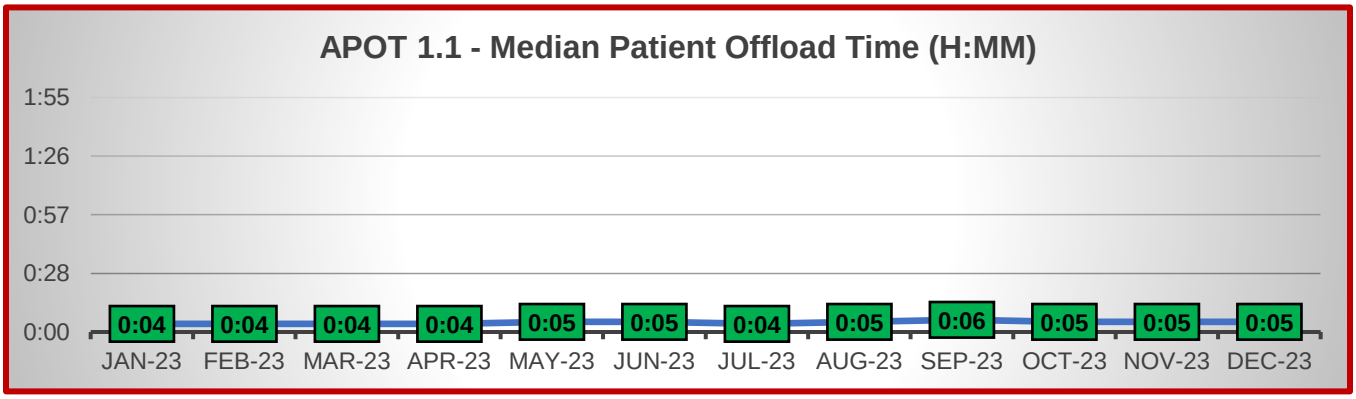


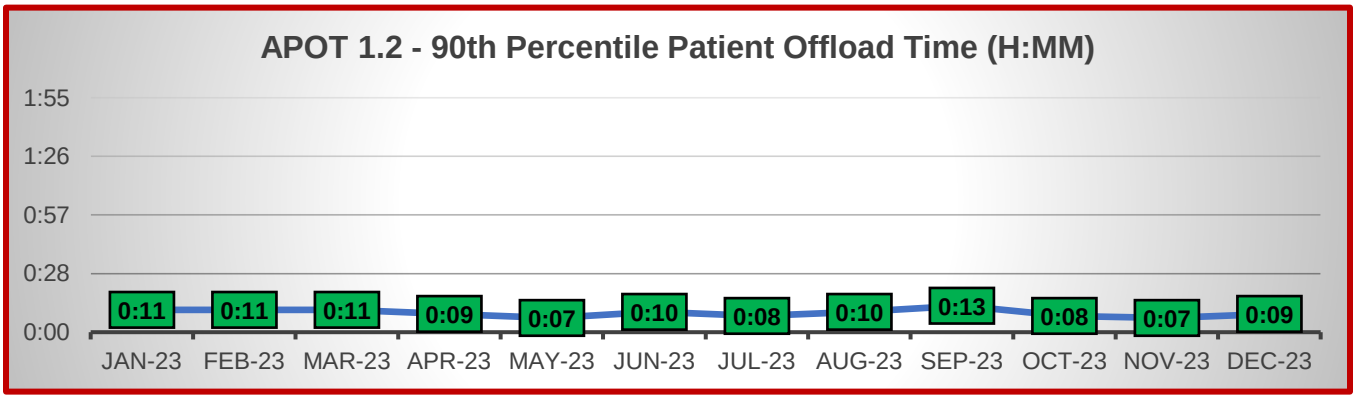


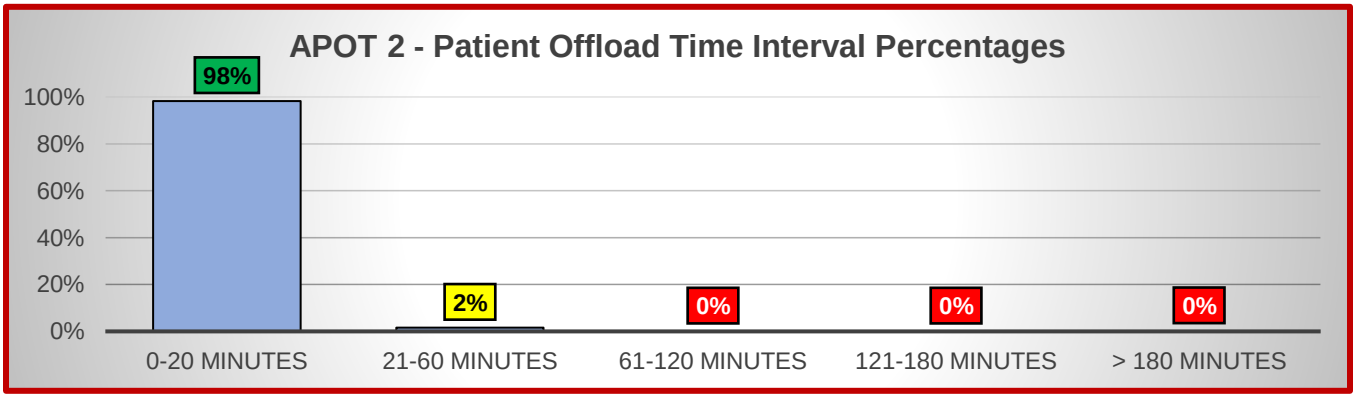


Orchard Hospital APOT

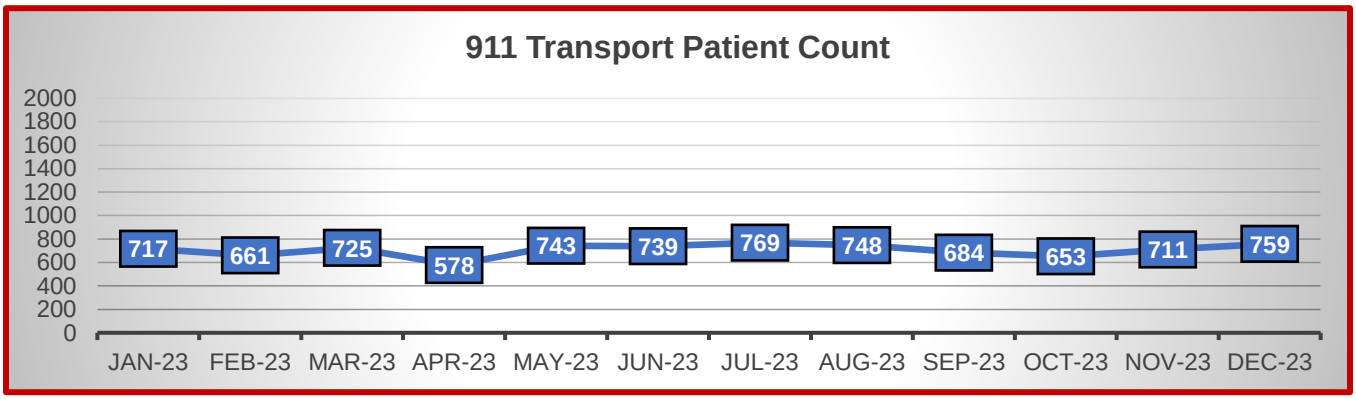


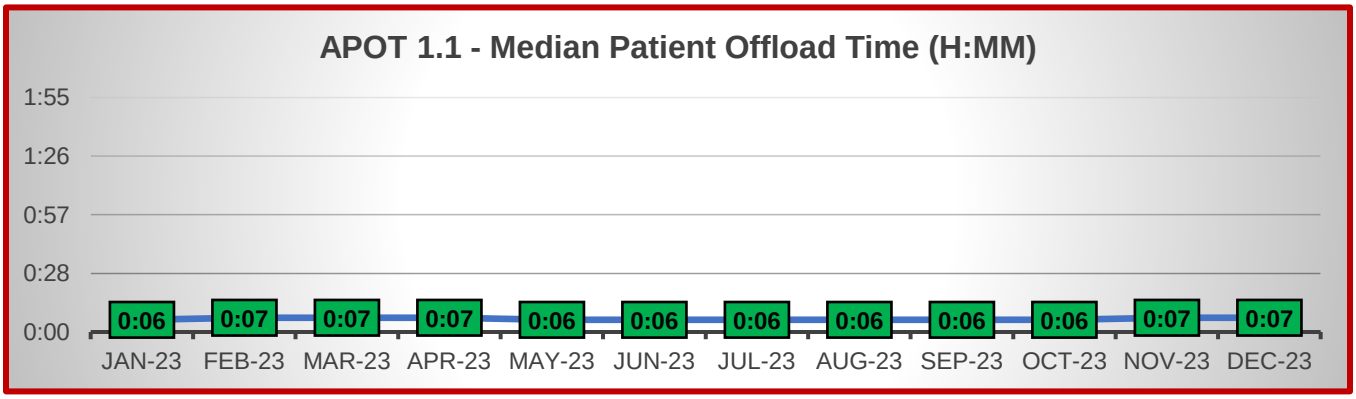


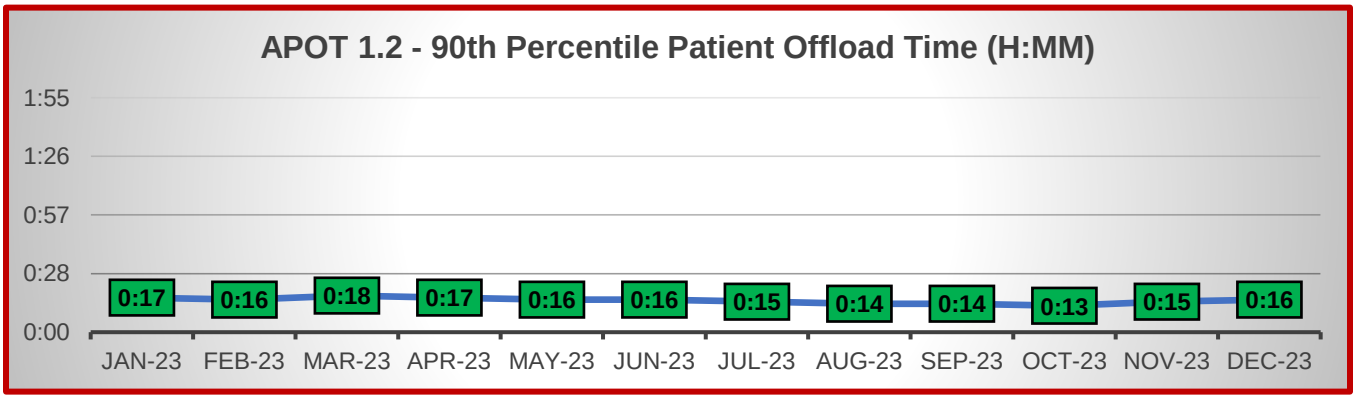


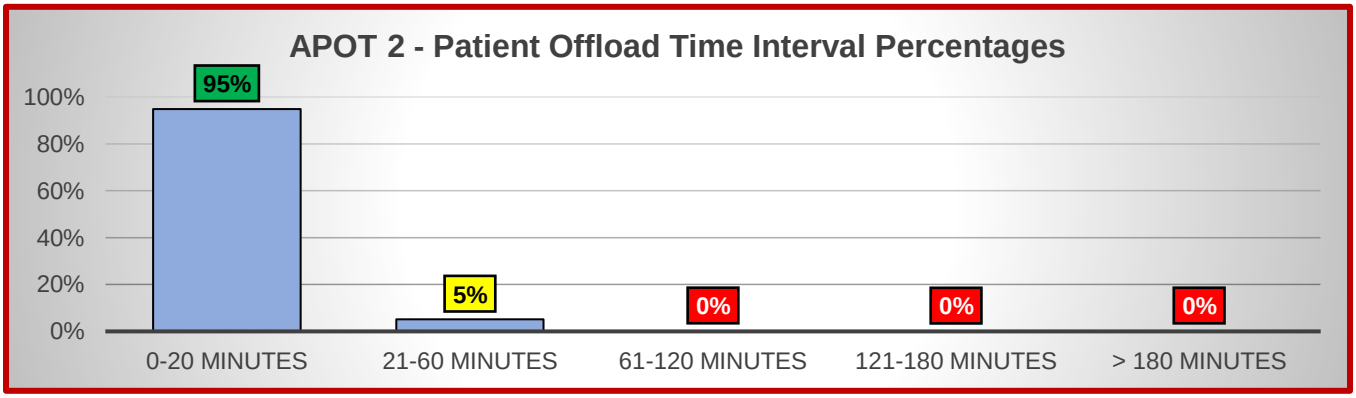


Oroville Hospital APOT

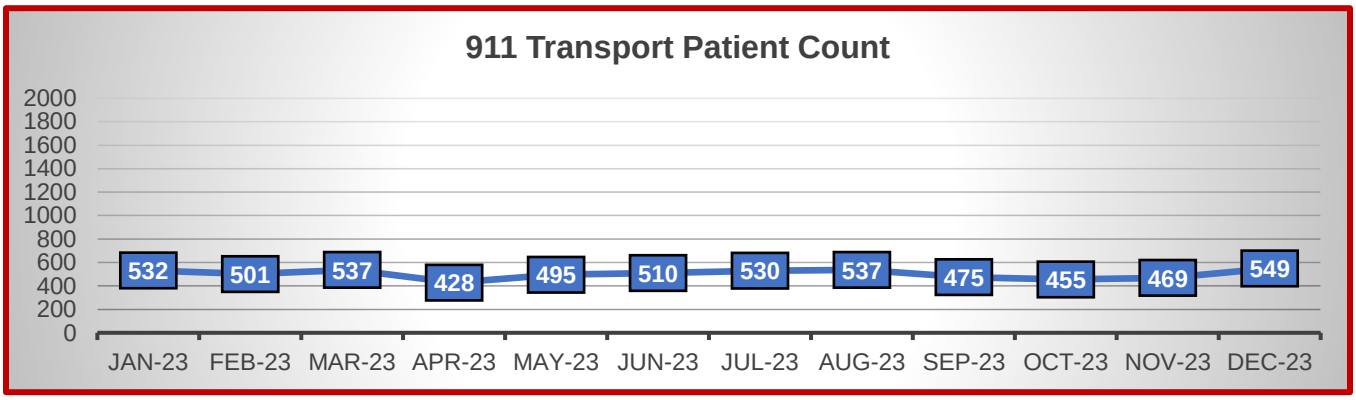


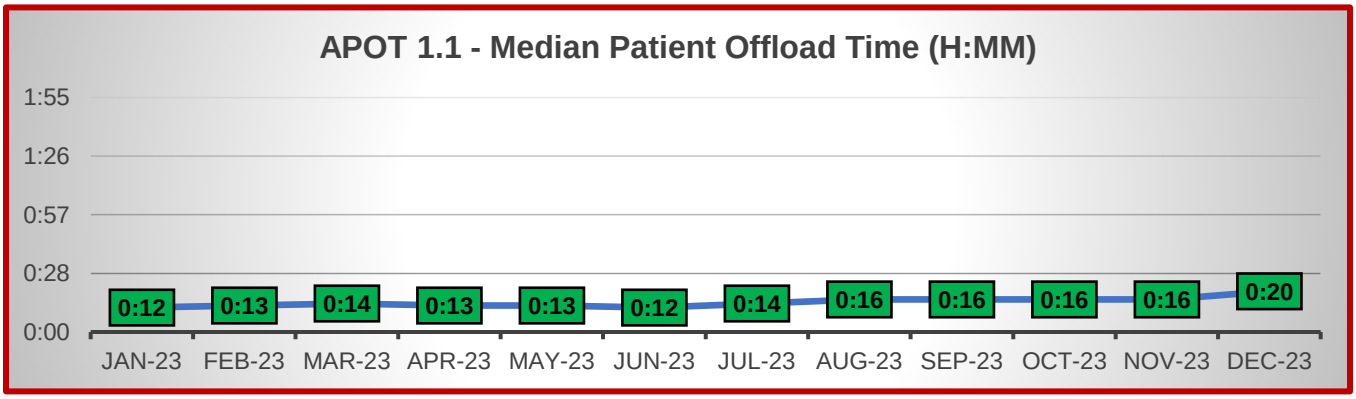


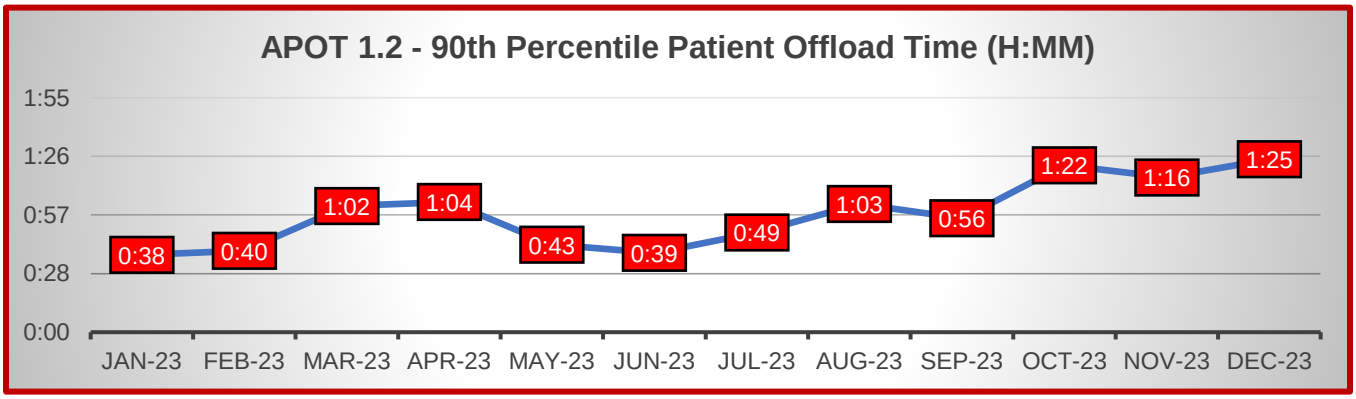


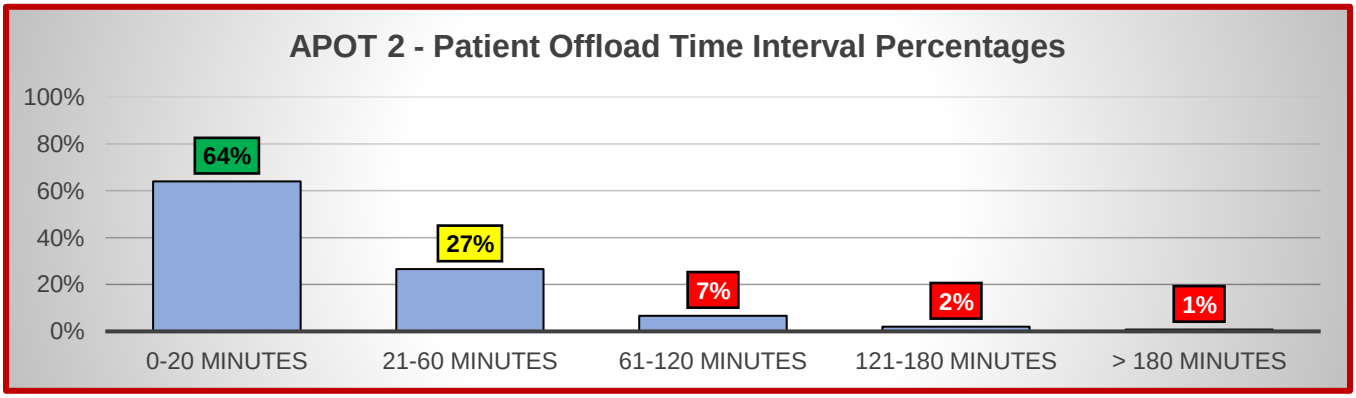


Shasta Regional Medical Center APOT

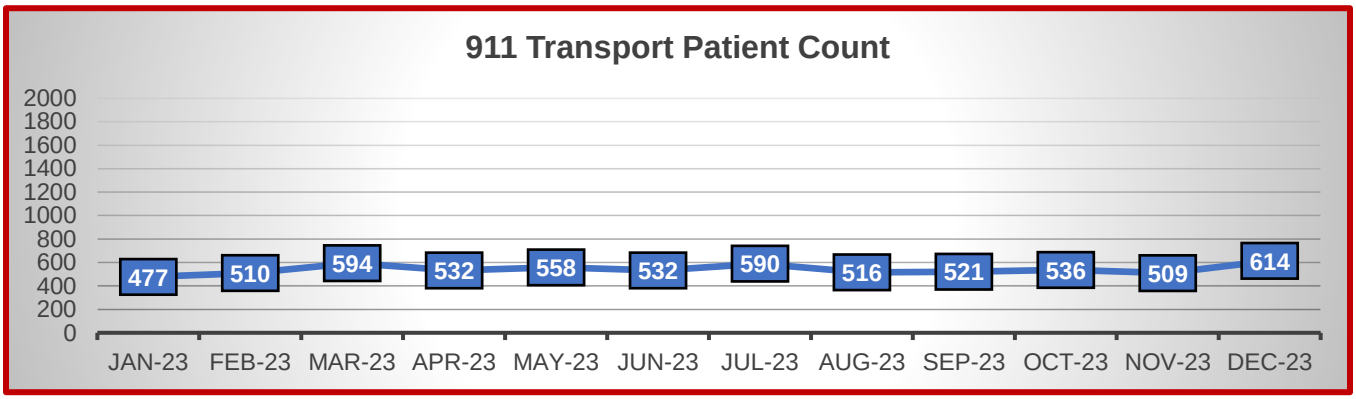


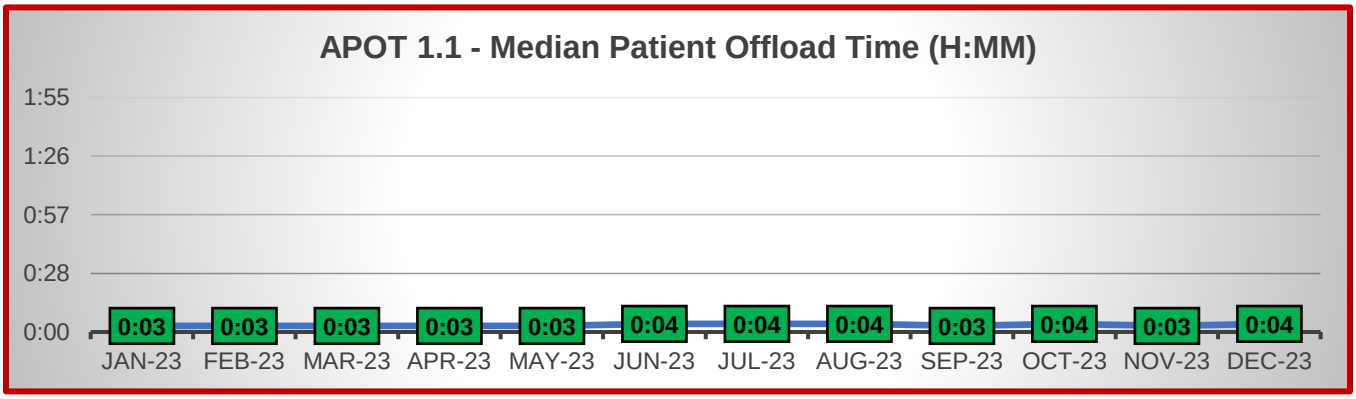


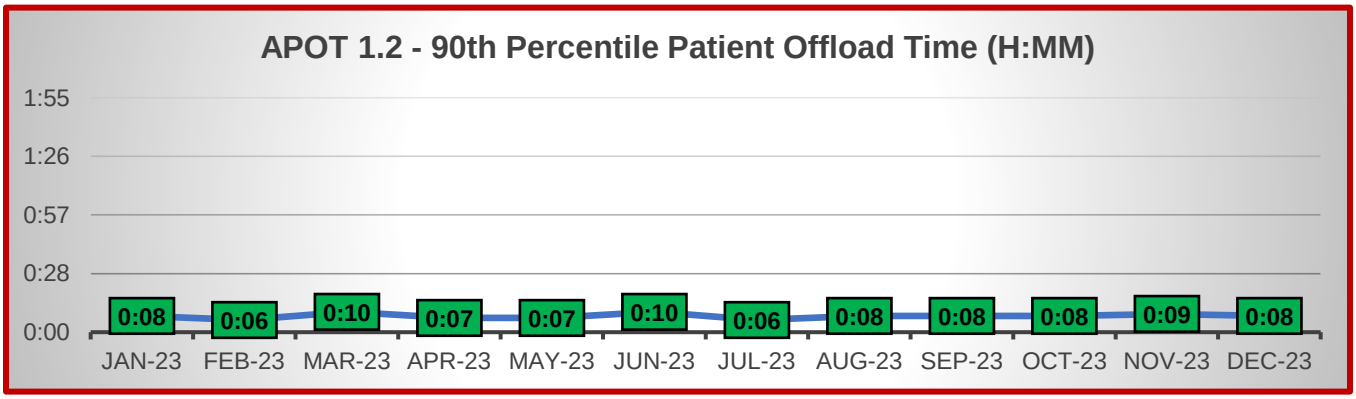


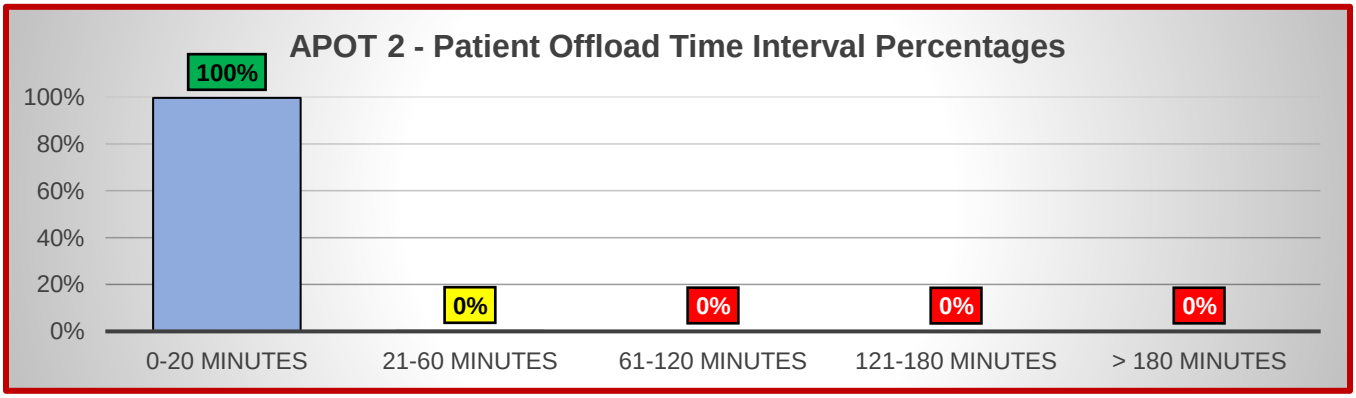


Sierra Nevada Memorial Hospital APOT

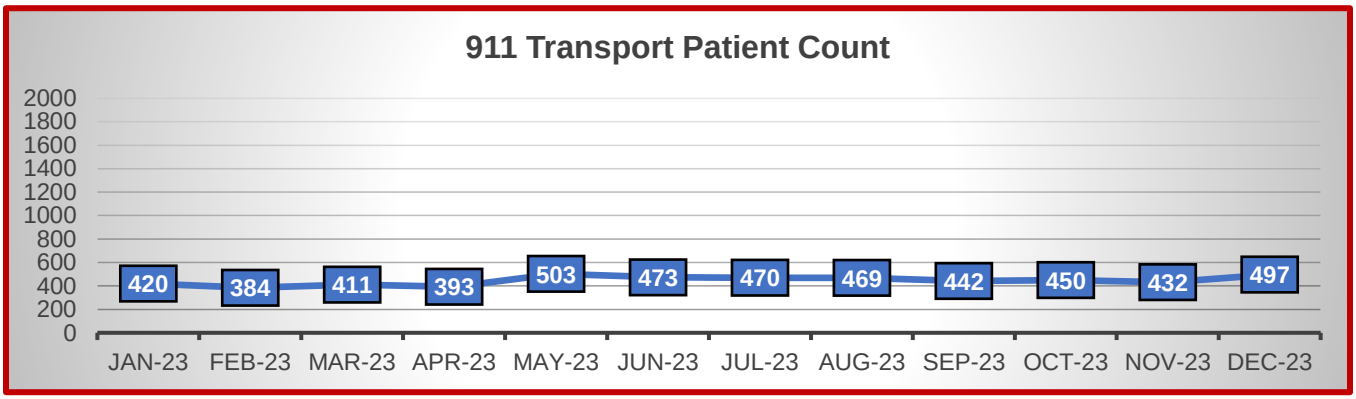


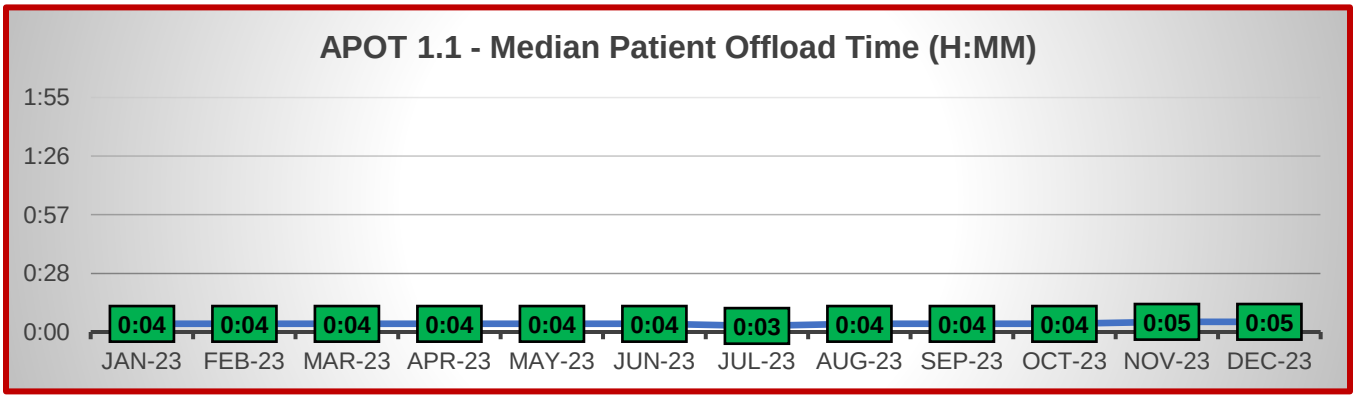


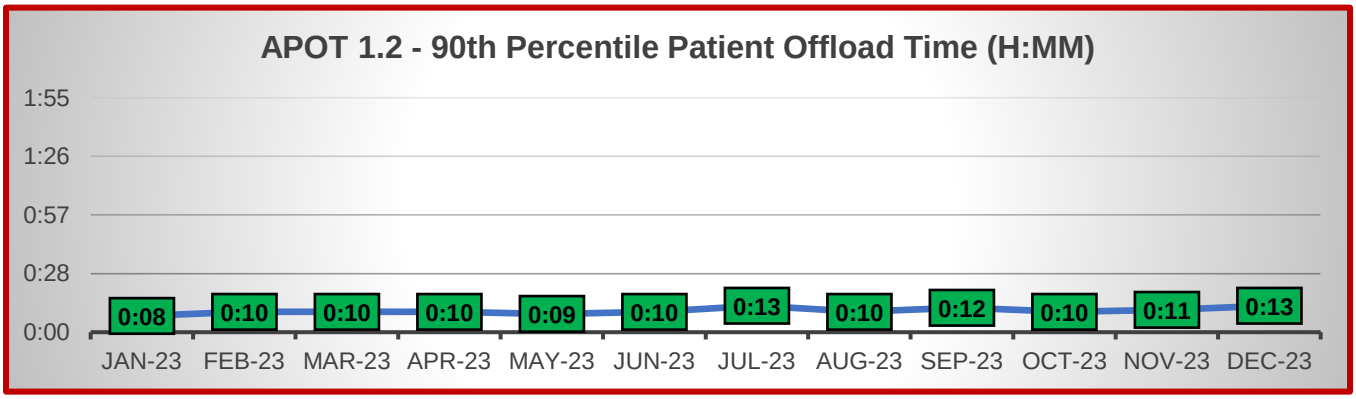


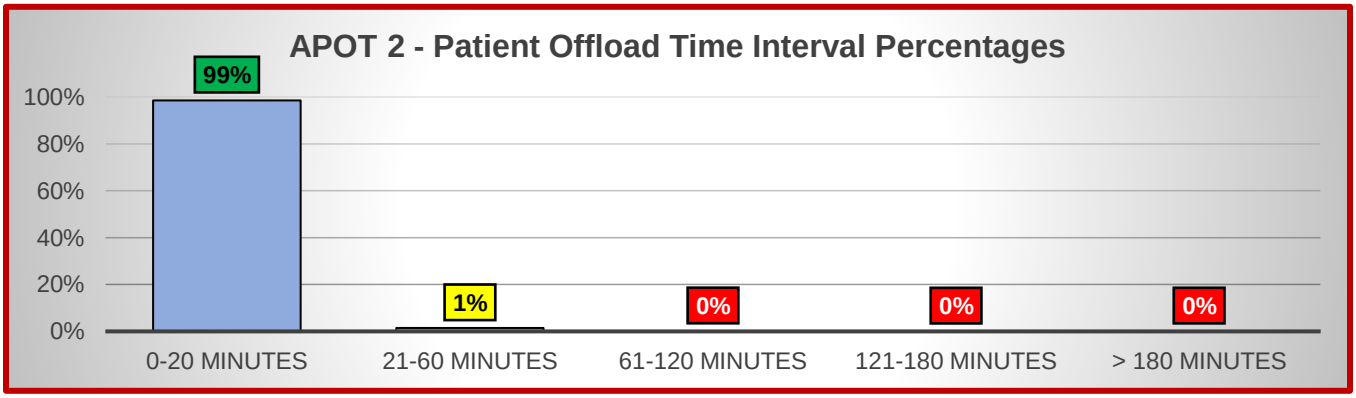


St. Elizabeth Hospital APOT

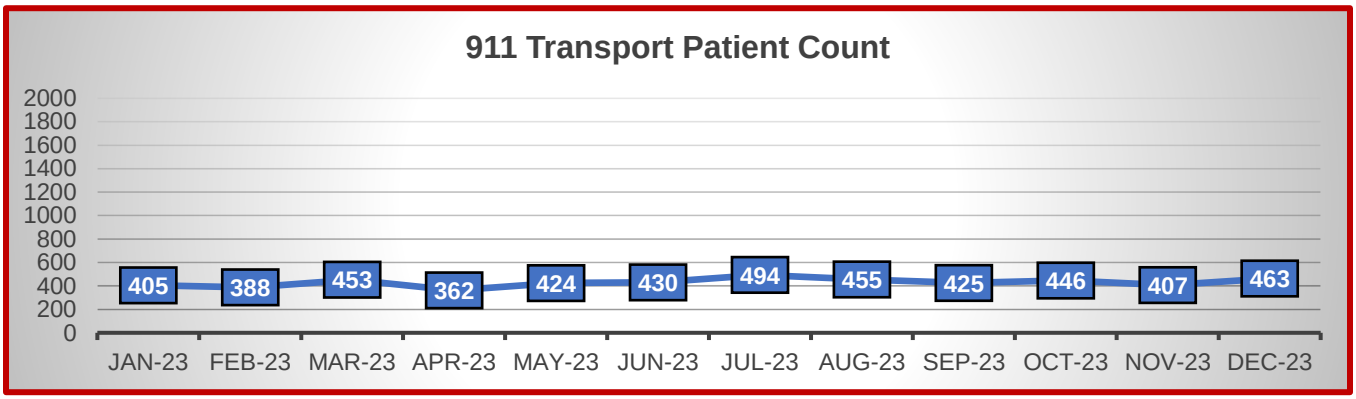


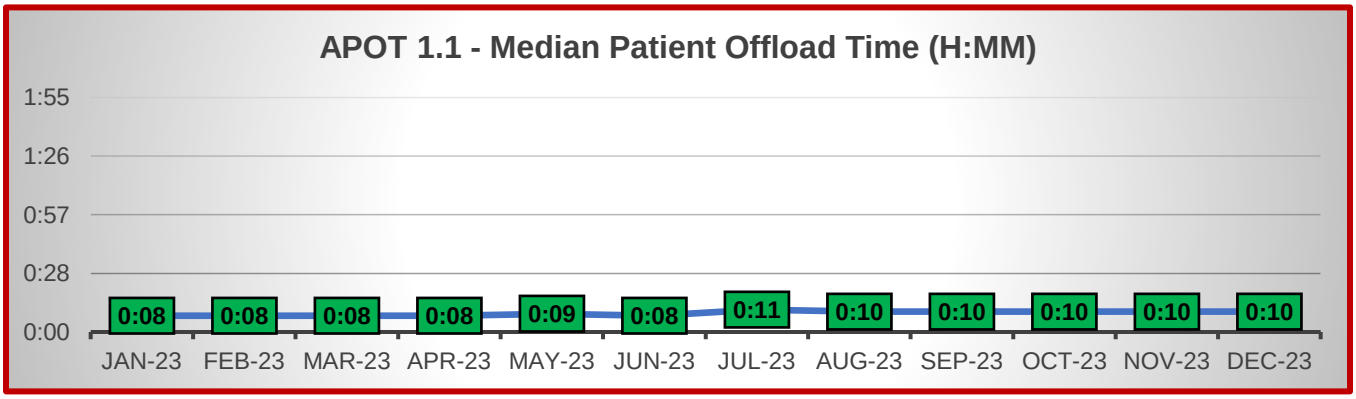


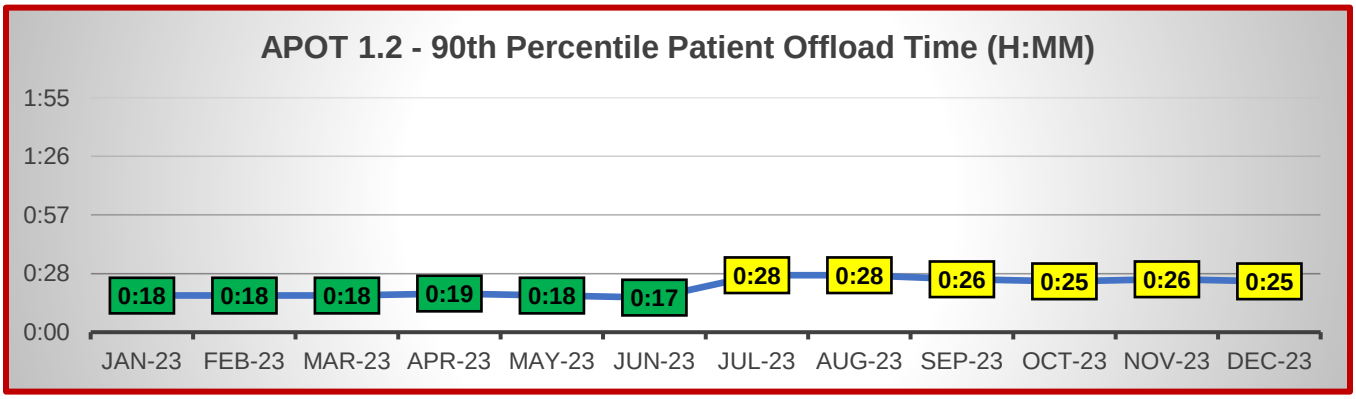


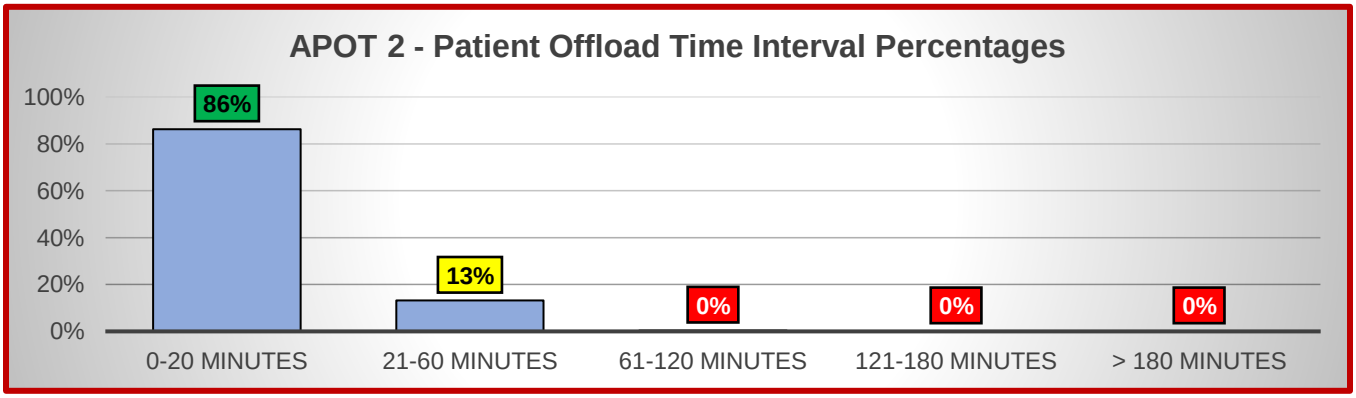


Sutter Auburn Faith Hospital APOT

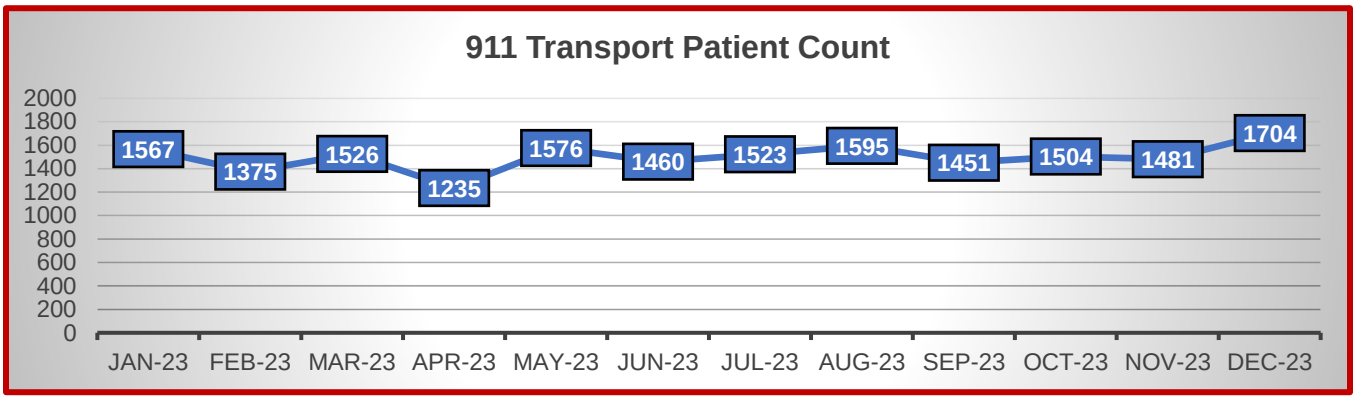


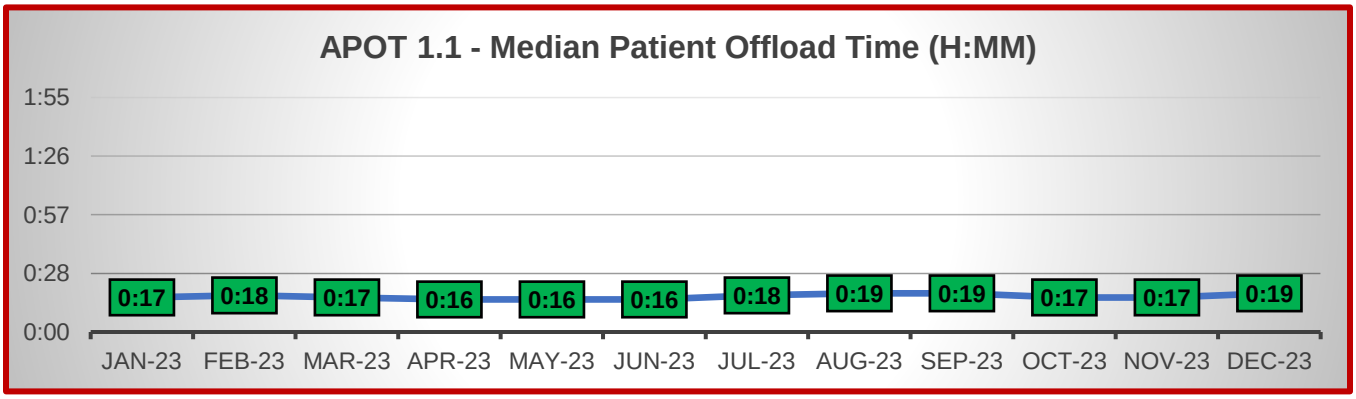


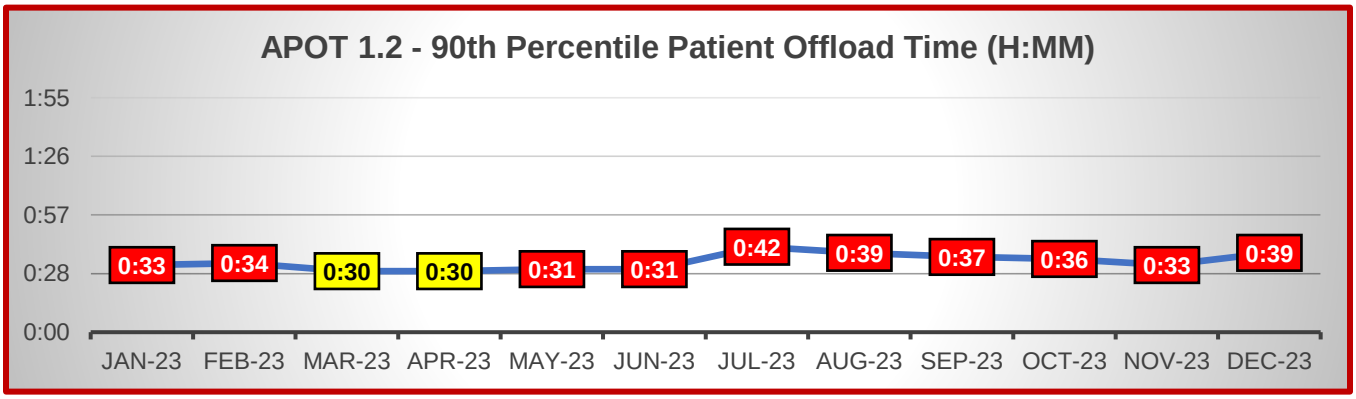


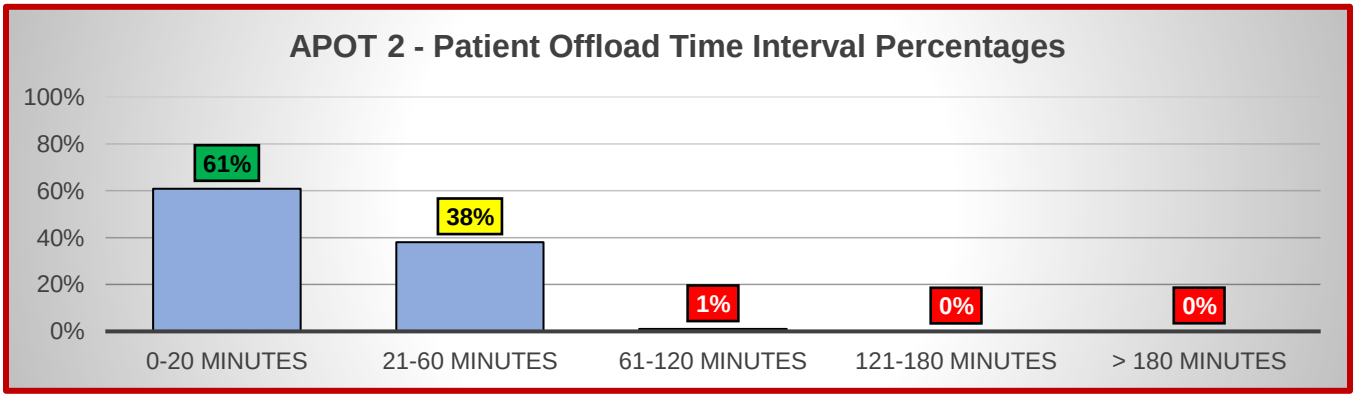


Sutter Roseville Medical Center APOT

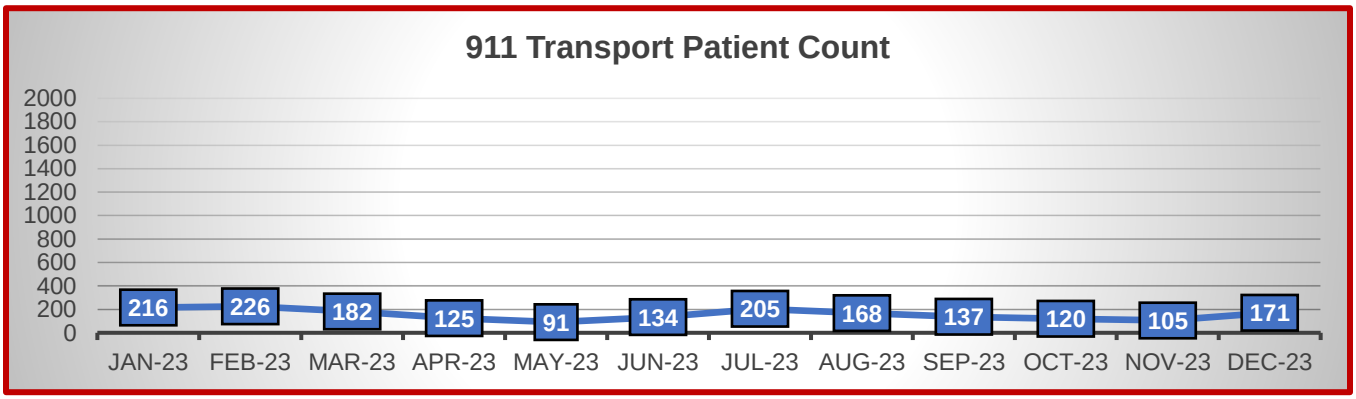


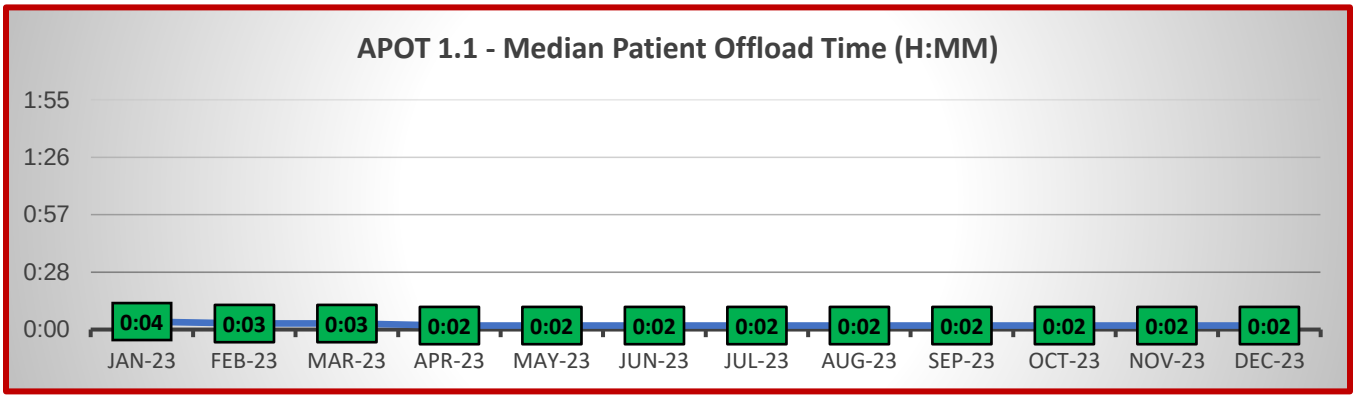


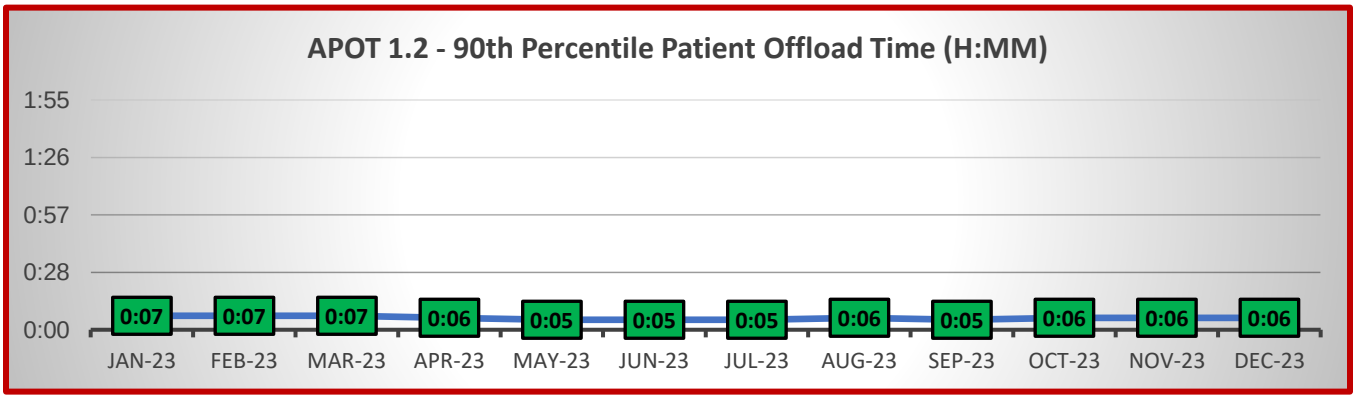


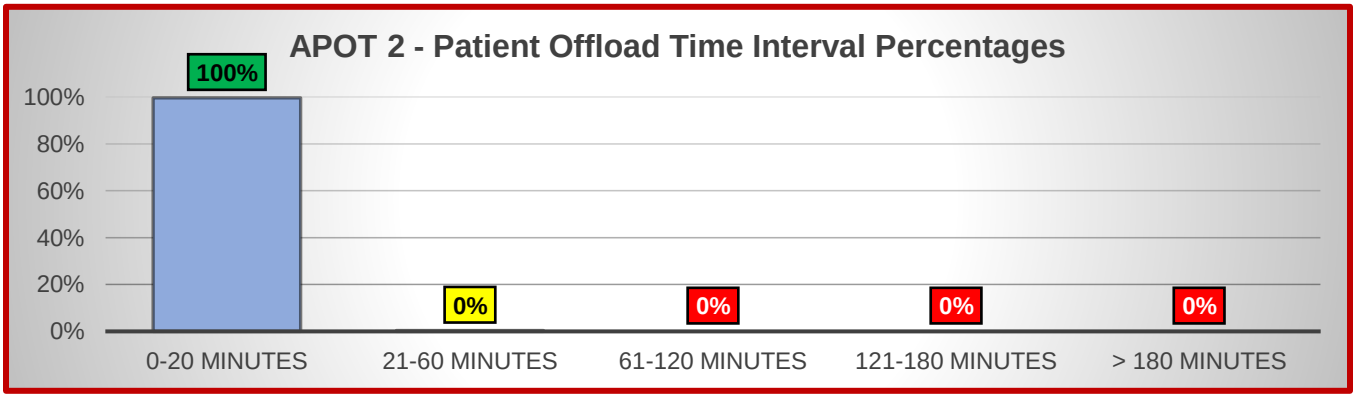


Tahoe Forest Hospital APOT









S-SV EMS 2023
LMS Training Modules &
Annual Infrequent Skills Materials

Sierra – Sacramento Valley Emergency Medical Services Agency

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The S-SV EMS Agency maintains an online learning management system (LMS) for EMS continuing education (CE) courses. As of the date of this annual EMSQIP update, the following courses have been developed and are currently available for EMS personnel to complete online:

- S-SV EMS Annual Regional Training Module Course
- MCI & Disaster Response
- PSFA Naloxone Administration
- BLS Naloxone Administration, Epinephrine Administration & Glucometer Utilization
- Know Your System, Own Your System BLS 911 Training
- S-SV EMS Policy Manual Update #73 Video
- MICN Training Course

Additional courses are developed/published through our online LMS throughout the year. Links to our LMS courses can be located on the Education/Training page of the S-SV EMS Agency website: https://www.ssvems.com/education/.

Sierra – Sacramento Valley EMS Agency Program Policy			
ALS/LALS Annual Infrequently Used Skills Verification & Regional Training Module			
	Effective: 12/01/2021	Next Review: 11/2024	**1110**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

A. To identify medical procedures (skills) utilized infrequently by ALS/LALS personnel in the prehospital setting, and provide a standardized method for annual evaluation of all S-SV EMS certified AEMT's and accredited paramedic's ability to safely, efficiently and adequately perform them.

B. To establish a standardized method of ensuring that appropriate education and training is provided to all ALS/LALS prehospital personnel in the S-SV EMS region on a regularly scheduled basis.

AUTHORITY:

A. HSC, Division 2.5, § 1797.214.

B. CCR, Title 22, Division 9, § 100107, 100128, 100147, 100165, 100169, & Chapter 12

DEFINITIONS

A. **Infrequently Used Skills –** Medical procedures that are performed rarely by ALS/LALS personnel in the prehospital setting and/or that may result in serious complications when performed incorrectly.

B. **Regional Training Module –** A standardized training module developed by S-SV EMS in conjunction with the S-SV EMS Regional Quality Improvement Committee.

POLICY:

A. Prehospital service provider agencies shall verify that every S-SV EMS certified AEMT and accredited paramedic affiliated with their organization has successfully performed all of the skills listed in the applicable Infrequently Used Skills Annual Verification Tracking Sheet (1110-A or 1110-B) a minimum of once during every 12-month period. Under special circumstances, an extension to the 12-month requirement may be approved by S-SV EMS upon request.

B. All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (1110-C through 1110-L). A copy of the completed applicable Infrequently Used Skills Annual Verification Tracking Sheet (1110-A or 1110-B) shall be maintained in the employee's file for a period of not less than four (4) years, and shall be made available for review by S-SV EMS representatives upon request.

C. Skills competency verification shall be conducted by one of the following:

   1. Service provider's CQI coordinator or their designee.

   2. Service provider's medical director.

   3. Base/modified base hospital prehospital coordinator or their designee.

D. Regional training modules will be developed and distributed by S-SV EMS on an annual basis. All ALS/LALS service provider agencies are required to deliver these training modules and ensure that their affiliated AEMT and paramedic personnel complete this training no later than the end of the current calendar year. BLS personnel are encouraged to complete this training as appropriate, but it is not a mandatory requirement.

E. Any AEMT or paramedic who is determined to not have current skills verification and/or regional training module completion documentation on file shall not be allowed to function as an AEMT or paramedic in the S-SV EMS region until they complete the required skills verification and/or regional training module.

	AEMT Infrequently Used Skills Annual Verification Tracking Sheet	1110-A

AEMT Name:	Calendar Year:
AEMT Certification #:	Service Provider:

Instructions: LALS prehospital service providers shall verify that each S-SV EMS certified AEMT affiliated with their organization has successfully performed all of the applicable skills listed on this sheet, a minimum of once every 12 months (note: verification is not required for skills not currently being utilized by the prehospital service provider). Under special circumstances, an extension to this requirement may be approved by S-SV EMS upon request.

All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (as indicated below). A copy of this completed tracking sheet shall be maintained in the employee's file for a period of not less than four (4) years, and be made available for review by S-SV EMS representatives upon request. The individual infrequently used skills verification checklists are not required to be maintained.
Skills competency verification shall be conducted by one of the following:

- Service provider's CQI coordinator or their designee.
- Service provider's medical director.
- Base/modified base hospital prehospital coordinator or their designee.

Description	Verification Date	Evaluator Initials
1. Adult i-gel Airway Device Skills Verification Checklist (1110-D-1)		
2. Pediatric i-gel Airway Device Skills Verification Checklist (1110-D-2)		
3. King Airway Device (1110-E)		
4. Adult Cardioversion/Defibrillation (1110-H) – **AEMT II ONLY**		
5. Pediatric Cardioversion/Defibrillation (1110-I) – **AEMT II ONLY**		
6. Intraosseous Infusion (1110-K)		
7. Multiple Casualty Incident (MCI) (1110-L)		
8. Regional Training Module		

	Paramedic Infrequently Used Skills Annual Verification Tracking Sheet	**1110-B**

Paramedic Name:	Calendar Year:
Paramedic License #:	Service Provider:

Instructions: ALS prehospital service providers shall verify that each S-SV EMS accredited paramedic affiliated with their organization has successfully performed all of the applicable skills listed on this sheet, a minimum of once every 12 months (note: verification is not required for skills not currently being utilized by the prehospital service provider). Under special circumstances, an extension to this requirement may be approved by S-SV EMS upon request.

All infrequently used skills shall be verified by successful performance in a structured training environment, utilizing the S-SV EMS approved infrequently used skills verification checklists (as indicated below). A copy of this completed tracking sheet shall be maintained in the employee's file for a period of not less than four (4) years, and be made available for review by S-SV EMS representatives upon request. The individual infrequently used skills verification checklists are not required to be maintained.
Skills competency verification shall be conducted by one of the following:

- Service provider's CQI coordinator or their designee.
- Service provider's medical director.
- Base/modified base hospital prehospital coordinator or their designee.

Description	Verification Date	Evaluator Initials
1. Adult Oral Endotracheal Intubation (1110-C)		
2. Adult i-gel Airway Device Skills Verification Checklist (1110-D-1)		
3. Pediatric i-gel Airway Device Skills Verification Checklist (1110-D-2)		
4. King Airway Device (1110-E)		
5. Needle Cricothyrotomy (1110-F)		
6. Needle Chest Decompression (1110-G)		
7. Adult Cardioversion/Defibrillation (1110-H)		
8. Pediatric Cardioversion/Defibrillation (1110-I)		
9. Transcutaneous Cardiac Pacing (1110-J)		
10. Intraosseous Infusion (1110-K)		
11. Multiple Casualty Incident (MCI) (1110-L)		
12. Regional Training Module		

	Infrequently Used Skills Verification Checklist **Adult Oral Intubation**	**1110-C**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications for adult oral intubation and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, adult intubation manikin, laryngoscope handle, adult laryngoscope blades, adult endotracheal tubes, malleable stylet, flex guide ETT introducer, 10 mL syringe, tape or tube holder, stethoscope, oropharyngeal airway (OPA), bag-valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment, 2% lidocaine.

Performance Criteria: The paramedic will be required to adequately describe the indications for adult oral intubation and proficiently perform the procedure on a manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes indications for adult oral intubation • Cardiac arrest • Respiratory arrest or severe compromise • Sustained altered mental status with GCS ≤8 (relative indication) • Impending airway edema in the setting of respiratory tract burn or anaphylaxis (relative indication)		
3	Verbalizes the following procedures that should be utilized based on patient condition and circumstances: • If possible, pre-oxygenate with high flow O_2 via NRM or BVM as appropriate for three (3) minutes • Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation • Position patient in a semi-recumbent or reverse trendelenburg position if possible • Continue utilizing passive oxygenation via NC during intubation attempts • Perform jaw thrust to maintain pharyngeal patency and apply airway		
4	Prepares equipment for procedure • Ensures suction device is available and working • Ensures flex guide ETT introducer is available • Selects proper size ET tube and checks cuff for patency • Inserts stylet so end is not protruding past end of endotracheal tube • Selects appropriate laryngoscope blade, attaches to handle and checks light		
5	Places patient's head in sniffing position		
6	Instructs other rescuer to stop ventilations and removes OPA (if in place)		
7	May consider cricoid pressure or external laryngeal manipulation (ELM)		

	Infrequently Used Skills Verification Checklist Adult Oral Intubation	1110-C

Step	Description	Does	Does Not
8	Inserts blade into mouth with a right to left sweeping motion while displacing tongue		
9	Applies upward lifting action with laryngoscope without using teeth as a fulcrum		
10	Visualizes glottic opening		
11	Inserts ET tube from right pharynx, passing tube through the glottic opening (intubation attempt should take no longer than 30 seconds)		
12	Removes laryngoscope		
13	Inflates cuff with sufficient volume of air and disconnects syringe		
14	Attaches BVM to ET tube and ventilates at appropriate rate and volume		
15	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and waveform capnography ETCO2 monitoring equipment		
16	Properly secures ET tube using tape or commercial tube holder		
17	Reevaluates tube placement after each patient movement		
18	Demonstrates proper use of the flex guide ETT introducer for difficult intubations		

	Infrequently Used Skills Verification Checklist **Adult i-gel Airway Device**	**1110-D (1)**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications/contraindications for utilization of an adult i-gel airway device and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, adult airway manikin, oropharyngeal airway (OPA), appropriate sized i-gel device, water soluble lubricant, tape or i-gel airway support strap, stethoscope, bag valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, waveform capnography ETCO2 monitoring equipment.

Performance Criteria: The individual is required to describe the indications/contraindications for placement of an adult i-gel device and proficiently perform the procedure on an adult airway manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes selection of appropriate i-gel device based on patient size: • Size 3 – i-gel small adult device (30-60kg) • Size 4 – i-gel medium adult device (50-90kg) • Size 5 – i-gel large adult device (90+kg)		
3	Verbalizes i-gel device indications: • Patients in need of advanced airway protection and/or unable to be adequately ventilated with a BVM when orotracheal intubation is unavailable or unsuccessful • Patients in need of rapid advanced airway control when orotracheal intubation is anticipated to be difficult or likely to interrupt continuous chest compressions		
4	Verbalizes i-gel device contraindications: • Intact gag reflex • Caustic ingestion • Unresolved complete airway obstruction • Trismus or limited ability to open the mouth and insert the device (relative) • Oral trauma (relative) • Distorted anatomy that prohibits proper device placement (relative)		
5	Verbalizes the procedures that should be utilized prior to placement of an i-gel device as patient condition and circumstances permit: • If possible, pre-oxygenate with high flow O_2 via NRM or BVM as appropriate for three (3) minutes • Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation • Position patient in a semi-recumbent or reverse trendelenburg position if possible • Continue utilizing passive oxygenation via NC during i-gel device placement		

Step	Description	Does	Does Not
6	Opens the package and removes the protective cradle containing the i-gel device		
7	Removes i-gel device from the protective cradle and transfers it to the palm of the same hand, supporting the device between the thumb and index finger		
8	Places a small amount of a water-based lubricant onto the middle of the smooth surface of the protective cradle		
9	Grasps i-gel device with the opposite (free) hand along the integral bite block and lubricates the back, sides and front of the cuff with a thin layer of lubricant		
10	Inspects i-gel device to confirm there are no foreign bodies of lubricant obstructing the distal opening		
11	Places i-gel device back into the protective cradle in preparation for insertion		
12	Removes i-gel device from the protective cradle and grasps the lubricated device firmly along the integrated bite block		
13	Positions i-gel device so that the cuff outlet is facing towards the chin of the patient		
14	Instructs other rescuer to stop ventilations and removes OPA		
15	Places patient's head in the 'sniffing' position and gently presses down on the chin		
16	Introduces the leading soft tip of the i-gel device into the patient's mouth in a direction towards the hard palate		
17	Glides the i-gel device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt: • The teeth should be resting on the integral bite block • Sometimes the 'give-way' is felt before the end point resistance is met – It is important to continue to insert the device until a definitive resistance is felt • Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the device down or apply excessive force during insertion		
18	Attaches a BVM to the i-gel device and ventilates at appropriate rate and volume		
19	Confirms i-gel device patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO2 monitoring methods based on available equipment		
20	Properly secures i-gel device using tape or airway support strap		
21	Re-evaluates i-gel device placement after each patient movement or upon transfer of care to other prehospital or hospital personnel		

	Infrequently Used Skills Verification Checklist **Pediatric i-gel Airway Device**	**1110-D (2)**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications/contraindications for utilization of a pediatric i-gel airway device and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, pediatric airway manikin, oropharyngeal airway (OPA), appropriate sized i-gel device, water soluble lubricant, tape or i-gel airway support strap, stethoscope, bag valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, waveform capnography ETCO2 monitoring equipment.

Performance Criteria: The individual is required to describe the indications/contraindications for placement of a pediatric i-gel device and proficiently perform the procedure on a pediatric airway manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes selection of appropriate i-gel device based on patient size: • Size 1.0 – i-gel neonate device (2-5kg) • Size 1.5 – i-gel infant device (5-12kg) • Size 2.0 – i-gel small pediatric device (10-25+kg) • Size 2.5 – i-gel large pediatric device (25-35 kg)		
3	Verbalizes i-gel device indications: • Pediatric patients in need of advanced airway protection or unable to be adequately ventilated with a BVM.		
4	Verbalizes i-gel device contraindications: • Intact gag reflex • Caustic ingestion • Unresolved complete airway obstruction • Trismus or limited ability to open the mouth and insert the device (relative) • Oral trauma (relative) • Distorted anatomy that prohibits proper device placement (relative)		
5	Verbalizes the procedures that should be utilized prior to placement of an i-gel device as patient condition and circumstances permit: • If possible, pre-oxygenate with high flow O_2 via NRM or BVM as appropriate for three (3) minutes • Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation • Position patient in a semi-recumbent or reverse trendelenburg position if possible • Continue utilizing passive oxygenation via NC during i-gel device placement		
6	Opens the package and removes the cage pack containing the i-gel device		

	Infrequently Used Skills Verification Checklist Pediatric i-gel Airway Device	1110-D (2)

Step	Description	Does	Does Not
7	Opens the cage pack and transfers i-gel device into the lid of the cage		
8	Places a small amount of a water-based lubricant onto the middle of the smooth surface of the cage pack		
9	Grasps i-gel device along the integral bite block and lubricates the back, sides and front of the cuff with a thin layer of lubricant		
10	Inspects i-gel device to confirm there are no foreign bodies of lubricant obstructing the distal opening		
11	Places i-gel device back into the cage pack in preparation for insertion		
12	Removes i-gel device from the cage pack and grasps the lubricated device firmly along the integrated bite block		
13	Positions i-gel device so that the cuff outlet is facing towards the chin of the patient		
14	Instructs other rescuer to stop ventilations and removes OPA		
15	Places patient's head in the 'sniffing' position and gently presses down on the chin		
16	Introduces the leading soft tip of the i-gel device into the patient's mouth in a direction towards the hard palate		
17	Glides the i-gel device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt: • The teeth should be resting on the integral bite block • Sometimes the 'give-way' is felt before the end point resistance is met – It is important to continue to insert the device until a definitive resistance is felt • Once definitive resistance is met and the teeth are located on the integral bite block, do not repeatedly push the device down or apply excessive force during insertion		
18	Attaches a BVM to the i-gel device and ventilates at appropriate rate and volume		
19	Confirms i-gel device patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO2 monitoring methods based on available equipment		
20	Properly secures i-gel device using tape or airway support strap		
21	Re-evaluates i-gel device placement after each patient movement or upon transfer of care to other prehospital or hospital personnel		

	Infrequently Used Skills Verification Checklist King Airway Device	**1110-E**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications for King Airway Device utilization and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, adult intubation manikin, King Airway Device, appropriate syringe, tape or tube holder, stethoscope, oropharyngeal airway (OPA), bag-valve mask (BVM), nasal cannula (NC), non-rebreather mask (NRM), suction device, ETCO2 monitoring equipment, 2% lidocaine (if applicable).

Performance Criteria: The AEMT, paramedic or optional skills approved EMT will be required to adequately describe the indications for King Airway Device utilization and proficiently perform the procedure on a manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		
2	Verbalizes proper King LT-D size based on patient size • Size 3 – Between 4 and 5 feet tall • Size 4 – Between 5 and 6 feet tall • Size 5 – Over 6 feet tall		
3	Verbalizes indications for King LT-D utilization • Cardiac arrest • Respiratory arrest or severe compromise and unable to adequately ventilate with BVM • Sustained altered mental status with GCS ≤8 (relative indication) • Impending airway edema in the setting of respiratory tract burn or anaphylaxis (relative indication)		
4	Verbalizes contraindications for King LT-D utilization • Patients under four (4) feet tall • Responsive patient with an intact gag reflex • Patients with known esophageal disease • Patients who have ingested a caustic substance		
5	Verbalizes the following procedures that should be utilized based on patient condition and circumstances: • If possible, pre-oxygenate with high flow O_2 via NRM or BVM as appropriate for three (3) minutes • Apply high flow NC (10 – 15 L/min) in addition to NRM or BVM to augment pre-oxygenation • Position patient in a semi-recumbent or reverse trendelenburg position if possible • Continue utilizing passive oxygenation via NC during King LT-D placement attempts		

	Infrequently Used Skills Verification Checklist King Airway Device	1110-E

Step	Description	Does	Does Not
6	Verbalizes the following procedure for suspected head/brain injury patients **(not applicable to optional skills approved EMT personnel)**: • Consider administration of prophylactic lidocaine (1.5mg/kg IV/IO) three (3) minutes prior to intubation whenever possible		
7	Prepares equipment for procedure • Ensures suction device is available and working • Selects proper King LT-D size for patient and checks cuff patency • Lubricates distal end of tube with water soluble jelly		
8	Positions head in neutral or slightly flexed position		
9	Performs tongue-jaw lift		
10	Inserts device into mouth with blue stripe near corner of mouth		
11	Advances tip behind the base of the tongue while rotating device back to midline with blue stripe facing chin of patient		
12	Advances device without undue force until base of connector is aligned with teeth or gums		
13	Inflates cuff with appropriate volume of air		
14	Attaches BVM to airway and while ventilating patient, gently withdraws device until ventilation is easy and free flowing		
15	Adjusts cuff inflation if needed to obtain device seal		
16	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO2 monitoring methods based on available equipment		
17	Properly secures device using tape or commercial tube holder		

	Infrequently Used Skills Verification Checklist **Needle Cricothyrotomy**	**1110-F**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications/contraindications for needle cricothyrotomy and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, cricothyrotomy manikin, antiseptic agent, tape, 10 ml syringe, 12ga or 14ga over-the-needle catheter and jet insufflation device or ENK Oxygen Flow Modulator, or Rusch QuickTrach® Emergency Needle Cricothyrotomy Kit and BVM.

Performance Criteria: The individual will be required to describe the indications/contraindications for needle cricothyrotomy and proficiently perform the procedure on a cricothyrotomy manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		

2	Verbalizes indications for needle cricothyrotomy:
	• Inability to maintain the airway with standard airway procedures. Typically involves patients with one or more of the following:
	  ○ Airway obstruction by uncontrolled bleeding into the oral cavity and/or vomiting
	  ○ Severe maxillofacial trauma – blunt, penetrating, or associated with mandibular fracture
	  ○ Laryngeal foreign body that cannot be removed expeditiously
	  ○ Swelling of upper airway structures
	  ○ Infection (e.g., epiglottitis, Ludwig's angina)
	  ○ Allergic reaction or hereditary angioedema
	  ○ Chemical or thermal burns to the epiglottis and upper airway		

3	Verbalizes contraindications for needle cricothyrotomy: • Age < 3 years or estimated weight <15 kg • Ability to maintain airway utilizing less invasive procedures • Conscious patient • Moving ambulance • Midline neck hematoma or massive subcutaneous emphysema		
4	Selects appropriate size catheter/device for patient size		

5	Assembles and checks the equipment:
	• If using jet inflation device/ENK Oxygen Flow Modulator:
	  ○ Attaches 10 ml syringe to 12/14ga catheter
	  ○ Connects jet insufflation device/ENK Oxygen Flow Modulator to high flow oxygen source
	• If using the QuickTrach Cricothyrotomy Kit, device comes pre-assembled with syringe attached		

6	Stabilizes larynx with thumb and forefinger and locates cricoid membrane		

	Infrequently Used Skills Verification Checklist Needle Cricothyrotomy	1110-F

Step	Description	Does	Does Not
7	Inserts catheter/device: • If using a 12/14 gauge catheter with jet insufflation device/ENK Oxygen Flow Modulator, inserts needle downward through the midline of the cricoid membrane at a 45^0 – 60^0 angle toward the carina while applying negative pressure to the syringe • If using the QuickTrach Cricothyrotomy Kit, punctures cricoid membrane at a 90^0 angle		
8	Verifies needle has entered the trachea by aspirating air into syringe		
9	Advances catheter/cannula: • If using a 12/14 gauge catheter with jet insufflation device/ENK Oxygen Flow Modulator, advances catheter over the needle towards the carina • If using the QuickTrach Cricothyrotomy Kit: o Changes angle of insertion to 45^0 and advances to the level of the stopper o Removes stopper (does not advance device with needle still attached) o Slides plastic cannula into the trachea until flange rests on the neck		
10	Removes and properly disposes needle and syringe		
11	Secures catheter/cannula		
12	Provides Ventilation: • If using Jet insufflation device/ENK Oxygen Flow Modulator, attaches oxygen supply tubing to catheter and provides ventilation using appropriate inspiratory to expiratory ratio (seconds): o Jet insufflation device ratio – 1:4 o ENK Oxygen Flow Modulator ratio – 4:6 • If using the QuickTrach Cricothyrotomy Kit, attaches BVM to connecting tube and provides ventilation at appropriate rate		
13	Verifies proper placement by the observance of chest rise and fall (jet insufflation device and QuickTrach Cricothyrotomy Kit only), auscultation of lung sounds and the absence of subcutaneous emphysema		

	Infrequently Used Skills Verification Checklist **Needle Thoracostomy**	**1110-G**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications/contraindications for needle thoracostomy and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, thoracostomy manikin or simulated chest, Minimum 14ga x 3.25" catheter designed for needle decompression, stethoscope, stopcock or one way valve, tape, antiseptic agent, tape.

Performance Criteria: The individual will be required to describe the indications/contraindications for needle thoracostomy and proficiently perform the procedure on a manikin or simulated chest.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		

2	Verbalizes indications for needle thoracostomy (either of the following):
	• Suspected tension pneumothorax with absent or diminished breath sounds and at least one of the following:
	  ○ Combined hypotension (SBP <90) and SpO2 <94%
	  ○ Penetrating injury to the thorax
	• Traumatic cardiac arrest with suspected tension pneumothorax		

3	Verbalizes minimum catheter size required for procedure (14 ga x 3.25")		
4	Verbalizes that only two (2) attempts are allowed on affected side(s) without base/ modified base hospital contact		
5	Verbalizes/identifies approved needle thoracostomy sites (any of the following): • Mid-clavicular line in the 2nd intercostal space • Mid-axillary line in the 4th or 5th intercostal space (above anatomic nipple line) • Anterior axillary line in the 5th intercostal space (above anatomic nipple line)		
6	Prepares site using aseptic technique		
7	Removes end cap from catheter and attaches empty 10 mL syringe		
8	Inserts needle with syringe attached into skin at a 90° angle just over the superior border of the rib		
9	Advances catheter until air is freely aspirated		
10	If using a 3.25" length catheter, advances catheter over the needle until catheter hub rests against the skin		
11	Removes syringe and needle and leaves catheter in place		
12	Attaches stopcock or one-way valve and secures catheter/tubing		
13	Rechecks breath sounds and closely monitors patient status		

	Infrequently Used Skills Verification Checklist **Adult Cardioversion/Defibrillation**	**1110-H**

Name:	Date:
Provider Agency:	Evaluator:
Objective: Describe/recognize the indications for synchronized cardioversion and defibrillation on an adult patient and proficiently perform both procedures.	
Equipment: Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, adult defibrillation paddles with conductive medium or adult defibrillation electrodes.	
Performance Criteria: The AEMT II or paramedic will be required to adequately describe/recognize the indications for synchronized cardioversion and defibrillation on an adult patient and proficiently perform both procedures on a manikin.	

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		

2	Verbalizes indications for synchronized cardioversion
	• Persistent tachycardia causing any of the following:
	  ○ Hypotension
	  ○ Acutely altered mental status
	  ○ Signs of shock
	  ○ Ischemic chest discomfort
	  ○ Acute Heart Failure		

3	Recognizes rhythm on the monitor requiring cardioversion		
4	Verbalizes consideration of pre-cardioversion sedation (one of the following): • Midazolam: 5mg IV/IO • Morphine: 2 – 5 mg IV/IO • Fentanyl: 25 – 50 mcg IV/IO		
5	Correctly applies hands free defibrillation electrodes or conductive medium		
6	Ensures that ‘SYNC’ button on the monitor is selected and that the synchronization indicators are active on the QRS complex		
7	Selects appropriate initial cardioversion dose: • Narrow regular: 50 – 100 J • Narrow irregular: 120 – 200 J • Wide regular: 100 J		
8	Charges defibrillator		
9	If using paddles, places them on appropriate landmarks with firm pressure		
10	Verbally states “CLEAR” and visually checks that other rescuers are clear		
11	Delivers cardioversion by holding down the ‘SHOCK’ button until the defibrillator discharges		
12	Reassesses and properly identifies cardiac rhythm on the monitor		

	Infrequently Used Skills Verification Checklist Adult Cardioversion/Defibrillation	1110-H

Step	Description	Does	Does Not
13	Repeats cardioversion steps at least one time, increasing dose in a stepwise fashion for subsequent attempts		
*****AEMT II or paramedic is advised that patient has become pulseless and apneic*****			
14	Recognizes rhythm on the monitor requiring defibrillation		
15	Reassess patient to confirm absence of pulses		
16	Turns off 'SYNC' button and selects appropriate defibrillation dose based on manufacturer recommendation (200 j if unknown)		
17	Charges defibrillator		
18	If using paddles, places them on appropriate landmarks with firm pressure		
19	Verbally states "CLEAR" and visually checks that other rescuers are clear		
20	Delivers defibrillation		
21	Initiates CPR x 2 minutes		
22	Reassesses patient and cardiac rhythm confirming patient remains pulseless and in a rhythm requiring defibrillation		
23	Repeats defibrillation steps at least one time utilizing the appropriate subsequent dose based on manufacturer recommendation		

	Infrequently Used Skills Verification Checklist **Pediatric Cardioversion/Defibrillation**	**1110-I**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe/recognize the indications for synchronized cardioversion and defibrillation on a pediatric patient and proficiently perform both procedures.

Equipment: Appropriate PPE, pediatric defibrillation manikin, length based pediatric resuscitation tape, cardiac rhythm simulator, monitor/defibrillator, pediatric defibrillation paddles with conductive medium or pediatric defibrillation electrodes.

Performance Criteria: The AEMT II or paramedic will be required to adequately describe/recognize the indications for synchronized cardioversion and defibrillation on a pediatric patient and proficiently perform both procedures on a manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		

2	Verbalizes indications for synchronized cardioversion
	• Probable SVT or VT with cardiopulmonary compromise including:
	  ○ Hypotension
	  ○ Acutely altered mental status
	  ○ Signs of shock		

3	Verbalizes that pediatric cardioversion is a base/modified base hospital order		
4	Recognizes rhythm on the monitor requiring cardioversion		
5	Correctly applies hands free defibrillation electrodes or conductive medium		
6	Ensures that ‘SYNC’ button on the monitor is selected and that the synchronization indicators are active on the QRS complex		
7	Selects appropriate initial cardioversion dose: • 0.5 – 1 J/kg (calculated using length based pediatric resuscitation tape)		
8	Charges defibrillator		
9	If using paddles, places them on appropriate landmarks with firm pressure		
10	Verbally states “CLEAR” and visually checks that other rescuers are clear		
11	Delivers cardioversion by holding down the ‘SHOCK’ button until the defibrillator discharges		
12	Re-assesses and properly identifies cardiac rhythm on the monitor		
13	Repeats cardioversion steps at least one time, increasing dose • 2 J/kg (calculated using length based pediatric resuscitation tape)		

	Infrequently Used Skills Verification Checklist Pediatric Cardioversion/Defibrillation	1110-I

Step	Description	Does	Does Not
*****AEMT II or paramedic is advised that patient has become pulseless and apneic*****			
14	Recognizes rhythm on the monitor requiring defibrillation		
15	Reassess patient to confirm absence of pulses		
16	Turns off 'SYNC' button and selects appropriate initial defibrillation dose • 2 J/kg (calculated using length based pediatric resuscitation tape)		
17	Charges defibrillator		
18	If using paddles, places them on appropriate landmarks with firm pressure		
19	Verbally states "CLEAR" and visually checks that other rescuers are clear		
20	Delivers defibrillation		
21	Initiates CPR x 2 minutes		
22	Reassesses patient and cardiac rhythm confirming patient remains pulseless and in a rhythm requiring defibrillation		
23	Repeats defibrillation steps at least one time utilizing the appropriate subsequent dose • 4 J/kg (calculated using length based pediatric resuscitation tape)		

	Infrequently Used Skills Verification Checklist **Transcutaneous Cardiac Pacing**	**1110-J**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications for transcutaneous cardiac pacing and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, adult manikin, cardiac monitor with pacing capabilities, cardiac rhythm simulator, EKG and pacing electrodes, appropriate skin prep items (razor, 4x4's, etc.).

Performance Criteria: The paramedic will be required to adequately describe the indications for transcutaneous cardiac pacing and proficiently perform the procedure on a manikin.

Step	Description	Does	Does Not
1	States/demonstrates use of appropriate PPE		

2	States indications for transcutaneous cardiac pacing
	• Persistent bradycardia causing any of the following:
	  ○ Hypotension
	  ○ Acutely altered mental status
	  ○ Signs of shock
	  ○ Ischemic chest discomfort
	  ○ Acute Heart Failure
	• Atropine ineffective or not indicated
	• Verbalizes that pediatric transcutaneous pacing is a base/modified base hospital order		

3	Recognizes rhythm on the monitor requiring transcutaneous cardiac pacing		
4	Explains procedure to patient/family and informs that discomfort may occur as a result of nerve stimulation or muscle contraction		
5	Verbalizes consideration of sedation (one of the following): • Midazolam: 2 – 5 mg IV/IO • Morphine: 2 – 5 mg IV/IO • Fentanyl: 25 – 50 mcg IV/IO		
6	Properly places EKG electrodes on patient's chest, far enough away from pacing electrodes to ensure a clear signal – ensures EKG electrodes remain attached during pacing therapy		
7	Properly places pacing electrodes on patient's chest		
8	Selects pacing mode on the cardiac monitor		
9	Selects initial pacing rate of 60/min		
10	Sets initial current at 10 mA and increases by 10 mA increments while assessing for mechanical capture		

Step	Description	Does	Does Not
11	Describes confirmation of pacing capture • Recognizes electrical capture on the EKG • Recognizes mechanical capture by evaluation of patient cardiac output, pulses, increased BP and improved circulatory status		
12	Once pacing is initiated (mechanical capture), properly adjusts rate based on patient's clinical response (60 – 70/min)		
13	Monitor's/re-evaluates patient as needed and increases current as necessary to maintain mechanical capture		

	Infrequently Used Skills Verification Checklist **Intraosseous (IO) Infusion**	**1110-K**

Name:	Date:
Provider Agency:	Evaluator:

Objective: Describe the indications/contraindications for powered IO device utilization and demonstrate the ability to proficiently perform the procedure.

Equipment: Appropriate PPE, IO manikin, S-SV EMS approved powered IO device/needle, needle securing supplies, antiseptic agent, 10 mL syringe, flush solution or prefilled syringe, IV extension set, IV administration set, IV solution, blood pressure cuff or pressure bag, 2% lidocaine.

Performance Criteria: The AEMT (pediatric only) or paramedic (pediatric and adult patients) will be required to adequately describe the indications/contraindications for powered IO device utilization and proficiently perform the procedure on an IO manikin.

Step	Description	Does	Does Not
1	Verbalizes/demonstrates use of appropriate PPE		

2	Verbalizes indications for IO infusion
	• Weight ≥3 kg and unable to achieve IV access rapidly (within 60 – 90 seconds) in a patient with one or more of the following:
	  ○ Cardiac arrest
	  ○ Hemodynamic instability (SBP <90 and signs of shock)
	  ○ Imminent respiratory failure
	  ○ Status epilepticus with prolonged seizure activity <10 minutes
	  ○ Toxic conditions requiring immediate IV access for antidote		

3	Verbalizes contraindications for IO infusion (any of the following) • Fracture or suspected vascular compromise in targeted bone • Excessive tissue or absence of adequate anatomic landmarks • Infection at area of insertion site • Previous significant orthopedic procedure at site (e.g., prosthetic limb) • IO access in targeted bone within past 48 hours		
4	Verbalizes/selects appropriate adult IO site (paramedic only) • Proximal Tibia: Approximately 3 cm (2 finger widths) below the patella and approximately 2 cm (1 finger width) medial, along the flat aspect of the tibia • Distal Tibia: Approximately 3 cm (2 finger widths) proximal to the most prominent aspect of the medial malleolus • Humerus: On the most prominent aspect of the greater tubercle, 1 – 2 cm above the surgical neck		
5	Verbalizes/selects appropriate pediatric IO site (AEMT & paramedic) • Proximal Tibia: Just below patella, approximately 1 cm (1 finger width) and slightly medial, approximately 1 cm along the flat aspect of the tibia • Distal Tibia: approximately 1-2 cm (1 finger width) proximal to the most prominent aspect of the medial malleolus • Distal Femur: Just proximal to the patella (maximum 1 cm) and approximately 1 – 2 cm medial to midline		

Step	Description	Does	Does Not
6	Prepares equipment for procedure • Primes extension set with normal saline (if patient unresponsive to pain) or 2% lidocaine (if patient responsive to pain) • Assembles IV bag, IV tubing and pressure infuser • Fills 10 mL syringe with normal saline flush solution (or uses prefilled syringe) • Assembles 2% lidocaine if necessary (patients responsive to pain) • Selects appropriate size needle or device (based on manufacturer) • Attaches needle to driver (based on manufacturer)		
7	Preps IO site using aseptic technique		
8	Inserts IO needle according to manufacturer specific instructions		
9	Stabilizes needle, removes stylet from catheter and places in sharps container		
10	If using manufacturer supplied stabilizer device, place prior to attaching extension set (or at appropriate time per manufacturer instructions)		
11	Attaches primed extension set to IO catheter		
12	Secure IO needle per manufacturer instructions		

13	For patients unresponsive to pain
	• Administers rapid flush of 10 mL of normal saline
	For patients responsive to pain:
	• Slowly administers 2% lidocaine over 120 seconds
	  ○ Adult – 40 mg
	  ○ Pediatric – 0.5 mg/kg (maximum 40 mg)
	• Allows lidocaine to dwell in IO space 60 seconds
	• Administers rapid flush of 10 mL of normal saline
	• Slowly administers a subsequent ½ dose of 2% lidocaine over 60 seconds
	  ○ Adult – 20 mg
	  ○ Pediatric – ½ the initial dose (maximum 20 mg)		

14	Connects fluids to extension set using IV tubing and administers fluid by applying pressure to the fluid bag if necessary to achieve desired rate		
15	Dresses site and secures tubing		
16	Checks administration rate and IO site for infiltration		

	Multiple Casualty Incident (MCI) Response Procedures Checklist	1110-L

Name:	Date:
Provider Agency:	Evaluator:
Objective: Describe/demonstrate the procedures for managing EMS aspects of an MCI.	
Equipment: MCI identification vests, S-SV EMS approved triage tags, S-SV EMS MCI Checklist and Medical Branch Organizational Chart (837-A), S-SV EMS Prehospital Patient Tracking Worksheet (837-B).	
Performance Criteria: Prehospital personnel will be required to adequately describe/demonstrate the criteria for declaring an MCI, the procedures for managing an MCI and the appropriate utilization of triage tags. Performance criteria may be assessed through instructor led training, or by participation in a tabletop or full scale MCI exercise.	

Step	Description	Does	Does Not

1	Verbalizes MCI definition/criteria:
	• An incident which requires more emergency medical resources to adequately deal with victims than those available during routine responses, including an incident that meets any of the following criteria:
	  ○ Five (5) or more IMMEDIATE and/or DELAYED patients, or
	  ○ Ten (10) or more MINOR patients, irrespective of the number of IMMEDIATE and/or DELAYED patients, or
	  ○ At the discretion of prehospital or hospital providers		

2	Describes the roles/functions of the Control Facility (CF), the requirement/ importance of early CF notification/utilization (including a pre-alert when possible), and identifies the appropriate CF to notify/utilize based on the incident location: • Enloe Medical Center – Butte, Colusa & Glenn counties • Rideout Regional Medical Center – Sutter & Yuba counties • Sutter Roseville Medical Center – Western slope of Nevada & Placer counties • Tahoe Forest Hospital – Tahoe & eastern slope of Nevada & Placer counties • Mercy Medical Center Redding – Shasta, Siskiyou & Tehama counties		
3	Verbalizes/demonstrates the most appropriate method of CF communication during an MCI (telephone, radio – including channel, etc.) based on local procedures		
4	Verbalizes/demonstrates requirement to check in with or establish Incident Command (IC) and/or Medical Command upon arrival at scene		
5	Verbalizes/demonstrates required roles/functions during an MCI (Triage, Treatment & Transportation), and describes a basic understanding of these roles/functions		
6	Describes/demonstrates MCI identification vest utilization		
7	Describes/demonstrates the ordering process for additional transport/medical resources (all additional resources must be ordered through the IC)		
8	Demonstrates appropriate utilization of triage tags and verbalizes/demonstrates the use of triage tags on all patients prior to transport		

Step	Description	Does	Does Not
9	Describes/demonstrates triage procedures/considerations: • Initial triage should take no longer than 30 – 60 seconds per patient • Treatment prior to triage of all patients shall be restricted to airway establishment and hemorrhage control, to include the use of tourniquets and/or hemostatic dressings • CPR generally should not be initiated unless an overabundance of ALS personnel, equipment, transport units, and immediate receiving facilities exist • Any patient who has a tourniquet or hemostatic dressing applied to control hemorrhage shall be deemed an 'IMMEDIATE' regardless of the START triage algorithm • Patients placed in spinal motion restriction and/or unaccompanied pediatric patients must be categorized as 'DELAYED' at a minimum, as these patients require an ED room/bed upon arrival at the receiving hospital		
10	**(OPTIONAL)** – Describes/demonstrates appropriate utilization of a colored ribbon patient triage system if utilized by the EMS provider		
11	Describes/demonstrates appropriate CF communication requirements/procedures: • The Patient Transportation Unit Leader/Medical Communications Coordinator will contact the CF and provide patient information and total number of transport resources available • Patient information provided to the CF will be limited to age, gender, triage category, triage tag number, primary injury type and any special considerations (pregnancy, burns, etc.) • The Patient Transportation Unit Leader/Medical Communications Coordinator will work collaboratively with the CF to ensure appropriate patient distribution based on patient conditions and available transportation resources		
12	Describes/demonstrates appropriate utilization of the S-SV EMS Prehospital Patient Tracking Worksheet (837-B)		
13	Describes/demonstrates notification of the CF when all patients have been transported and the incident has ended		