

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 7, 2024

Tom Morton, EMS Director
Mountain Counties Emergency Medical Services Agency
3505 Spangler Lane
Copperopolis, CA 95228

Dear Mr. Tom Morton,

This letter is in response to Mountain Counties Emergency Medical Services (EMS) Agency's 2020 - 2022 EMS and Quality Improvement (QI) plan submissions to the EMS Authority on February 27, 2023.

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.

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Consequently, your 2023 EMS plan is now due. Mountain Counties 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 January 29, 2025.

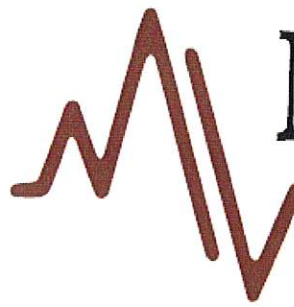
If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

Tom McGinnis

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

Enclosure:
AW: rd



Mountain Counties

EMERGENCY MEDICAL SERVICES AGENCY

Annual EMS Plan Update 2020 thru 2022

August 21, 2023



Executive Summary

The Mountain Counties EMS Agency (MCEMSA) is a regional multi-county Joint Powers Authority (JPA) that serves as the Local EMS Agency (LEMSA) for the counties of Alpine, Amador, Calaveras, and Mariposa. The member counties have delegated all California Health and Safety Code, Division 2.5 and California Code of Regulations responsibilities for a LEMSA to MCEMSA.

The Agency was formerly known as Mountain-Valley EMS Agency which had also served Stanislaus County through June 30, 2022. On July 1, 2022 Stanislaus County withdrew from the JPA and established its own single county LEMSA.

The Governing Board of Directors for the JPA consists of a County Supervisor from each of the member counties. The EMS system in these counties has been developed through a partnership between the EMS Agency, 9-1-1 Public Services Answering Points (PSAPS), EMS dispatch centers, Basic Life Support (BLS) Fire Department First Responders, Advanced Life Support (ALS) Fire Department First Responders, ambulance providers, and base hospitals.

The four counties encompass an area of some 3,848 square miles with a resident population of approximately 102,846 people. The region ranges from remote wilderness areas to rural population centers. Extremes of weather are characteristic of the region, which encompasses the Sierra Nevada Mountain range. Highway 49 runs through Alpine, Amador, Calaveras, and Mariposa Counties. Highway 88 also traverses through Amador and Alpine Counties through farmlands to wilderness areas.

The mission of the Mountain Counties EMS Agency is to ensure the appropriate provision of quality pre-hospital care services to the public in a cost-effective manner as an integrated part of the overall health care system and to provide the framework for quality emergency medical services to the citizens of Alpine, Amador, Calaveras, and Mariposa Counties.

MCEMSA has three (3) base hospitals, one located in each of the counties of Amador, Calaveras, and Mariposa. There currently are no specialty centers for Trauma, STEMI, or Stroke in the MCEMSA jurisdiction as of July 1, 2022.

Through June 30, 2022 the Agency had designated two Level II Trauma Centers, three STEMI Receiving Centers, one Comprehensive Stroke Center and two Primary Stroke Centers in Stanislaus County. The Agency also managed regional Stroke and Regional STEMI plans. These specialty center designations and plans transferred to the newly formed Stanislaus County EMS Agency on July 1, 2022.

Alpine County is unique in that it has no Acute Care Hospital, nor an in-county ambulance provider. The Alpine County Sheriff's Dispatch shares Primary PSAP responsibilities with Douglas County (NV) Emergency Communications Center.

Approval of CE Programs and EMT Training Programs continues throughout the region along with renewals of the programs every four years. Programs operated out of Stanislaus County were transferred to the Stanislaus County EMS Agency's jurisdiction on July 1, 2022.

The Agency has worked closely with the EMS providers to integrate electronic patient care reporting (ePCR) with FirstWatch/FirstPass systems. The prehospital transport agencies utilize proprietary ePCR systems which are compliant to the required CEMSIS/NEMSIS versions and has permitted a more complete submittal of Core Measures data as well as the monitoring of APOT data.

The Agency works with all EMS ambulance and fire providers to conduct community education programs and events throughout the year. The Agency provides a simple procedure for private and community organizations to report the installation of AEDs in public locations; and maintains a listing of these devices as a support to the dispatch centers throughout the region. The Agency also operates a Mobile Simulation Lab (SimLab) to assist in training of field personnel featuring a hi-fidelity mannequin.

The MCEMSA Executive Director is the MHOAC designee in all 4 member counties secondary to each County Health Officer with county-specific policies to support this function. In addition, MCEMSA provides 24/7/365 EMS Duty Officer coverage to all 4 member counties, also supported by policy. The Agency actively works with all member counties to implement the 17 functions of CA Health and Safety Code, Division 2.3, Section 1797.153.

Specifics of the Mountain Counties EMS Agency EMS Plan are contained within the annual EMS Plan update.

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure	X		
1.02 EMS Administration Budget	X		
1.03 Employment of Medical Director	X		
1.04 Medical Control	x		
1.05 Expert Consultation	x		
1.06 Public Input on Plans, Policies, Procedures	X		
1.07 Establishment of Policies, Procedures, Protocols	X		
1.08 Availability of Policies, Procedures, Protocols	X		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	X		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	X		
2.03 EMT & AEMT Certification Status	X		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	X		
2.05 Paramedic Accreditation	X		
2.06 RN & MICN Standards	X		
2.07 EMT, AEMT, Paramedic Training Program Compliance	X		
2.08 EMT Training Course Challenge	X		
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	X		
2.10 Reporting of Paramedic Actions or Omissions	X		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License	X		
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	X		
2.13 Critical Care Paramedic Training & Accreditation	X		
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	X		
2.15 Procedures for Management of Complex Patients	X		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	X		
3.02 City and Fire District Dispatch	X		
3.03 Medical Dispatch Center Protocols	X		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	X		
3.05 Medical Communication System Plan	X		
3.06 Emergency System for Inter-hospital Communication	X		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area	X		
4.02 Provider Selection	X		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	X		
4.04 Advanced Life Support Provider Application	X		
4.05 Response Time Standards	X		
4.06 System Status Management	X		
4.07 Creation of Exclusive Operating Area and Approval	X		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
5.01 Hospital and Health Facility Designation	X		
5.02 Acute Care Facility Assessment and Specialty Care System Development	X		
5.03 Patient Safety and Non-Permit Facility in Rural Area	X		
5.04 Critical Care System	X		
F. DATA COLLECTION AND EVALUATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.01 Data Management System Compliancy with CEMISIS/NEMSIS	X		
6.02 Electronic Health Record Data	X		
6.03 Integrated Data Management System using CEMISIS/NEMSIS	X		
6.04 Electronic Patient Health Information Exchange			N/A. The current work by the State's contracted organization to work on Health Information Exchange does not involve the counties in the Mountain Counties EMS Agency region.

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMISIS/NEMISIS	X		
6.06 EMS QA/QI Program	X		
6.07 EMS Service Provider QI Program	X		
6.08 EMS Quality Core Measures	X		
6.09 Ambulance Patient Offload Times	X		
6.10 Data Collection from Specialty Care Centers	X	X	
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	X		
7.02 Program for Public Awareness of EMS System	X		
7.03 Public Training on First Aid, Bleeding Control, CPR	X		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



G. PUBLIC INFORMATION AND EDUCATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.04 Public Education on Injury and Illness Prevention	X	X	
7.05 Public Training and Education on Disaster Preparedness	X		
H. DISASTER MEDICAL RESPONSE	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	X		
8.02 Medical Response Plans	X		
8.03 Distribution of Disaster Casualties	X		
8.04 MHOAC Coordinator	X		
8.05 Situation Status Reporting & Communication of Emergency Requests	X		
8.06 Identification of EMS Resources	X		
8.07 Medical Mutual Aid Agreements	X		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



H. DISASTER MEDICAL RESPONSE (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.08 Disaster Medical Training of EMTs & Paramedics	X		
8.9 Integration of Hospitals' Disaster Emergency Plan	X		
8.10 Development of Medical & Health Disaster Plan	X		
8.11 Hospital Evacuation	X		
8.12 Increase in Prehospital EMS Needs	X		
8.13 Specialty Care Center Role in Disasters	X		
8.14 Mutual Aid Requests in EOA Areas	X		



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency: Mountain-Valley EMS Agency

Plan Year: 2020

EMS Director/Administrator: Cindy Murdaugh

EMS Medical Director: Greg Kann, MD

Physical Address: 1101 Standiford Ave., Suite D1
Modesto, CA 95350

Type of Agency: County Health Services Agency
 Public Health Department
 Joint Powers Agency
 Non-Health County Department
 Private Non-Profit Entity

Number of Counties in Local EMS Agency: 5
 Counties within Regional Agency: Alpine, Amador, Calaveras, Mariposa, Stanislaus

Population of EMS system: 657,617

Local EMS Agency responsibility: Hospital Preparedness Program
 Public Health Emergency Preparedness Program
 Other: _____

EMS Agency Organization

Organizational Charts Attached: County Structure EMS Agency

EMS Agency Budget

Fiscal Year: 2019/2020

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 1,037,822
Contract Services	\$ 237,398
Services and Supplies	\$ 272,226
Total Expenses*	\$ 1,547,446



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$
Grant Revenue	\$ 56,127
Fees	\$ 1,124,949
Other: State General Fund	\$ 366,370
Total Revenue*	\$ 1,547,446

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: July 1, 2019

	Item	Fee	Comment
Certifications	First responder certification	\$ 30.00	
	First responder re-certification	\$ 30.00	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 125.00	
	EMT recertification	\$ 87.00	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$ 150.00	
	AEMT recertification	\$ 87.00	
	Paramedic accreditation	\$ 100.00	
	Paramedic re-accreditation	\$ 100.00	
	MICN/ARN certification	\$ 100.00	
	MICN/ARN recertification	\$ 50.00	
Program Approval	EMR training program approval	\$ 200.00	
	EMT training program approval	\$ 2,500.00	
	AEMT training program approval	\$	
	Continuing education provider	\$ 200.00	
	Paramedic training program approval	\$ 10,000.00	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 750.00	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$ 5,000.00	
	STEMI/Cardiac center designation	\$ 32,000.00	
	Stroke center application	\$ 5,000.00	
	Stroke center designation	\$ 25,000.00	
	Trauma center application	\$ 25,000.00	Level I and II; \$5,000 Level III and IV
	Trauma center designation	\$ 100,000.00	Level I and II; \$32,000 Level III and IV
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 10

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	Management	No	1.0	\$ 100,119-137,222	\$ 100,119	33.2 %	\$ 33,244
Asst./Deputy EMS Administrator	Management	No	1.0	\$ 81,468-111,659	\$ 95,376	39.3 %	\$ 37,522
EMS Medical Director		Yes	0.23	\$ 304,348	\$ 70,000	%	\$
EMS Coordinator	Non Clinical Staff	No	0.63	\$ 51,503-64,379	\$ 42,419	53.9 %	\$ 22,890
EMS Specialist	Clinical Staff	No	1.0	\$ 64,379-76,281	\$ 70,824	52.9 %	\$ 37,488
CQI Coordinator	Clinical Staff	No	0.5	\$ 76,281-95,351	\$ 40,050	51.3 %	\$ 20,573
Trauma Coordinator	Clinical Staff	No	0.5	\$ 76,281-95,351	\$ 40,050	51.3 %	\$ 20,573
EMS Analyst	Non Clinical Staff	No	1.0	\$ 51,503-64,379	\$ 64,379	56.3 %	\$ 36,273
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Administrative Support	No	1.0	\$ 41,243-51,555	\$ 46,738	43.1 %	\$ 20,163
Office Assistant III	Administrative Support	No	1.0	\$ 41,243-51,555	\$ 51,555	41.6 %	\$ 21,451
EMS Specialist	Clinical Staff	No	1.0	\$ 64,379-76,281	\$ 43,333	37.9 %	\$ 16,421
Administrative Assistant	Administrative Support	No	1.0	\$ 41,243-51,555	\$ 43,305	70.7 %	\$ 30,608
				\$	\$	%	\$
				\$	\$	%	\$

(09/2019)



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency: Mountain-Valley EMS Agency

Plan Year: 2021

EMS Director/Administrator: Cindy Murdaugh

EMS Medical Director: Greg Kann, MD

Physical Address: 1101 Standiford Ave., Suite D1
Modesto, CA 95350

Type of Agency:

- County Health Services Agency
- Public Health Department
- Joint Powers Agency
- Non-Health County Department
- Private Non-Profit Entity

Number of Counties in Local EMS Agency: 5

Counties within Regional Agency: Alpine, Amador, Calaveras, Mariposa, Stanislaus

Population of EMS system: 657,553

Local EMS Agency responsibility:

- Hospital Preparedness Program
- Public Health Emergency Preparedness Program
- Other: _____

EMS Agency Organization

Organizational Charts Attached: County Structure EMS Agency

EMS Agency Budget

Fiscal Year: 2020-2021

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$1,299,314
Contract Services	\$ 195,016
Services and Supplies	\$ 327,530
Total Expenses*	\$1,821,860



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$
Grant Revenue	\$ 88,804
Fees	\$ 1,263,355
Other: State General Fund	\$ 366,279
Total Revenue*	\$ 1,718,438

Provide brief explanation if totals do not equal: Personnel expenses increased during the fiscal year due to a step increase for management and merit increases for staff

EMS Agency Fee Structure

Effective Date of Fees: 7/1/2019

	Item	Fee	Comment
Certifications	First responder certification	\$ 30.00	
	First responder re-certification	\$ 30.00	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 125.00	
	EMT recertification	\$ 87.00	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$ 150.00	
	AEMT recertification	\$ 87.00	
	Paramedic accreditation	\$ 100.00	
	Paramedic re-accreditation	\$	
	MICN/ARN certification	\$ 100.00	
	MICN/ARN recertification	\$ 50.00	
Program Approval	EMR training program approval	\$ 200.00	
	EMT training program approval	\$ 2,500.00	
	AEMT training program approval	\$	
	Continuing education provider	\$ 200.00	
	Paramedic training program approval	\$ 10,000.00	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 750.00	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$	
	Stroke center application	\$	
	Stroke center designation	\$	
	Trauma center application	\$	
	Trauma center designation	\$	
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 4.75

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	Management	No	1.0	\$100,119-137,2	\$126,823	%	\$44,468
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director		Yes	0.12	\$416,000	\$48,000	%	\$
EMS Coordinator	Non-Clinical Staff	No	0.63	\$57,934-72,417	\$49,635	%	\$19,909
EMS Specialist				\$	\$	%	\$
CQI Coordinator	Clinical Staff	No	1.0	\$72,417-85,805	\$72,417	%	\$25,424
Trauma Coordinator				\$	\$	%	\$
EMS Analyst	Non-Clinical Staff	No	1.0	\$57,934-72,417	\$72,417	%	\$36,785
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	ministrative Supp	No	1.0	\$46,393-5	\$57,992	%	\$22,60
Office Assistant III				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

(09/2019)



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency: Mountain-Valley EMS Agency

Plan Year: 2022

EMS Director/Administrator: Cindy Murdaugh

EMS Medical Director: Greg Kann, MD

Physical Address: 3505 Spangler Lane, Suite 405
Copperopolis, CA 95228

Type of Agency: County Health Services Agency
 Public Health Department
 Joint Powers Agency
 Non-Health County Department
 Private Non-Profit Entity

Number of Counties in Local EMS Agency: 4
 Counties within Regional Agency: Alpine, Amador, Calaveras, Mariposa

Population of EMS system: 103,591

Local EMS Agency responsibility: Hospital Preparedness Program
 Public Health Emergency Preparedness Program
 Other: _____

EMS Agency Organization

Organizational Charts Attached: County Structure EMS Agency

EMS Agency Budget

Fiscal Year: 2021-2022

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 923,916
Contract Services	\$ 298,431
Services and Supplies	\$ 437,816
Total Expenses*	\$ 1,660,153



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$
Grant Revenue	\$ 56,127
Fees	\$ 1,187,829
Other: State General Fund	\$ 366,406
Total Revenue*	\$ 1,610,362

Provide brief explanation if totals do not equal:

We had extra contractor expense to assist with MHOAC duties related to the COVID-19 pandemic response

EMS Agency Fee Structure

Effective Date of Fees: July 1, 2019

	Item	Fee	Comment
Certifications	First responder certification	\$ 30.00	
	First responder re-certification	\$ 30.00	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 125.00	
	EMT recertification	\$ 87.00	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$ 150.00	
	AEMT recertification	\$ 87.00	
	Paramedic accreditation	\$ 100.00	
	Paramedic re-accreditation	\$	
	MICN/ARN certification	\$ 100.00	
	MICN/ARN recertification	\$ 50.00	
Program Approval	EMR training program approval	\$ 200.00	
	EMT training program approval	\$ 2,500.00	
	AEMT training program approval	\$	
	Continuing education provider	\$ 200.00	
	Paramedic training program approval	\$ 10,000.00	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 750.00	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

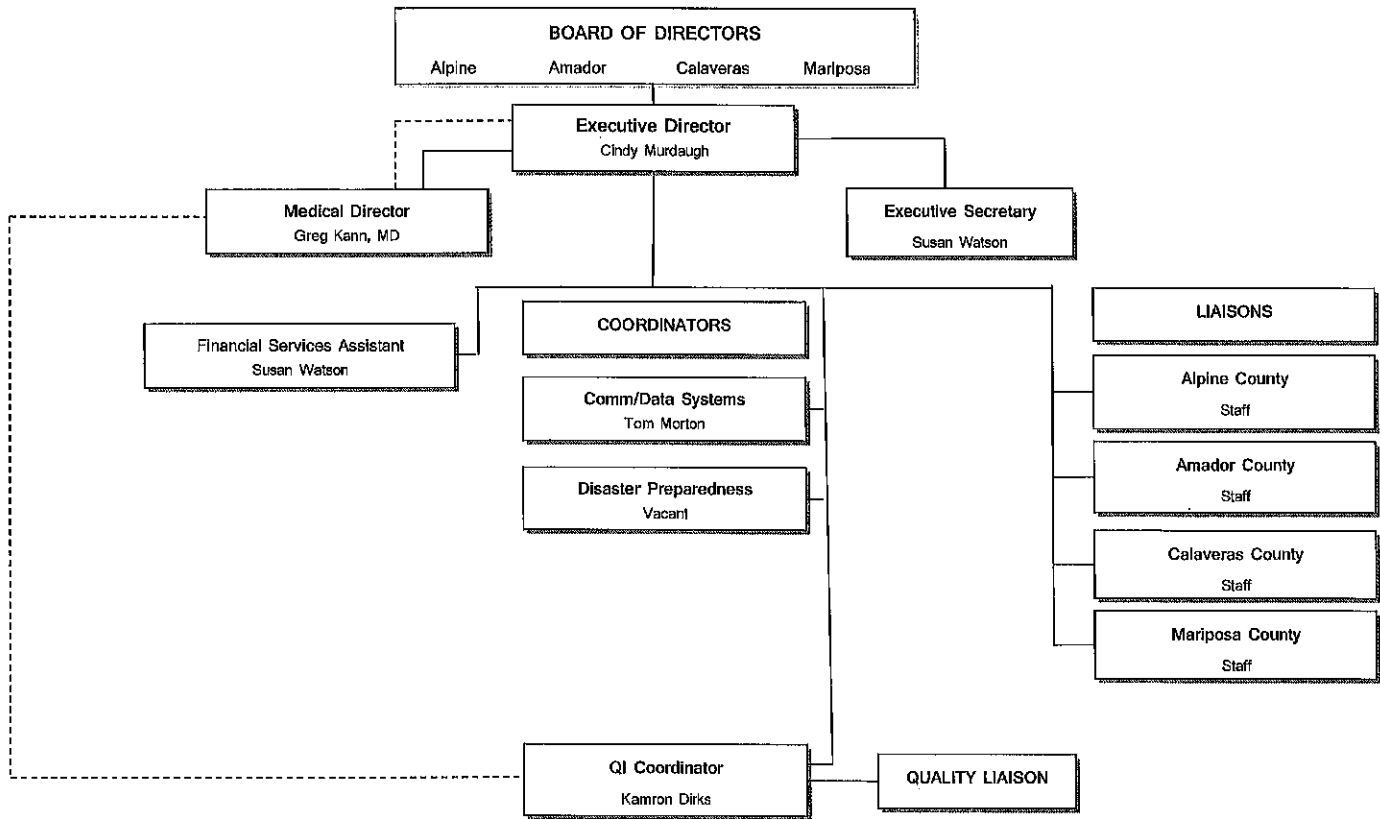
	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$ 5,000.00	
	STEMI/Cardiac center designation	\$ 32,000.00	
	Stroke center application	\$ 5,000.00	
	Stroke center designation	\$ 25,000.00	
	Trauma center application	\$ 25,000.00	
	Trauma center designation	\$ 100,000.00	
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 4.23

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	Management	No	1.0	\$ 100,119-137,117	\$ 126,823	35 %	\$44,468
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director		Yes	0.23	\$	\$ 70,000	%	\$
EMS Coordinator				\$	\$	%	\$
EMS Specialist				\$	\$	%	\$
CQI Coordinator	Clinical Staff	No	1.0	\$ 72,417-85,800	\$ 72,417	36 %	\$25,718
Trauma Coordinator				\$	\$	%	\$
EMS Analyst	Non-Clinical Staff	No	1.0	\$57,934-72,417	\$ 72,417	51 %	\$36,785
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Admin Support	No	1.0	\$ 46,393-57,992	\$ 57,992	39 %	\$22,600
Office Assistant III				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

Mountain Valley Emergency Medical Services Agency Organizational Chart



10/17/22

Legend: (Dotted line) Advisory/Communication Pathway
(Solid line) Direct Line of Authority



TABLE 2: MANPOWER AND TRAINING

County: MVEMSA

Reporting Year: 2020

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified	1192			345	
Number newly certified this year	126			37	
Number recertified this year	458			125	
Total accredited on July 1 of reporting year			397		
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: _____	Expiration Date of Training Program: _____
Student Eligibility: _____ (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: _____	Phone Number: _____
Address: _____ _____	Contact Name: _____

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MVEMSA

Reporting Year: 2021

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified	1176			330	
Number newly certified this year	153			28	
Number recertified this year	435			137	
Total accredited on July 1 of reporting year			375		
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: _____
Student Eligibility: _____ (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: _____	Phone Number: _____
Address: _____ _____	Contact Name: _____

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified	1055			256	
Number newly certified this year	99			14	
Number recertified this year	336			69	
Total accredited on July 1 of reporting year			357		
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: _____
Student Eligibility: _____ (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: _____	Phone Number: _____
Address: _____ _____	Contact Name: _____

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>60-0011</u>	Expiration Date of Training Program: <u>04/30/2026</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Sutter Amador Hospital</u>	Phone Number: <u>209-223-7555</u>
Address: <u>200 Mission Blvd.</u> <u>Jackson, CA 95642</u>	Contact Name: <u>Jessica Sharver</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0101</u>	Expiration Date of Training Program: <u>04/30/2026</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>American Legion Ambulance</u>	Phone Number: <u>209-223-2963</u>
Address: <u>11350 American Legion Drive</u> <u>Jackson, CA 95642</u>	Contact Name: <u>Michelle Tyer</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0200</u>	Expiration Date of Training Program: <u>10/31/2024</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Murphys Fire Protection District</u>	Phone Number: <u>209-728-3864</u>
Address: <u>P.O. Box 1260</u> <u>Murphys, CA 95247</u>	Contact Name: <u>Stuart Sant</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0205</u>	Expiration Date of Training Program: <u>02/29/2024</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>West Point Fire</u>	Phone Number: <u>209-293-7000</u>
Address: <u>P.O. Box 315</u> <u>West Point, CA 95255</u>	Contact Name: <u>Bill Fullerton</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0210</u>	Expiration Date of Training Program: <u>11/20/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>City of Angels Fire Departm</u>	Phone Number: <u>209-736-4081</u>
Address: <u>1404 Vallecito Rd.</u> <u>Angels Camp, CA 95222</u>	Contact Name: <u>Nathan Pry</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0221</u>	Expiration Date of Training Program: <u>12/31/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Ebbetts Pass Fire District</u>	Phone Number: <u>209-795-1646</u>
Address: <u>P.O. Box 66</u> <u>Arnold, CA 95223</u>	Contact Name: <u>Matt O'Donnell</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>60-0232</u>	Expiration Date of Training Program: <u>03/31/2025</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Jackson Fire District</u>	Phone Number: <u>209-223-9039</u>
Address: <u>10600 Argonaut Lane</u> <u>Jackson, CA 95642</u>	Contact Name: <u>Deborah Mackey</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

TABLE 2: MANPOWER AND TRAINING



County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0240</u>	Expiration Date of Training Program: <u>01/31/2025</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Amador Fire Protection Dis</u>	Phone Number: <u>209-223-6391</u>
Address: <u>810 Court St.</u> <u>Jackson, CA 95642</u>	Contact Name: <u>Justin Yelinek</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0262</u>	Expiration Date of Training Program: <u>03/31/2026</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>San Andreas Fire Protectio</u>	Phone Number: <u>209-754-4693</u>
Address: <u>P.O.Box 88</u> <u>San Andreas, CA 95249</u>	Contact Name: <u>Bryan Santos</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

TABLE 2: MANPOWER AND TRAINING



County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0506</u>	Expiration Date of Training Program: <u>05/31/2025</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Central Calaveras Fire/Res</u>	Phone Number: <u>209-754-3906</u>
Address: <u>19927 Jesus Maria Rd.</u> <u>Mokelumne Hill, CA 95245</u>	Contact Name: <u>Bill Wennhold</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-0702</u>	Expiration Date of Training Program: <u>06/30/2023</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Mercy Medical Transportati</u>	Phone Number: <u>209-966-5762</u>
Address: <u>5081 Hwy 140</u> <u>Mariposa, CA 95341</u>	Contact Name: <u>Amy Cubb</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-2001</u>	Expiration Date of Training Program: <u>05/31/2025</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Mariposa County Public He</u>	Phone Number: <u>209-742-0954</u>
Address: <u>P.O. Box 5</u> <u>Mariposa, CA 95338</u>	Contact Name: <u>Dr. Eric Sergienko</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-2009</u>	Expiration Date of Training Program: <u>06/30/2023</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Copperopolis Fire Protectio</u>	Phone Number: <u>209-840-2877</u>
Address: <u>370 Main St.</u> <u>Copperopolis, CA 95228</u>	Contact Name: <u>Matt Sowell</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-2223</u>	Expiration Date of Training Program: <u>01/31/2026</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Lockwood Fire Protection C</u>	Phone Number: <u>209-296-5122</u>
Address: <u>P.O. Box 221</u> <u>Volcano, CA 95689</u>	Contact Name: <u>Robert Withrow</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													
Number of students completing training													



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>60-2233</u>	Expiration Date of Training Program: <u>12/31/2023</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Yosemite National Park</u>	Phone Number: <u>209-372-4637</u>
Address: <u>P.O.Box 550</u> <u>Yosemite, CA 95389</u>	Contact Name: <u>Pete Ippoliti</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-2235</u>	Expiration Date of Training Program: <u>11/30/2023</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Mariposa County Unified School District</u>	Phone Number: <u>209-742-8433</u>
Address: <u>P.O. Box 8</u> <u>Mariposa, CA 95338</u>	Contact Name: <u>Dana Tafoya</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: <u>60-2236</u>	Expiration Date of Training Program: <u>04/20/2026</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Eastern Alpine Fire Rescue</u>	Phone Number: <u>530-694-2223</u>
Address: <u>60 Diamond Valley Rd.</u> <u>Markleeville, CA 96120</u>	Contact Name: <u>Sherry Stofko</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													
Number of students completing training													



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: <u>01/31/2027</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Copperopolis Fire Protectio</u>	Phone Number: <u>209-785-2393</u>
Address: <u>370 Main St.</u> <u>Copperopolis, CA 95228</u>	Contact Name: <u>Matt Sowell</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: <u>05/31/2027</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Lockwood Fire Protection C</u>	Phone Number: <u>209-296-5122</u>
Address: <u>23141 Shake Ridge Rd.</u> <u>Volcano, CA 95689</u>	Contact Name: <u>Brian Jones</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: <u>06/30/2023</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Ione Fire Department</u>	Phone Number: <u>209-304-7945</u>
Address: <u>P.O. Box 1628</u> <u>Ione, CA 95640</u>	Contact Name: <u>Becky Booker</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: <u>10/31/2023</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Mariposa County Fire Dept</u>	Phone Number: <u>559-760-4033</u>
Address: <u>2281 Sierra Vista Way</u> <u>Mariposa , CA 95338</u>	Contact Name: <u>Anthony Misner</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 2: MANPOWER AND TRAINING

County: MCEMSA

Reporting Year: 2022

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified					
Number newly certified this year					
Number recertified this year					
Total accredited on July 1 of reporting year					
Number of certification reviews resulting in:					
• Formal investigations					
• Probation					
• Suspensions					
• Revocations					
• Denials					
• No action taken					
Number of personnel authorized/certified in:					
• Early defibrillation					

TABLE 2: MANPOWER AND TRAINING



Available Training

Continuing Education Number: _____	Expiration Date of Training Program: <u>10/31/2024</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Murphys Fire Protection Dis</u>	Phone Number: <u>209-728-3864</u>
Address: <u>P.O. Box 1260</u> <u>Murphys, CA 95247</u>	Contact Name: <u>Michael Murray</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



TABLE 3: COMMUNICATIONS

LEMSA: MCEMSA-Alpine

Reporting Year: 2020-2022

EMS Agency Communications Structure

Does the LEMSA have a Public Safety Agency (PSA) which provides 911 call processing services? Yes No

Has the LEMSA approved a PSA EMD Program? Yes No

If so, is the EMD Program performing 911 call processing services and operating in accordance with applicable state guidelines and regulations, and policies adopted by the LEMSA that are consistent with section 1798.8? Yes No

Is there an available connection from the PSA dispatch center to an EMS provider's dispatch center? Yes No

If yes, is it a direct-aided dispatch or an indirect connection?

The PSAP is the approved EMS Dispatch Center

Does the LEMSA have an EMD program allowing for a tiered or modified response, and LEMSA-authorized EMS system providers/Statutorily-authorized EMS system providers are simultaneously notified and dispatched at the same response mode. Yes No

Is there a delegation, assignment, or contract for **911 emergency call processing services** by the PSA? Yes No

It is too/with another PSA, or

The PSA is a joint powers authority, and the delegation/assignment/contract was on or before January 1, 2019, or

The PSA has the concurrence of the PSAs that provide prehospital emergency medical services and the delegation/assignment/contract was on or before January 1, 2019

Is the LEMSA not limiting, supplanting, prohibiting, or otherwise altering the PSA's direct receipt and processing of requests for assistance originating within the emergency 911 system? *No Limits* Yes No

Is the LEMSA not delegated, assigned, or contracted for 911 emergency call processing services in violation of GC 53110? *No Violation* Yes No

The LEMSA has not unilaterally (1798.8):

Reduced the PSA's response mode below that of the EMS transport provider Yes No

Prevented a public safety response *No Violation* Yes No



TABLE 3: COMMUNICATIONS

Altered deployment of public safety emergency response resources

Yes No

The LEMSA is not preventing the PSA from providing mutual aid:

*No Violation,
No Prevention of
Mutual Aid*

Yes No

Number of primary Public Service Answering Points (PSAP):

2

Number of secondary PSAPs:

0

Please list the Public Service Answering Points (PSAP):

Alpine County Sheriff
Douglas County ECC

Please list your primary dispatch center for day-to-day emergencies:

Douglas County ECC

Number of dispatch centers directly dispatching ambulances:

1

Please list the ambulance companies:

East Fork Fire Protection District
Lake Valley Ambulance
Ebbetts Pass Fire District

How many EMS dispatch centers have a direct connection to their PSAP?

1 *PSAP is approved
EUG Dispatch
Center*

Number of EMS dispatch centers utilizing EMD guidelines

1

Are all EMS dispatch centers compliant with EMD guidelines?

Yes No

If no, please list non-compliant centers and issues:

TABLE 3: COMMUNICATIONS



Do you have an Emergency Medical Service aircraft?

Yes No

If yes, please provide the number of designated dispatch centers for the EMS aircraft:

CareFlight is an outside Agency

- a) Does the aircraft have the capability to communicate with the designated dispatch center? Yes No
- b) Does the aircraft have the capability to communicate with EMS ground units at the scene of an emergency? Yes No
- c) Does your aircraft have the capability to communicate with a designated base hospital? Yes No
- d) Does your aircraft have the capability to communicate with a receiving hospital and or other facilities or agencies? Yes No

Is the LEMSA following Title 22 Article 5 § 100306 regarding (2) All EMS aircraft shall utilize appropriate radio frequencies for dispatch, routing, and coordination of flights? This excludes the use of Med Channel 1-8 and (155.340 MHz and 155.280 MHz) for these purposes.

Yes No

Radio equipment may be inspected to assure compliance with the requirements of the authorizing EMS agency. Is there an equipment inspection policy in place? *To Be Determined*

Yes No

Do you have an operational area disaster communication system?

Yes No

- a) If yes, please identify the primary radio frequency (including PL Tone) and system (Conventional or Trunk):

154.100 / 153.80

- b) Identify other methods: *RACES*

- c) Can all medical response resources communicate on the same disaster communication system?

Yes No



TABLE 3: COMMUNICATIONS

d) Please list which agencies utilize Operational Area Satellite Information System (OASIS):

Douglas County ECC

e) Do you plan to utilize the Radio Amateur Civil Emergency Service (RACES/ARES) as a backup communication system?

Yes No

f) Do you have an interoperability communication plan with surrounding for disaster preparedness?

Yes No

If yes, please describe the system being used:

+bd by Operational Area

g) Do you have the capability to follow the state CTCSS Tone Plan?

Yes No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Alpine Reporting Year: 2020-2022

Dispatch Agency: Douglas County ECC Name of Primary Contact: Brent Finster

Address: Attn: 911 Emergency Services NV Telephone Number: 775-782-5126
P.O. Box 218 Minden, NV
89423

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD *Trained 15 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

**If other, please specify*

Total Number of Dispatchers: 15

Ownership: Public Private

If Public: Fire Law Other Multi Agency Agreement

If Public: City County State Fire District Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No



TABLE 3: COMMUNICATIONS

LEMSA: MCEMSA-Amador

Reporting Year: 2020-2022

EMS Agency Communications Structure

Does the LEMSA have a Public Safety Agency (PSA) which provides 911 call processing services? Yes No

Has the LEMSA approved a PSA EMD Program? Yes No

If so, is the EMD Program performing 911 call processing services and operating in accordance with applicable state guidelines and regulations, and policies adopted by the LEMSA that are consistent with section 1798.8? Yes No

Is there an available connection from the PSA dispatch center to an EMS provider's dispatch center? Yes No

If yes, is it a direct-aided dispatch or an indirect connection?

The P SAP is the approved EMS Dispatch Center

Does the LEMSA have an EMD program allowing for a tiered or modified response, and LEMSA-authorized EMS system providers/Statutorily-authorized EMS system providers are simultaneously notified and dispatched at the same response mode. Yes No

Is there a delegation, assignment, or contract for **911 emergency call processing services** by the PSA? Yes No

It is too/with another PSA, or

The PSA is a joint powers authority, and the delegation/assignment/contract was on or before January 1, 2019, or

The PSA has the concurrence of the PSAs that provide prehospital emergency medical services and the delegation/assignment/contract was on or before January 1, 2019

Is the LEMSA not limiting, supplanting, prohibiting, or otherwise altering the PSA's direct receipt and processing of requests for assistance originating within the emergency 911 system? *NO Limits* Yes No

Is the LEMSA not delegated, assigned, or contracted for 911 emergency call processing services in violation of GC 53110? *NO Violation* Yes No

The LEMSA has not unilaterally (1798.8):

Reduced the PSA's response mode below that of the EMS transport provider Yes No

Prevented a public safety response *NO Limitations* Yes No
(09/2019)



TABLE 3: COMMUNICATIONS

Altered deployment of public safety emergency response resources

Yes No

The LEMSA is not preventing the PSA from providing mutual aid:

Yes No

Number of primary Public Service Answering Points (PSAP):

1

Number of secondary PSAPs:

0

Please list the Public Service Answering Points (PSAP):

Amador County Sheriff's Department

Please list your primary dispatch center for day-to-day emergencies:

Amador County Sheriff's Department

Number of dispatch centers directly dispatching ambulances:

1

Please list the ambulance companies:

American Legion AMbulance

How many EMS dispatch centers have a direct connection to their PSAP?

1 PSAP is the approved EMS Dispatch CD

Number of EMS dispatch centers utilizing EMD guidelines

1

Are all EMS dispatch centers compliant with EMD guidelines?

Yes No

If no, please list non-compliant centers and issues:

TABLE 3: COMMUNICATIONS



Do you have an Emergency Medical Service aircraft? Yes No

If yes, please provide the number of designated dispatch centers for the EMS aircraft: _____

a) Does the aircraft have the capability to communicate with the designated dispatch center? Yes No

b) Does the aircraft have the capability to communicate with EMS ground units at the scene of an emergency? Yes No

c) Does your aircraft have the capability to communicate with a designated base hospital? Yes No

d) Does your aircraft have the capability to communicate with a receiving hospital and or other facilities or agencies? Yes No

Is the LEMSA following Title 22 Article 5 § 100306 regarding (2) All EMS aircraft shall utilize appropriate radio frequencies for dispatch, routing, and coordination of flights? This excludes the use of Med Channel 1-8 and (155.340 MHz and 155.280 MHz) for these purposes. Yes No

Radio equipment may be inspected to assure compliance with the requirements of the authorizing EMS agency. Is there an equipment inspection policy in place? Yes No

Do you have an operational area disaster communication system? Yes No

a) If yes, please identify the primary radio frequency (including PL Tone) and system (Conventional or Trunk):

467.975/462.975

b) Identify other methods: RACES

c) Can all medical response resources communicate on the same disaster communication system? Yes No

TABLE 3: COMMUNICATIONS



d) Please list which agencies utilize Operational Area Satellite Information System (OASIS):

Amador County Sheriff's Department

e) Do you plan to utilize the Radio Amateur Civil Emergency Service (RACES/ARES) as a backup communication system?

Yes No

f) Do you have an interoperability communication plan with surrounding for disaster preparedness?

Yes No

If yes, please describe the system being used:

tbd by Operational Area

g) Do you have the capability to follow the state CTCSS Tone Plan?

Yes No

** tbd, based on
Radio Equip Vendor
response pending*



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Amador Reporting Year: 2020-2022

Dispatch Agency: Amador County Sheriff Name of Primary Contact: Lt. Jason Navarre

Address: 700 Court St Telephone Number: 209-223-6672
Jackson, CA 95642

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:
 EMD *Trained 7 EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
**If other, please specify*

Total Number of Dispatchers: 7

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State

Fire District Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No



TABLE 3: COMMUNICATIONS

LEMSA: MCEMSA-Calaveras

Reporting Year: 2020-2022

EMS Agency Communications Structure

Does the LEMSA have a Public Safety Agency (PSA) which provides 911 call processing services? Yes No

Has the LEMSA approved a PSA EMD Program? Yes No

If so, is the EMD Program performing 911 call processing services and operating in accordance with applicable state guidelines and regulations, and policies adopted by the LEMSA that are consistent with section 1798.8? Yes No

Is there an available connection from the PSA dispatch center to an EMS provider's dispatch center? Yes No

If yes, is it a direct-aided dispatch or an indirect connection?

The PSAP is the approved EMS Dispatch Center

Does the LEMSA have an EMD program allowing for a tiered or modified response, and LEMSA-authorized EMS system providers/Statutorily-authorized EMS system providers are simultaneously notified and dispatched at the same response mode. Yes No

Is there a delegation, assignment, or contract for **911 emergency call processing services** by the PSA? Yes No

It is too/with another PSA, or

The PSA is a joint powers authority, and the delegation/assignment/contract was on or before January 1, 2019, or

The PSA has the concurrence of the PSAs that provide prehospital emergency medical services and the delegation/assignment/contract was on or before January 1, 2019

Is the LEMSA not limiting, supplanting, prohibiting, or otherwise altering the PSA's direct receipt and processing of requests for assistance originating within the emergency 911 system? *No Limits* Yes No

Is the LEMSA not delegated, assigned, or contracted for 911 emergency call processing services in violation of GC 53110? *No Violation* Yes No

The LEMSA has not unilaterally (1798.8):

Reduced the PSA's response mode below that of the EMS transport provider Yes No

Prevented a public safety response *No Limits*
No Prevention Yes No



TABLE 3: COMMUNICATIONS

Altered deployment of public safety emergency response resources

Yes No

The LEMSA is not preventing the PSA from providing mutual aid:

No Prevention

Yes No

Number of primary Public Service Answering Points (PSAP):

1

Number of secondary PSAPs:

0

Please list the Public Service Answering Points (PSAP):

Calaveras County Sheriff's Department

Please list your primary dispatch center for day-to-day emergencies:

Calaveras County Sheriff's Department

Number of dispatch centers directly dispatching ambulances:

1 *The PSAP is the approved EMS Dispatch Center*

Please list the ambulance companies:

American Legion Ambulance
Ebbetts Pass Fire District

How many EMS dispatch centers have a direct connection to their PSAP?

1

Number of EMS dispatch centers utilizing EMD guidelines

1

Are all EMS dispatch centers compliant with EMD guidelines?

Yes No

If no, please list non-compliant centers and issues:



TABLE 3: COMMUNICATIONS

Do you have an Emergency Medical Service aircraft? Yes No

If yes, please provide the number of designated dispatch centers for the EMS aircraft: _____

a) Does the aircraft have the capability to communicate with the designated dispatch center? Yes No

b) Does the aircraft have the capability to communicate with EMS ground units at the scene of an emergency? Yes No

c) Does your aircraft have the capability to communicate with a designated base hospital? Yes No

d) Does your aircraft have the capability to communicate with a receiving hospital and or other facilities or agencies? Yes No

Is the LEMSA following Title 22 Article 5 § 100306 regarding (2) All EMS aircraft shall utilize appropriate radio frequencies for dispatch, routing, and coordination of flights? This excludes the use of Med Channel 1-8 and (155.340 MHz and 155.280 MHz) for these purposes. Yes No

Radio equipment may be inspected to assure compliance with the requirements of the authorizing EMS agency. Is there an equipment inspection policy in place? Yes No

Do you have an operational area disaster communication system? Yes No

a) If yes, please identify the primary radio frequency (including PL Tone) and system (Conventional or Trunk):

468.950/462.950

b) Identify other methods: RACES

c) Can all medical response resources communicate on the same disaster communication system? Yes No

TABLE 3: COMMUNICATIONS



d) Please list which agencies utilize Operational Area Satellite Information System (OASIS):

none

e) Do you plan to utilize the Radio Amateur Civil Emergency Service (RACES/ARES) as a backup communication system?

Yes No

f) Do you have an interoperability communication plan with surrounding for disaster preparedness?

Yes No

If yes, please describe the system being used:

tbd by Operational Area

g) Do you have the capability to follow the state CTCSS Tone Plan?

Yes No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Calaveras

Reporting Year: 2020-2022

Dispatch Agency: Calaveras County Sheriff

Name of Primary Contact: Sgt Scott Bridges

Address: 1045 Jeff Tuttle Dr
San Andreas, CA 95249

Telephone Number: 209-754-6500

Written Contract:

Yes
 No

Medical Director:

Yes
 No

Availability:

Day-to-Day
 Disaster

Number of Personnel Providing Services:

EMD *Trained 9 EMT-D _____ ALS _____
BLS _____ LALS _____ Other _____

**If other, please specify*

Total Number of Dispatchers: 0

Ownership:

Public
 Private

If Public:

Fire
 Law
 Other _____

If Public:

City
 County
 State
 Fire District
 Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No

TABLE 3: COMMUNICATIONS



LEMSA: MCEMSA-Mariposa

Reporting Year: 2020-2022

EMS Agency Communications Structure

Does the LEMSA have a Public Safety Agency (PSA) which provides 911 call processing services? Yes No

Has the LEMSA approved a PSA EMD Program? Yes No

If so, is the EMD Program performing 911 call processing services and operating in accordance with applicable state guidelines and regulations, and policies adopted by the LEMSA that are consistent with section 1798.8? Yes No

Is there an available connection from the PSA dispatch center to an EMS provider's dispatch center? Yes No

If yes, is it a direct-aided dispatch or an indirect connection?

Does the LEMSA have an EMD program allowing for a tiered or modified response, and LEMSA-authorized EMS system providers/Statutorily-authorized EMS system providers are simultaneously notified and dispatched at the same response mode. Yes No

Is there a delegation, assignment, or contract for **911 emergency call processing services** by the PSA? Yes No

It is too/with another PSA, or

The PSA is a joint powers authority, and the delegation/assignment/contract was on or before January 1, 2019, or

The PSA has the concurrence of the PSAs that provide prehospital emergency medical services and the delegation/assignment/contract was on or before January 1, 2019

Is the LEMSA not limiting, supplanting, prohibiting, or otherwise altering the PSA's direct receipt and processing of requests for assistance originating within the emergency 911 system? *No limits* Yes No

Is the LEMSA not delegated, assigned, or contracted for 911 emergency call processing services in violation of GC 53110? *No violation* Yes No

The LEMSA has not unilaterally (1798.8):

Reduced the PSA's response mode below that of the EMS transport provider *No violation* Yes No

Prevented a public safety response Yes No
(09/2019)

TABLE 3: COMMUNICATIONS



Do you have an Emergency Medical Service aircraft?

Yes No

If yes, please provide the number of designated dispatch centers for the EMS aircraft: _____

a) Does the aircraft have the capability to communicate with the designated dispatch center?

Yes No

b) Does the aircraft have the capability to communicate with EMS ground units at the scene of an emergency?

Yes No

c) Does your aircraft have the capability to communicate with a designated base hospital?

Yes No

d) Does your aircraft have the capability to communicate with a receiving hospital and or other facilities or agencies?

Yes No

Is the LEMSA following Title 22 Article 5 § 100306 regarding (2) All EMS aircraft shall utilize appropriate radio frequencies for dispatch, routing, and coordination of flights? This excludes the use of Med Channel 1-8 and (155.340 MHz and 155.280 MHz) for these purposes.

Yes No

Radio equipment may be inspected to assure compliance with the requirements of the authorizing EMS agency. Is there an equipment inspection policy in place?

Yes No

Do you have an operational area disaster communication system?

Yes No

a) If yes, please identify the primary radio frequency (including PL Tone) and system (Conventional or Trunk):

159.390/151.460

b) Identify other methods: RACES

c) Can all medical response resources communicate on the same disaster communication system?

Yes No

TABLE 3: COMMUNICATIONS



d) Please list which agencies utilize Operational Area Satellite Information System (OASIS):

none

e) Do you plan to utilize the Radio Amateur Civil Emergency Service (RACES/ARES) as a backup communication system? Yes No

f) Do you have an interoperability communication plan with surrounding for disaster preparedness? Yes No

If yes, please describe the system being used:

TBD

g) Do you have the capability to follow the state CTCSS Tone Plan? Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Mariposa Reporting Year: 2020-2022

Dispatch Agency: Calfire MMU Name of Primary Contact: Chief Ue Moua

Address: 5366 Hwy 49 North Telephone Number: 209-966-362

Mariposa, CA 95338

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD *Trained 17 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

**If other, please specify*

Total Number of Dispatchers: 17

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State Fire District Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No



TABLE 4: RESPONSE AND TRANSPORTATION

County: Alpine **Reporting Year:** 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	n/a	n/a		
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Alpine **Provider:** Bear Valley Fire Department **Response Area:** Bear Valley
Address: 88 Bear Valley Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Bear Valley, CA 95223
Phone Number: 530-694-2223 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

<p>Written ALS Agreement with LEMSAs to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51052

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

n/a Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Ground Transporting Agencies

n/a Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Transporting Services

n/a Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

n/a Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: n/a

Total number of certified Advanced EMTs in the field: n/a

Total number of certified/accredited Paramedics in the field: n/a



TABLE 4: RESPONSE AND TRANSPORTATION

County: Alpine

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	n/a	n/a		
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Alpine **Provider:** CalFire **Response Area:** Alpine County
Address: 2840 Mt. Danaher Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Camino, CA 95709
Phone Number: 530-644-2345 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-50176

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

n/a Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Ground Transporting Agencies

n/a Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Transporting Services

n/a Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

n/a Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: n/a

Total number of certified Advanced EMTs in the field: n/a

Total number of certified/accredited Paramedics in the field: n/a



TABLE 4: RESPONSE AND TRANSPORTATION

County: Alpine **Reporting Year:** 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	n/a	n/a		
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Alpine **Provider:** Kirkwood Fire Department **Response Area:** Kirkwood
Address: 33540 Loop Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Kirkwood, CA 95646
Phone Number: 209-258-4444 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

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

Provider Resource (cont.)

CEMSIS Provider ID #: S60-50505

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

n/a Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Ground Transporting Agencies

n/a Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Transporting Services

n/a Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

n/a Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: n/a

Total number of certified Advanced EMTs in the field: n/a

Total number of certified/accredited Paramedics in the field: n/a



TABLE 4: RESPONSE AND TRANSPORTATION

County: Alpine

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	n/a	n/a		
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Alpine **Provider:** Woodsford Volunteer Fire Department **Response Area:** Woodsford

Address: 70 Diamond Valley Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Markleeville, CA 96120

Phone Number: 530--694--2922 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No **Number of Helicopters based in this LEMSAs jurisdiction:** 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
		<input type="checkbox"/> Non-Ambulance Medical Transport Services		<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51138

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Amador

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Amador **Provider:** Amador Fire Protection District **Response Area:** Amador County
Address: 810 Court Street **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Jackson, CA 95642
Phone Number: 209-223-6391 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51054

Name of ePCR Vendor: researching NEMSIS validated platforms

Contract Dates: _____

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Amador

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Amador **Provider:** American Legion Ambulance **Response Area:** Amador County
Address: P.O. Box 100 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 11
Sutter Creek, CA 95685
Phone Number: 209-223-2963 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 6

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-50087

Name of ePCR Vendor: emsCharts

Contract Dates: 1/1/2020 - 12/31/2024

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Amador

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Amador **Provider:** Buena Vista Rancheria Fire Department **Response Area:** Buena Vista Rancheria
Address: 4655 Coal Mine Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
lone, CA 95640
Phone Number: 209-219-3861 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <u>Tribal</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S60-51929

Name of ePCR Vendor: ESO

Contract Dates: 10/10/2019 - 10/31/2024

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** American Legion Ambulance **Response Area:** North/South Zones
Address: P.O. Box 100 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 7
Sutter Creek, CA 95685
Phone Number: 209-223-2963 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 3.5

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

<p>Written ALS Agreement with LEMSAs to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-50087

Name of ePCR Vendor: emsCharts

Contract Dates: 04/15/2021-04/14/2026

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90 th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** Angels Camp Fire Department **Response Area:** Angels Camp
Address: 1404 Vallecito Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Angels Camp, CA 95222
Phone Number: 209-736-4081 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

<p>Written ALS Agreement with LEMSAs to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51066

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** CalFire **Response Area:** Calaveras County
Address: 785 Mountain Ranch Road **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
San Andreas, CA 95249
Phone Number: 209-754-3831 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT
			Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-50176

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras **Reporting Year:** 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** Central Calaveras Fire/Rescue Prot.Dist. **Response Area:** Mokelumne Hill

Address: 19927 Jesus Maria Road
Mokelumne Hill, CA 95245

Phone Number: 209-754-4330

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van		



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51067

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** Copperopolis Fire Protection District **Response Area:** Copperopolis
Address: 370 Main Street **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 1
Copperopolis, CA 95228
Phone Number: 209-785-2393 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 1

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs's jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
Other Specialty Services (water, snow, etc.): _____						



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51059

Name of ePCR Vendor: emsCharts

Contract Dates: 10/01/2021-09/30/2026

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras **Reporting Year:** 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** Ebbetts Pass Fire Protection District **Response Area:** East Zone
Address: P.O. Box 66 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 5
Arnold, CA 95223
Phone Number: 209-795-1646 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 2

Ambulance Strike Team Participant: **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0
 Yes No **Number of Helicopters based in this LEMSAs jurisdiction:** 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-50363

Name of ePCR Vendor: ESO Solutions

Contract Dates: 7/1/2020 - 6/30/2025

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** Mokelumne Hill Fire Protection District **Response Area:** Mokelumne Hill

Address: 8160 Church Street **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Mokelumne Hill, CA 95245

Phone Number: 209-286-1389 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No **Number of Helicopters based in this LEMSAs jurisdiction:** 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
Other Specialty Services (water, snow, etc.): _____			_____			



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51069

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras **Reporting Year:** 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras Provider: Murphys Fire Protection District Response Area: Murphys

Address: 37 Jones Street Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0
Murphys, CA 95247

Phone Number: 209-728-3864 Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: 560-51070

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** San Andreas Fire Protection District **Response Area:** Murphys
Address: 37 Church Hill **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
San Andreas, CA 95249
Phone Number: 209-754-4693 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51071

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-22

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras Provider: West Point Volunteer Fire and Rescue Response Area: West Point

Address: 195 Spink Road
West Point, CA 95255

Phone Number: 209-293-7000

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT			
			Other Specialty Services (water, snow, etc.): _____			
		<input type="checkbox"/> Non-Ambulance Medical Transport Services			<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van



TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51137

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	11:59/15:59	19:59/23:59 29:59/33:59	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Calaveras **Provider:** Altaville-Melones Fire Protection District **Response Area:** Altaville Melones area

Address: 148 Monte Verde
Angels Camp, CA 95222

Phone Number: 209-7736-4461

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51064

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Mariposa

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	8	12/20	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Mariposa Provider: CalFire Response Area: Mariposa County

Address: 5366 Highway 49
Mariposa, CA 95338

Phone Number: 209-966-3622

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSAs's jurisdiction: 1

<p>Written ALS Agreement with LEMSAs to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51076

Name of ePCR Vendor: ImageTrend CALFRS

Contract Dates: _____

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Mariposa Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	8	12/20	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Mariposa **Provider:** Mariposa County Fire Department. **Response Area:** Mariposa County

Address: P.O. Box 162 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Mariposa, CA 95338

Phone Number: 209-966-4330 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No **Number of Helicopters based in this LEMSAs jurisdiction:** 1

<p>Written ALS Agreement with LEMSAs to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51073

Name of ePCR Vendor: n/a

Contract Dates: _____

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Mariposa Reporting Year: 2020 -2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	8	12/20	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Mariposa **Provider:** Mariposa Public Utilities Dist Fire Dept. **Response Area:** Mariposa County

Address: P.O. Box 494 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0
Mariposa, CA 95338

Phone Number: 209-966-2515 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSA's jurisdiction: 1

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

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

CEMSIS Provider ID #: S60-51074

Name of ePCR Vendor: n/a

Contract Dates: n/a

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

County: Mariposa

Reporting Year: 2020-2022

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	n/a	n/a	n/a	n/a
Limited Advanced Life Support responder	n/a	n/a	n/a	n/a
Advanced Life Support responder	n/a	n/a	n/a	n/a
Transport Ambulance	8	12/20	asap	n/a
Trauma Centers Level I Level II Level III Level IV	Type text here n/a	Type text here n/a	Type text here n/a	Type text here n/a
Pediatric Hospitals Comprehensive Advanced General Basic	n/a	n/a	n/a	n/a
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	n/a	n/a	n/a	n/a
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	n/a	n/a	n/a	n/a



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Mariposa **Provider:** Mercy Medical Transportation, Inc. **Response Area:** Mariposa County
Address: P.O. Box 5004 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 5
Mariposa, CA 95338
Phone Number: 209-966-5762 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 3

Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

Number of Helicopters based in this LEMSAs jurisdiction: 1

Written ALS Agreement with LEMSAs to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

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

Provider Resource (cont.)

CEMSIS Provider ID #: S60-50618

Name of ePCR Vendor: EMS Charts

Contract Dates: 07/01/2017- 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: _____

Total number of certified/accredited Paramedics in the field: _____

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: December 31, 2022	
Local EMS Agency or County Name: Mountain Counties EMS Agency	
Area Description: (e.g., Zone 1, Zone A)	Amador County Grids by Response Area
Title:	Urban:
Geographic Description: (Also attach map)	10SFH7336-7337, 10SFH73436-7438, 10SFH7536-7538, 10SFH7635-7638, 10SFH7734-7738, 10SFH7833-7835, 10SFH7838, 10SFH7847-7848, 10SFH7933-7936.
Current Provider Name: (include legal, fictitious, and dba) American Legion Ambulance	
<input checked="" type="checkbox"/> Exclusive <input type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input checked="" type="checkbox"/> Emergency Ambulance <input checked="" type="checkbox"/> Advanced Life Support (ALS) <input checked="" type="checkbox"/> Limited Advanced Life Support (LALS)	
Scope of Operations: (Check one box)	
<input checked="" type="checkbox"/> 9-1-1 Emergency Ambulance <input type="checkbox"/> 7-Digit Emergency Ambulance	
<input type="checkbox"/> ALS Ambulance <input checked="" type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)	
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit) <input checked="" type="checkbox"/> BLS Non-Emergency Services (IFT)	
<input type="checkbox"/> Critical Care Transport <input checked="" type="checkbox"/> Standby Service with Transport Authorization	
<input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation) <input type="checkbox"/> Other	
_____ _____ _____	

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

No Competitive Process:

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.

Provide a description of the system status management plan for the EMS area and subareas.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

Competitive Process:

List contract dates _____.

(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

Yes *(Attach detailed explanation)* **No**

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Appendix B – Non-Competitive Process EOA Provider Checklist (September 2009)

In accordance with Health and Safety Code section 1797.224, a local EMS agency may consider allowing EOAs to providers without a competitive process. Please complete the following documentation in support of a request to grant exclusivity to a provider without a competitive process. Any missing or incomplete submissions may affect the EMS Authority's ability to make a determination regarding eligibility.

<p>1. Operating Area Name and Description: <i>(Attach map including adjacent zones.)</i></p>
<p>2. Has a competitive process ever been conducted in this area?</p> <p><input type="checkbox"/> Yes <i>(If yes, provide the following)</i> <input type="checkbox"/> No</p> <p>Provider: _____</p> <p>Start Date: _____</p> <p>Length of Agreement: _____</p>
<p>3. Type of Service:</p> <p><input type="checkbox"/> Emergency <input type="checkbox"/> ALS <input type="checkbox"/> LALS</p>
<p>4. Organization Name: <i>(include legal, fictitious, and dba)</i></p>
<p>5. Address:</p> <p>Headquarters: _____ _____</p> <p>Operational: _____ _____</p>
<p>6. Type of Organization:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Public Agency <input type="checkbox"/> Joint Powers Authority</p>
<p>7. Month/Year Service Began:</p>
<p>8. Breaks in Service, if applicable: <i>(Include length of each break, reason, and how zone(s) were serviced during the break.)</i></p>

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following (Please see attachments/appendix):

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following (Please see attachments/appendix):

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
 Yes No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
 Yes No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
 Yes No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

a) Are the providers currently in operation?

- Yes No

List all providers and their level of service: *(emergency, ALS, BLS)*

b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: December 31, 2022	
Local EMS Agency or County Name: Mountain Counties EMS Agency	
Area Description: (e.g., Zone 1, Zone A)	Calaveras County East Zone Grids by Response Area
Title:	URBAN
Geographic Description: (Also attach map)	10SGH2527; 10SGH2627-2628; 10SGH2727-2728; 10SGH2827-2829; 10SGH2928; 10SGH2931; 10SGH2931;
Current Provider Name: (include legal, fictitious, and dba) Ebbetts Pass Fire District	
<input checked="" type="checkbox"/> Exclusive <input type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input checked="" type="checkbox"/> Emergency Ambulance <input checked="" type="checkbox"/> Advanced Life Support (ALS) <input checked="" type="checkbox"/> Limited Advanced Life Support (LALS)	
Scope of Operations: (Check one box)	
<input type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance
<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization
<input checked="" type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

No Competitive Process:

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.

Provide a description of the system status management plan for the EMS area and subareas.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

Competitive Process:

List contract dates July 1, 2020 thru June 30, 2025.

(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

- Yes** (Attach detailed explanation) **No**

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Appendix B – Non-Competitive Process EOA Provider Checklist (September 2009)

In accordance with Health and Safety Code section 1797.224, a local EMS agency may consider allowing EOAs to providers without a competitive process. Please complete the following documentation in support of a request to grant exclusivity to a provider without a competitive process. Any missing or incomplete submissions may affect the EMS Authority’s ability to make a determination regarding eligibility.

<p>1. Operating Area Name and Description: <i>(Attach map including adjacent zones.)</i></p>
<p>2. Has a competitive process ever been conducted in this area?</p> <p><input type="checkbox"/> Yes <i>(If yes, provide the following)</i> <input type="checkbox"/> No</p> <p>Provider: _____</p> <p>Start Date: _____</p> <p>Length of Agreement: _____</p>
<p>3. Type of Service:</p> <p><input type="checkbox"/> Emergency <input type="checkbox"/> ALS <input type="checkbox"/> LALS</p>
<p>4. Organization Name: <i>(include legal, fictitious, and dba)</i></p>
<p>5. Address:</p> <p>Headquarters: _____</p> <p style="margin-left: 100px;">_____</p> <p>Operational: _____</p> <p style="margin-left: 100px;">_____</p>
<p>6. Type of Organization:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Public Agency <input type="checkbox"/> Joint Powers Authority</p>
<p>7. Month/Year Service Began:</p>
<p>8. Breaks in Service, if applicable: <i>(Include length of each break, reason, and how zone(s) were serviced during the break.)</i></p>

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following (Please see attachments/appendix):

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following (Please see attachments/appendix):

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
 Yes No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
 Yes No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
 Yes No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

a) Are the providers currently in operation?

- Yes No

List all providers and their level of service: *(emergency, ALS, BLS)*

b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: December 31, 2022	
Local EMS Agency or County Name: Mountain Counties EMS Agency	
Area Description: (e.g., Zone 1, Zone A)	Calaveras County North Zone Grids by Response Area
Title:	Urban
Geographic Description: (Also attach map)	10SFH7729; 10SFH7826-30; 10SFH7924-27; 10SFH8023-27; 10SFH8123-27; 10SFH8219—25; 10SFH8319-22; 10SFH8324-27; 10SFH8419; 10SFH8421; 10SFH8425-27; 10SFHS8519;
Current Provider Name: (include legal, fictitious, and dba) American Legion Ambulance	
<input checked="" type="checkbox"/> Exclusive <input type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input checked="" type="checkbox"/> Emergency Ambulance <input checked="" type="checkbox"/> Advanced Life Support (ALS) <input checked="" type="checkbox"/> Limited Advanced Life Support (LALS)	
Scope of Operations: (Check one box)	
<input type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance
<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization
<input checked="" type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

No Competitive Process:

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.

Provide a description of the system status management plan for the EMS area and subareas.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

Competitive Process:

List contract dates April 15, 2021 thru April 14, 2026.

(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

Yes (Attach detailed explanation) **No**

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Appendix B – Non-Competitive Process EOA Provider Checklist (September 2009)

In accordance with Health and Safety Code section 1797.224, a local EMS agency may consider allowing EOAs to providers without a competitive process. Please complete the following documentation in support of a request to grant exclusivity to a provider without a competitive process. Any missing or incomplete submissions may affect the EMS Authority's ability to make a determination regarding eligibility.

<p>1. Operating Area Name and Description: (Attach map including adjacent zones.)</p>
<p>2. Has a competitive process ever been conducted in this area?</p> <p><input type="checkbox"/> Yes (If yes, provide the following) <input type="checkbox"/> No</p> <p>Provider: _____</p> <p>Start Date: _____</p> <p>Length of Agreement: _____</p>
<p>3. Type of Service:</p> <p><input type="checkbox"/> Emergency <input type="checkbox"/> ALS <input type="checkbox"/> LALS</p>
<p>4. Organization Name: (include legal, fictitious, and dba)</p>
<p>5. Address:</p> <p>Headquarters: _____</p> <p> _____</p> <p>Operational: _____</p> <p> _____</p>
<p>6. Type of Organization:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Public Agency <input type="checkbox"/> Joint Powers Authority</p>
<p>7. Month/Year Service Began:</p>
<p>8. Breaks in Service, if applicable: (Include length of each break, reason, and how zone(s) were serviced during the break.)</p>

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following (Please see attachments/appendix):

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following (Please see attachments/appendix):

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
 Yes No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
 Yes No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
 Yes No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

a) Are the providers currently in operation?

- Yes No

List all providers and their level of service: *(emergency, ALS, BLS)*

b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: December 31, 2022	
Local EMS Agency or County Name: Mountain Counties EMS Agency	
Area Description: (e.g., Zone 1, Zone A)	Calaveras County South Zone Grids by Response Area
Title:	Urban
Geographic Description: (Also attach map)	10SGH0604-05; 10SGH0700-01; 10SGH00703-05; 10SGG0899; 10SGH0800-04; 10SGG0998-99; 10SGH 0900-03; 10SGG0998-99; 10SGH0900-03; 10SGG1098-99;
Current Provider Name: (include legal, fictitious, and dba) American Legion Ambulance	
<input checked="" type="checkbox"/> Exclusive <input type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input checked="" type="checkbox"/> Emergency Ambulance <input checked="" type="checkbox"/> Advanced Life Support (ALS) <input checked="" type="checkbox"/> Limited Advanced Life Support (LALS)	
Scope of Operations: (Check one box)	
<input type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance
<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization
<input checked="" type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

No Competitive Process:

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.

Provide a description of the system status management plan for the EMS area and subareas.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

Competitive Process:

List contract dates April 15, 2021 thru April 14, 2026.

(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan? (e.g., boundary changes, ownership changes)

- Yes (Attach detailed explanation) No

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following (Please see attachments/appendix):

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following (Please see attachments/appendix):

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
 Yes No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
 Yes No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
 Yes No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

a) Are the providers currently in operation?

- Yes No

List all providers and their level of service: *(emergency, ALS, BLS)*

b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: <div style="font-size: 1.5em; font-weight: bold; margin-left: 100px;">December 31, 2022</div>		
Local EMS Agency or County Name: Mountain Counties EMS Agency		
Area Description: (e.g., Zone 1, Zone A) Mariposa County		
Title:		
Geographic Description: (Also attach map)		
Current Provider Name: (include legal, fictitious, and dba) Mercy Medical Transportation, Inc.		
<input type="checkbox"/> Exclusive	<input checked="" type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)		
<input type="checkbox"/> Emergency Ambulance	<input type="checkbox"/> Advanced Life Support (ALS)	<input type="checkbox"/> Limited Advanced Life Support (LALS)
Scope of Operations: (Check one box)		
<input checked="" type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance	
<input checked="" type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)	
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)	
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization	
<input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____	

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

No Competitive Process:

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.

Provide a description of the system status management plan for the EMS area and subareas.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

Competitive Process:

List contract dates _____.
(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

- Yes** *(Attach detailed explanation)* **No**

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Appendix B – Non-Competitive Process EOA Provider Checklist (September 2009)

In accordance with Health and Safety Code section 1797.224, a local EMS agency may consider allowing EOAs to providers without a competitive process. Please complete the following documentation in support of a request to grant exclusivity to a provider without a competitive process. Any missing or incomplete submissions may affect the EMS Authority's ability to make a determination regarding eligibility.

1. Operating Area Name and Description: <i>(Attach map including adjacent zones.)</i>
2. Has a competitive process ever been conducted in this area? <input type="checkbox"/> Yes <i>(If yes, provide the following)</i> <input type="checkbox"/> No Provider: _____ Start Date: _____ Length of Agreement: _____
3. Type of Service: <input type="checkbox"/> Emergency <input type="checkbox"/> ALS <input type="checkbox"/> LALS
4. Organization Name: <i>(include legal, fictitious, and dba)</i>
5. Address: Headquarters: _____ _____ Operational: _____ _____
6. Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Public Agency <input type="checkbox"/> Joint Powers Authority
7. Month/Year Service Began:
8. Breaks in Service, if applicable: <i>(Include length of each break, reason, and how zone(s) were serviced during the break.)</i>

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following (Please see attachments/appendix):

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following (Please see attachments/appendix):

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
 Yes No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
 Yes No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
 Yes No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

a) Are the providers currently in operation?

- Yes No

List all providers and their level of service: *(emergency, ALS, BLS)*

b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: MCEMSA

Reporting Year: 2022

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? Yes No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? Yes No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSA policies and procedures and have training in radio communications techniques? Yes No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? Yes No

a) Do the base station personnel have training in radio communications? Yes No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments: 3

Total number of comprehensive emergency services: 3

Total number of basic emergency services: 3

Total number of standby emergency services: 0

Hospitals with Written Agreements

Total number of receiving hospitals: 0

Total number of base hospitals: 3

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:
Psychiatric: _____ Sobering Centers: _____ Rural Area _____

Specialty Care System

Do you have a trauma system? Yes No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? Yes No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? Yes No

Do you have an EMS for children system? Yes No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I _____ Level II _____ Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I _____ Level II _____

Number of EMS patients meeting trauma triage criteria:

a) Transported to a trauma center by ambulance: _____

b) Not transported to a trauma center: _____

Number of trauma patients transferred to a trauma center for a higher level of care: _____

a) From a non-trauma facility: _____

b) From a lower level trauma center: _____

Number of *STEMI* centers/hospitals designated by EMS Agency: _____

Receiving: _____ Referring: _____

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: _____ Thrombectomy Capable: _____

Primary: _____ Acute Stroke Ready: _____

Number of *pediatric* receiving centers:

Comprehensive: _____ General: _____ Advanced: _____ Basic: _____



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

<p>County: <u>Amador</u></p> <p>Facility: <u>Sutter Amador Hospital</u> <i>(Designated within EMS Agency's Jurisdiction)</i></p> <p>Address: <u>200 Mission Blvd.</u> <u>Jackson, CA 95642</u></p> <p>Phone No.: <u>209-223-7500</u></p>	<p>Contracts with Facilities in Neighboring Jurisdictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

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

Specialty Care System							
Trauma Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital		
Stroke Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Thrombectomy Capable		
				<input type="checkbox"/> Primary	<input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: MCEMSA

Reporting Year: 2022

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? Yes No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? Yes No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSA policies and procedures and have training in radio communications techniques? Yes No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? Yes No

a) Do the base station personnel have training in radio communications? Yes No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments: 3

Total number of comprehensive emergency services: 3

Total number of basic emergency services: 3

Total number of standby emergency services: 0

Hospitals with Written Agreements

Total number of receiving hospitals: 0

Total number of base hospitals: 3

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:

Psychiatric: _____ Sobering Centers: _____ Rural Area _____

Specialty Care System

Do you have a trauma system? Yes No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? Yes No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? [] Yes [] No

Do you have an EMS for children system? [] Yes [x] No

EMS Agency Specialty Care System Capabilities

Number of trauma centers:

Level I _____ Level II _____ Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I _____ Level II _____

Number of EMS patients meeting trauma triage criteria:

a) Transported to a trauma center by ambulance: _____

b) Not transported to a trauma center: _____

Number of trauma patients transferred to a trauma center for a higher level of care:

a) From a non-trauma facility: _____

b) From a lower level trauma center: _____

Number of STEMI centers/hospitals designated by EMS Agency:

Receiving: _____ Referring: _____

Number of stroke centers/hospitals (third party accreditation only):

Comprehensive: _____ Thrombectomy Capable: _____

Primary: _____ Acute Stroke Ready: _____

Number of pediatric receiving centers:

Comprehensive: _____ General: _____ Advanced: _____ Basic: _____



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

<p>County: <u>Calaveras</u></p> <p>Facility: <u>Mark Twain Medical Center</u> <i>(Designated within EMS Agency's Jurisdiction)</i></p> <p>Address: <u>768 Mountain Ranch Rd.</u> <u>San Andreas, CA 95249</u></p> <p>Phone No.: <u>209-754-3521</u></p>	<p>Contracts with Facilities in Neighboring Jurisdictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

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

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II
STEMI Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
Stroke Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
Pediatric Receiving Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced <input type="checkbox"/> Basic
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pediatric Intensive Care Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: MCEMSA

Reporting Year: 2022

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? Yes No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? Yes No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSAs policies and procedures and have training in radio communications techniques? Yes No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? Yes No

a) Do the base station personnel have training in radio communications? Yes No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments: 3

Total number of comprehensive emergency services: 3

Total number of basic emergency services: 3

Total number of standby emergency services: 0

Hospitals with Written Agreements

Total number of receiving hospitals: 0

Total number of base hospitals: 3

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:

Psychiatric: _____ Sobering Centers: _____ Rural Area _____

Specialty Care System

Do you have a trauma system? Yes No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? Yes No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? Yes No

Do you have an EMS for children system? Yes No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I _____ Level II _____ Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I _____ Level II _____

Number of EMS patients meeting trauma triage criteria:

a) Transported to a trauma center by ambulance: _____

b) Not transported to a trauma center: _____

Number of trauma patients transferred to a trauma center for a higher level of care: _____

a) From a non-trauma facility: _____

b) From a lower level trauma center: _____

Number of *STEMI* centers/hospitals designated by EMS Agency: _____

Receiving: _____ Referring: _____

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: _____ Thrombectomy Capable: _____

Primary: _____ Acute Stroke Ready: _____

Number of *pediatric* receiving centers:

Comprehensive: _____ General: _____ Advanced: _____ Basic: _____



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

<p>County: <u>Mariposa</u></p> <p>Facility: <u>John C. Fremont Hospital</u> <i>(Designated within EMS Agency's Jurisdiction)</i></p> <p>Address: <u>5189 Hospital Rd.</u> <u>Mariposa, CA 95338</u></p> <p>Phone No.: <u>209-966-3631</u></p>	<p>Contracts with Facilities in Neighboring Jurisdictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

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

Specialty Care System							
Trauma Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital		
Stroke Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Thrombectomy Capable	<input type="checkbox"/> Primary	<input type="checkbox"/> Acute Stroke Ready
Pediatric Receiving Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input type="checkbox"/> No



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Alpine

Reporting Year: 2020-2022

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>1</u> EMS Awareness	<u> </u> Bleeding Control
<u> </u> First Aid	<u>1</u> CPR
<u>2</u> Prevention Activities	<u>2</u> Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u> </u> Alcohol & Substance Abuse	<u> </u> General Injury
<u> </u> Asthma Control	<u> </u> Home Safety
<u> </u> Bicycle Safety	<u> </u> Infant Safe Sleep Practices
<u> </u> Burn Prevention	<u> </u> Mental Health
<u> </u> Child Passenger Safety	<u> </u> Obesity
<u> </u> Childhood Immunizations	<u> </u> Pedestrian Safety
<u> </u> Diabetes	<u> </u> POLST/End of Life Care
<u> </u> Distracted Driving	<u> </u> Poison Control & Prevention
<u> </u> Dog Bite Prevention	<u> </u> Product Safety & Recalls
<u> </u> Elderly Falls	<u> </u> Suicide Prevention
<u> </u> Firearm Safety	<u> </u> Water Safety
<u> </u> General Health	<u> </u> Youth Violence Prevention



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Amador

Reporting Year: 2020-2022

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>4</u> EMS Awareness	<u> </u> Bleeding Control
<u> </u> First Aid	<u> </u> CPR
<u>4</u> Prevention Activities	<u>4</u> Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u> </u> Alcohol & Substance Abuse	<u> </u> General Injury
<u> </u> Asthma Control	<u> </u> Home Safety
<u> </u> Bicycle Safety	<u> </u> Infant Safe Sleep Practices
<u> </u> Burn Prevention	<u> </u> Mental Health
<u> </u> Child Passenger Safety	<u> </u> Obesity
<u> </u> Childhood Immunizations	<u> </u> Pedestrian Safety
<u> </u> Diabetes	<u> </u> POLST/End of Life Care
<u> </u> Distracted Driving	<u> </u> Poison Control & Prevention
<u> </u> Dog Bite Prevention	<u> </u> Product Safety & Recalls
<u> </u> Elderly Falls	<u> </u> Suicide Prevention
<u> </u> Firearm Safety	<u> </u> Water Safety
<u> </u> General Health	<u> </u> Youth Violence Prevention



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Calaveras

Reporting Year: 2020-2022

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>6</u>	EMS Awareness	<u> </u>	Bleeding Control
<u>1</u>	First Aid	<u>1</u>	CPR
<u>6</u>	Prevention Activities	<u>6</u>	Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u> </u>	Alcohol & Substance Abuse	<u> </u>	General Injury
<u> </u>	Asthma Control	<u>2</u>	Home Safety
<u> </u>	Bicycle Safety	<u> </u>	Infant Safe Sleep Practices
<u> </u>	Burn Prevention	<u> </u>	Mental Health
<u>1</u>	Child Passenger Safety	<u> </u>	Obesity
<u> </u>	Childhood Immunizations	<u> </u>	Pedestrian Safety
<u> </u>	Diabetes	<u> </u>	POLST/End of Life Care
<u> </u>	Distracted Driving	<u> </u>	Poison Control & Prevention
<u> </u>	Dog Bite Prevention	<u> </u>	Product Safety & Recalls
<u> </u>	Elderly Falls	<u> </u>	Suicide Prevention
<u> </u>	Firearm Safety	<u>1</u>	Water Safety
<u> </u>	General Health	<u> </u>	Youth Violence Prevention



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Mariposa

Reporting Year: 2020-2022

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>1</u> EMS Awareness	<u> </u> Bleeding Control
<u> </u> First Aid	<u> </u> CPR
<u>1</u> Prevention Activities	<u>1</u> Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u> </u> Alcohol & Substance Abuse	<u> </u> General Injury
<u> </u> Asthma Control	<u>1</u> Home Safety
<u> </u> Bicycle Safety	<u> </u> Infant Safe Sleep Practices
<u>1</u> Burn Prevention	<u> </u> Mental Health
<u> </u> Child Passenger Safety	<u> </u> Obesity
<u> </u> Childhood Immunizations	<u> </u> Pedestrian Safety
<u> </u> Diabetes	<u> </u> POLST/End of Life Care
<u> </u> Distracted Driving	<u> </u> Poison Control & Prevention
<u> </u> Dog Bite Prevention	<u> </u> Product Safety & Recalls
<u> </u> Elderly Falls	<u> </u> Suicide Prevention
<u> </u> Firearm Safety	<u> </u> Water Safety
<u> </u> General Health	<u> </u> Youth Violence Prevention



TABLE 7: DISASTER MEDICAL RESPONSE

County: Alpine

Reporting Year: 2020-2022

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? Yes No

Are you a separate department or agency? Yes No

a) To whom do you report? Public Health

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? Yes No

What healthcare coalitions are you participating in? Amador-El Dorado-Alpine

a) How often do you meet with your healthcare coalitions? Quarterly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? Yes No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

- a) Disaster Plan? Yes URL Link: _____ No
- b) Active Shooter Policy? Yes URL Link: _____ No
- c) Hazardous Material (Hazmat) Plan? Yes URL Link: _____ No
- d) Disaster Medical Cache? Yes URL Link: _____ No
- e) Disaster Medical Support Group? Yes URL Link: _____ No
- f) Medical Assets? Yes URL Link: _____ No
- g) Incident Command Organization Chart? Yes URL Link: _____ No
- h) Communications Plan? Yes URL Link: _____ No
- i) Ambulance Strike Team Leader Program? Yes No
- j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? Yes No

Identify the provider: _____



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

Do you have designated field treatment sites? Yes No

a) Identify the locations: Woodfords Fire Dept and Turtle Creek

b) How are they staffed? County Staff and Mutual aid requests

c) Is there a supply system for supporting them for 72 hours? Yes No

Is there a mental/behavioral health program available for responders within your jurisdiction? Yes No

a) Identify the program: CISD

Is there a team medical response capability? Yes No

a) For each team, are they incorporated into the local response plan? Yes No

b) Are they available for statewide response? Yes No

c) Are they part of a formal out-of-state response system? Yes No

Are there HazMat trained medical response teams? Yes No

a) At what HazMat level are they trained? n/a

b) Is there capability to do decontamination in an emergency room? Yes No

c) Is there capability to do decontamination in the field? Yes No

Identify who the Medical Health Operational Area Coordinator is:

Health Officer EMS Agency Jointly Appointed

Do you have specific training for mass casualty incident policies? Yes No

Are you using the Standardized Emergency Management System (SEMS)? Yes No

a) Does it incorporate a form of Incident Command System (ICS) structure? Yes No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? Yes No

Have you tested your multicasualty incident plan this year? Yes No

a) Was it a real event? no

b) Was it an exercise? no

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? Yes No

b) Community Clinics? Yes No



TABLE 7: DISASTER MEDICAL RESPONSE

County: Amador

Reporting Year: 2020-2022

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? Yes No

Are you a separate department or agency? Yes No

a) To whom do you report? Public Health

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? Yes No

What healthcare coalitions are you participating in? Amador-Alpine-El Dorado Coalition

a) How often do you meet with your healthcare coalitions? Quarterly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? Yes No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:

n/a

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

- a) Disaster Plan? Yes URL Link: _____ No
- b) Active Shooter Policy? Yes URL Link: _____ No
- c) Hazardous Material (Hazmat) Plan? Yes URL Link: _____ No
- d) Disaster Medical Cache? Yes URL Link: _____ No
- e) Disaster Medical Support Group? Yes URL Link: _____ No
- f) Medical Assets? Yes URL Link: _____ No
- g) Incident Command Organization Chart? Yes URL Link: _____ No
- h) Communications Plan? Yes URL Link: _____ No
- i) Ambulance Strike Team Leader Program? Yes No
- j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? Yes No

Identify the provider: _____



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

Do you have designated field treatment sites? Yes No

a) Identify the locations: American Legion Hall Post 108, Sutter Creek

b) How are they staffed? County Staff and Mutual Aid requests

c) Is there a supply system for supporting them for 72 hours? Yes No

Is there a mental/behavioral health program available for responders within your jurisdiction? Yes No

a) Identify the program: CISD

Is there a team medical response capability? Yes No

a) For each team, are they incorporated into the local response plan? Yes No

b) Are they available for statewide response? Yes No

c) Are they part of a formal out-of-state response system? Yes No

Are there HazMat trained medical response teams? Yes No

a) At what HazMat level are they trained? N/A

b) Is there capability to do decontamination in an emergency room? Yes No

c) Is there capability to do decontamination in the field? Yes No

Identify who the Medical Health Operational Area Coordinator is:

Health Officer EMS Agency Jointly Appointed

Do you have specific training for mass casualty incident policies? Yes No

Are you using the Standardized Emergency Management System (SEMS)? Yes No

a) Does it incorporate a form of Incident Command System (ICS) structure? Yes No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? Yes No

Have you tested your multicasualty incident plan this year? Yes No

a) Was it a real event? no

b) Was it an exercise? yes

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? Yes No

b) Community Clinics? Yes No



TABLE 7: DISASTER MEDICAL RESPONSE

County: Calaveras

Reporting Year: 2020-2022

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? Yes No

Are you a separate department or agency? Yes No

a) To whom do you report? Public Health

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? Yes No

What healthcare coalitions are you participating in? Calaveras Tuolumne

a) How often do you meet with your healthcare coalitions? quarterly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? Yes No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:

n/a

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

- a) Disaster Plan? Yes URL Link: _____ No
- b) Active Shooter Policy? Yes URL Link: _____ No
- c) Hazardous Material (Hazmat) Plan? Yes URL Link: _____ No
- d) Disaster Medical Cache? Yes URL Link: _____ No
- e) Disaster Medical Support Group? Yes URL Link: _____ No
- f) Medical Assets? Yes URL Link: _____ No
- g) Incident Command Organization Chart? Yes URL Link: _____ No
- h) Communications Plan? Yes URL Link: _____ No
- i) Ambulance Strike Team Leader Program? Yes No
- j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? Yes No

Identify the provider: _____



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

- Do you have designated field treatment sites? Yes No
- a) Identify the locations: Frogtown Fairgrounds
- b) How are they staffed? County Staff and Mutual Aid requests
- c) Is there a supply system for supporting them for 72 hours? Yes No
- Is there a mental/behavioral health program available for responders within your jurisdiction? Yes No
- a) Identify the program: CISD
- Is there a team medical response capability? Yes No
- a) For each team, are they incorporated into the local response plan? Yes No
- b) Are they available for statewide response? Yes No
- c) Are they part of a formal out-of-state response system? Yes No
- Are there HazMat trained medical response teams? Yes No
- a) At what HazMat level are they trained? N/A
- b) Is there capability to do decontamination in an emergency room? Yes No
- c) Is there capability to do decontamination in the field? Yes No
- Identify who the Medical Health Operational Area Coordinator is:
- Health Officer EMS Agency Jointly Appointed
- Do you have specific training for mass casualty incident policies? Yes No
- Are you using the Standardized Emergency Management System (SEMS)? Yes No
- a) Does it incorporate a form of Incident Command System (ICS) structure? Yes No
- Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? Yes No
- Have you tested your multicasualty incident plan this year? Yes No
- a) Was it a real event? no
- b) Was it an exercise? yes
- Do you have formal agreements with the following in your operational area to participate in disaster planning and response:
- a) Hospitals? Yes No
- b) Community Clinics? Yes No



TABLE 7: DISASTER MEDICAL RESPONSE

County: Mariposa

Reporting Year: 2020-2022

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? Yes No

Are you a separate department or agency? Yes No

a) To whom do you report? Public Health

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? Yes No

What healthcare coalitions are you participating in? Mariposa Merced

a) How often do you meet with your healthcare coalitions? quarterly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? Yes No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:
n/a

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

- a) Disaster Plan? Yes URL Link: _____ No
- b) Active Shooter Policy? Yes URL Link: _____ No
- c) Hazardous Material (Hazmat) Plan? Yes URL Link: _____ No
- d) Disaster Medical Cache? Yes URL Link: _____ No
- e) Disaster Medical Support Group? Yes URL Link: _____ No
- f) Medical Assets? Yes URL Link: _____ No
- g) Incident Command Organization Chart? Yes URL Link: _____ No
- h) Communications Plan? Yes URL Link: _____ No
- i) Ambulance Strike Team Leader Program? Yes No
- j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? Yes No

Identify the provider: _____



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

Do you have designated field treatment sites? Yes No

a) Identify the locations: Coutlerville and Mariposa Airport

b) How are they staffed? County Staff and Mutual Aid requests

c) Is there a supply system for supporting them for 72 hours? Yes No

Is there a mental/behavioral health program available for responders within your jurisdiction? Yes No

a) Identify the program: CISD

Is there a team medical response capability? Yes No

a) For each team, are they incorporated into the local response plan? Yes No

b) Are they available for statewide response? Yes No

c) Are they part of a formal out-of-state response system? Yes No

Are there HazMat trained medical response teams? Yes No

a) At what HazMat level are they trained? n/a

b) Is there capability to do decontamination in an emergency room? Yes No

c) Is there capability to do decontamination in the field? Yes No

Identify who the Medical Health Operational Area Coordinator is:

Health Officer EMS Agency Jointly Appointed

Do you have specific training for mass casualty incident policies? Yes No

Are you using the Standardized Emergency Management System (SEMS)? Yes No

a) Does it incorporate a form of Incident Command System (ICS) structure? Yes No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? Yes No

Have you tested your multicasualty incident plan this year? Yes No

a) Was it a real event? no

b) Was it an exercise? no

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? Yes No

b) Community Clinics? Yes No

POLICY: 553.25
TITLE: Trauma/Burn Triage & Patient Destination

EFFECTIVE: 4/13/17
REVIEW: 4/2022
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 5

Trauma/Burn Triage & Patient Destination

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.222, 1798.162, 1798.163
California Code of Regulations Section 100255.

II. DEFINITIONS

- A. **"Pediatric" or "pediatric patient"** means an individual age 14 and under.
- B. **"Pediatric Trauma Center"** means a designated facility identified by the Mountain-Valley EMS Agency (MVEMSA) to receive pediatric trauma patients directly from the field, including:
1. UC Davis Medical Center (Level I)
 2. Children's Hospital, Oakland (Level I)
 3. Renown Regional Medical Center, Reno Nevada (Level II)
 4. Valley Children's Hospital, Madera (Level II)
- C. **"Trauma Center"** means a designated facility identified by the Mountain-Valley EMS Agency (MVEMSA) to receive trauma patients directly from the field, including:
1. Doctors Medical Center (Level II)
 2. Memorial Medical Center, Modesto (Level II)
 3. "Trauma Centers" may be designated by other Local EMS Agencies and in some cases, may be the closer facility. If this is the case, trauma patients may be transported directly from the field, these include:
 - i. UC Davis Medical Center (Level I)
 - ii. Mercy San Juan (Level II)
 - iii. Sutter Roseville (Level II)
 - iv. Kaiser South Sacramento (Level II)
 - v. Renown Regional Medical Center (Level II)
 - vi. San Joaquin General (Level III)
- D. **"Trauma"** means physical injury or wound caused by significant external force, high-energy exchange, a rapid deceleration, or violence.

- E. **"Trauma Triage criteria"** means a guideline for assessing the severity of a person's potential injuries that is used to direct transportation of trauma patients to the appropriate Trauma Center.

III. PURPOSE

- A. To establish guidelines for identifying trauma patients and for determining their destination.
- B. To ensure appropriate utilization of resources within the Mountain-Valley EMS system.

IV. POLICY

This policy shall serve to identify patients who are at risk for severe injury and determines the most appropriate destination for transport.

V. PROCEDURE

- A. Prehospital EMS Personnel SHALL notify the DCF **IMMEDIATELY** when it is determined that the patient meets trauma triage criteria to establish destination. This notification does not have to originate from the person actually caring for the patient, but may come from another member of the patient care team.

- 1. DCF notification SHALL include:
 - a. age
 - b. mechanism
 - c. trauma triage criteria
 - d. ETA
- 2. The DCF will immediately assign Trauma Center destination and will inform both pre-hospital EMS personnel and the receiving Trauma Center.
- 3. A full Base Hospital report to the destination Trauma Center from the pre-hospital provider must follow the DCF notification as soon as possible.

B. Triage Upgrade

A patient's triage status may always be upgraded if the patient's condition deteriorates during assessment or transport. A patient's triage status shall not be downgraded by a Nurse or Paramedic.

C. Destination Decisions

- 1. All injured patients (Adult & Pediatric) meeting trauma triage criteria shall be transported by the quickest, most appropriate means, ground or air.
 - a. If a trauma patient meeting criteria is to be transported by air and environmental conditions do not allow for an air transport, a ground ambulance shall transport to the closest Level I or Level II Trauma Center unless the patient has a life-threatening condition

that overrides the need for expedient surgery. In these cases, trauma patients should be transported to the closest facility. This includes, but is not limited to, conditions such as:

- i. Obstructed airways
 - ii. Tension pneumothorax which has not been relieved or stabilized in the prehospital setting, or
 - iii. Situations where the patient meets criteria as outlined in policy 570.20 "Determination of Death". Such patients should be transported to the closest appropriate receiving facility or pronounced dead in the field if they meet the criteria outlined in policy 570.20.
- b. Pediatric patients meeting criteria to be transported to a Pediatric Trauma Center shall be transported by air ambulance if the environmental conditions allow. If air resources are unavailable and/or patient is not stable for transport to a Pediatric Trauma Center, transport to the closest adult Level I or II Trauma Center is acceptable.
2. If a Trauma Center is on Trauma Bypass, trauma patients will be transported to the next closest available Level I or Level II Trauma Center as directed by the DCF.
3. Patient Destination for Stanislaus County Trauma Centers:

The distribution of patients destined for a Stanislaus County Trauma Center shall be guided by the following:

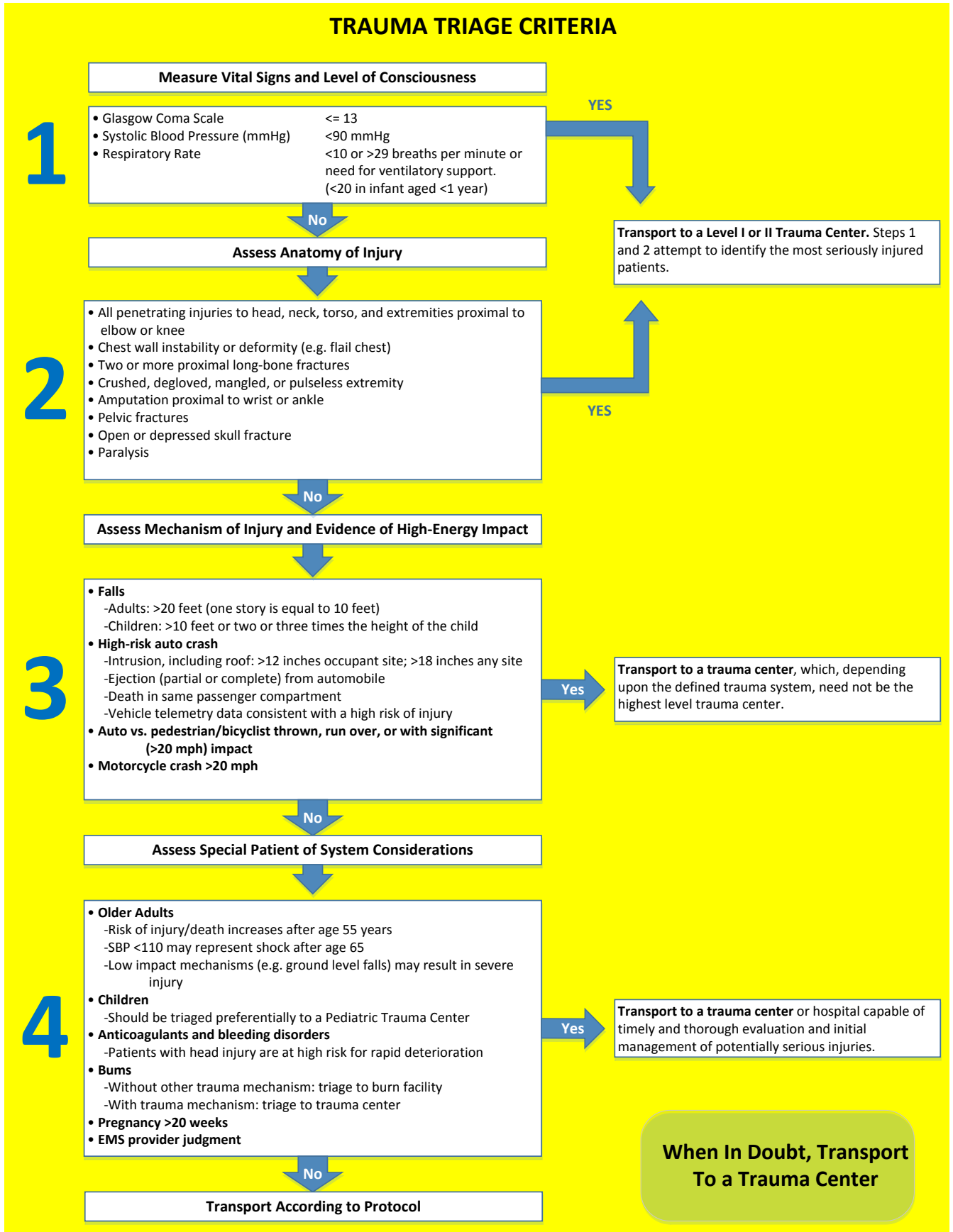
- a. **All** trauma patients requiring transport by air or ground ambulance to a Level II Trauma Center in Stanislaus County will follow an alternating rotation of Trauma Centers. The Stanislaus County DCF will be contacted and will identify the Trauma Center destination. The DCF will contact the Trauma Center with the initial trauma notification. If a trauma patient requires a code three transport by ground ambulance the patient will be taken to the closest Level II Trauma Center in Stanislaus County (DCF contact must still occur).
 - b. In the event a Level II Trauma Center located within the MVEMSA region meets Trauma Bypass criteria as indicated in Policy 546.10, the facility will immediately notify the Stanislaus County DCF and update its facility status on EMResource to Advisory. When the Trauma Center goes off Trauma Bypass, the facility will immediately notify the DCF and update its status on EMResource.
 - c. Where response and transportation times permit, two patients requiring trauma activation should not be delivered to the same Trauma Center in the same ambulance (ground or air).
4. Any disputes regarding distribution of patients should be documented on

an Unusual Occurrence Report and faxed to MVEMSA within 72 hours for review.

D. Burn Triage Criteria:

1. A patient (adult or pediatric) whose primary injuries are burns may be transported directly to a Burn Center from the field. These injuries include:
 - a. Partial/full thickness (2nd or 3rd degree) burns involving greater than 15% TBSA without airway compromise
 - b. Patients with partial/full thickness (2nd or 3rd degree) burns greater than 10% TBSA without airway compromise with the following:
 - i. Greater than 60 years of age
 - ii. Associated trauma meeting Trauma Triage Criteria (and if transport can be completed within 60 minutes)
 - iii. Significant co-morbidities (e.g. COPD, major medical disorder, bleeding disorder or anticoagulant therapy, dialysis patients)
 - c. Partial/full thickness (2nd or 3rd degree) burns of face, perineum or circumferential burn to any body part
 - d. Significant electrical injuries with loss of consciousness, voltage in excess of 220, and/or open wounds
 - e. Electrical injuries resulting in a loss of distal pulses
 - f. Significant inhalation injury with successful intubation
 - g. Chemical burns with wounds >5% TBSA
2. All burns with airway compromise, wheezing, stridor, carbonaceous sputum, nasal singeing or significant facial edema must have an evaluation for intubation either by air ambulance personnel or by the emergency physician at the closest appropriate receiving facility prior to transport to the Burn Center, if the ground ambulance is unable to intubate the patient.

TRAUMA TRIAGE CRITERIA





Quality Improvement Program Annual Update

CY 2020-2022

Prepared for California Emergency Medical Services Authority April 2020-22

Plan prepared, reviewed, and edited by:

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Table of Contents

Introduction 3-5

Stanislaus County Highlights 7

Calaveras and Amador County Highlights 17-20

Mariposa County Highlights 21-22

Additional Regional QI Initiatives in 2019 23-24

Summary 26

Graphs and Figures

Graph 1-4: Sepsis project 5-6

Graph 5: AMRStanislaus County CARES 8

Graph 6:AMR Prehospital ROSC 8

Graph 7:VRECC CARES Date 10

Graph 8: Time to Recognition 11

Graph 9: Call to Instruction 11

Graph 10:Time to First Compression 11

Graph 11: Median Compression Rates..... 13

Graph 12: Compression Ratio Outside of Benchmarks 14

Graph 13:Compression Rate 14

Graph 14:Compression Rate Outside of Benchmark..... 14

Graph 15: Compressions Per Minute..... 15

Graph 16: Compressions Per Minute Outside of Benchmark 15

Graph 17:Total Shock Pause 15

Graph 18:12 Lead Post ROSC..... 16

Graph 19: Community Paramedic Pilot Project Summary.....24

Graph 20-22: Stroke Destination Project.....25

Figure 1: Rural Provider Cardiac Arrest Survival..... 26

Introduction

The EMS Medical Director, in coordination with the Quality Improvement/Trauma Coordinator and the individual county Local Quality Improvement Groups (LQIG) develop, monitor, and evaluate the Quality Improvement (QI) program throughout the year. A formal QI review is conducted annually which precedes the development of the Annual Update. The formal QI review for each provider was forgone for the year 2020 due to COVID-19.

In 2020 under the direction of Medical Directors Dr. Greg Kann, the Agency continued to track the use and training of Automatic Compression Devices “Lucas Device” for all first responder agencies and hospital district ambulance providers in Stanislaus County. In 2020, with coordination from our LQIG group and our STEMI receiving hospitals, the system worked towards improvement in our out of hospital cardiac arrest survival initiative in all member counties through coordinated training. The following is a review of the history of this initiative and its individual QI components. In 2013, the MVEMSA Medical Director and Clinical Education Manager for AMR, Modesto attended the Resuscitation Academy (RA) conducted by Seattle Medic One and King County EMS. The System of Care methodology presented at the RA supported the Pit Crew/High Performance CPR (HP-CPR) initiative already in place within all 5 MVEMSA Counties. In late 2014, the EMS Medical Director and QI Coordinator committed to formalize an Out of Hospital Cardiac Arrest System of Care to include all EMS providers. In March 2015, the current QI/Trauma Coordinator for MVEMSA and the QI Coordinator for American Legion Ambulance attended the Resuscitation Academy. In 2019 the QI/Trauma Coordinator attended the Resuscitation Academy, held in Sacramento, CA. As identified by American Medical Response’s CARES data, 2018 saw a decline in out of hospital cardiac arrest survival in Stanislaus County. Much of 2020 was focused on identifying gaps in our treatment and refresher training at all provider levels. Based in part on the education from the RA and programs already in place within the region, the following global QI initiatives were developed in all 4 MVEMSA ALS counties:

- Public CPR Education
 - Continually provide the community CPR education program in all counties to bring “Hands Only” CPR to the citizens of each community within the region. Although this remains a high priority to better the outcomes of Cardiac Arrest patients, there was no Community CPR training in 2020 due to COVID-19 restrictions.

- Dispatch
 - Evaluate the current performance of all dispatch centers in relation to dispatch-assisted CPR (DA-CPR). Specifically, establish baseline data and develop benchmarks for Cardiac Arrest recognition and “hands on chest.” In 2020, VRECC the AMR owned and operated dispatch center in Stanislaus County began implementing and tracking data through the CARES platform.

- First Responder Fire
 - Evaluate the current state of HP-CPR education and proficiency at first responder agencies. Develop a program to increase the use of HP-CPR on cardiac arrest calls, increase efficiency of CPR on resuscitations and provide feedback to responders regarding CPR/resuscitation performance. Due to the restrictions of COVID-19, gatherings of multiple responders were not allowed, thus the decline in training for 2020.

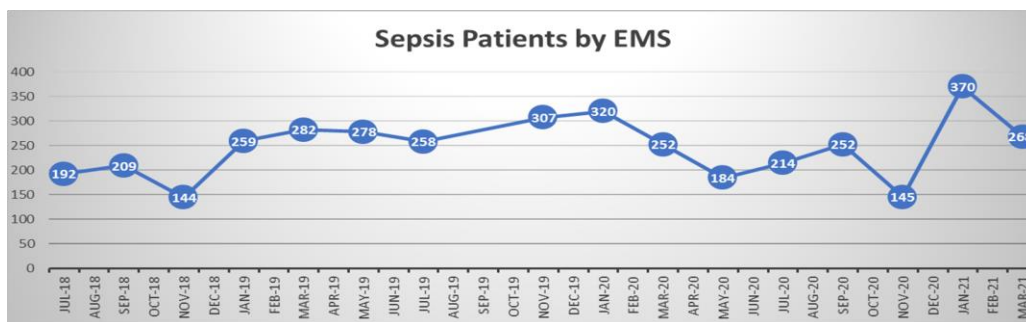
- ALS First Response Fire and Ambulance Providers
 - Evaluate the current state of HP-CPR education and proficiency at ALS Provider agencies. Develop a program to increase the use of HP-CPR on cardiac arrest calls, increase efficiency of CPR on resuscitations and provide feedback to responders regarding CPR/resuscitation performance. Due to the restrictions of COVID-19, gatherings of multiple responders were not allowed, thus the decline in training for 2020.

- Receiving Hospitals
 - Evaluate the current state of Therapeutic Hypothermia (TH) utilization at all Base Hospitals within the MVEMS region. Provide support to the TH program as needed.

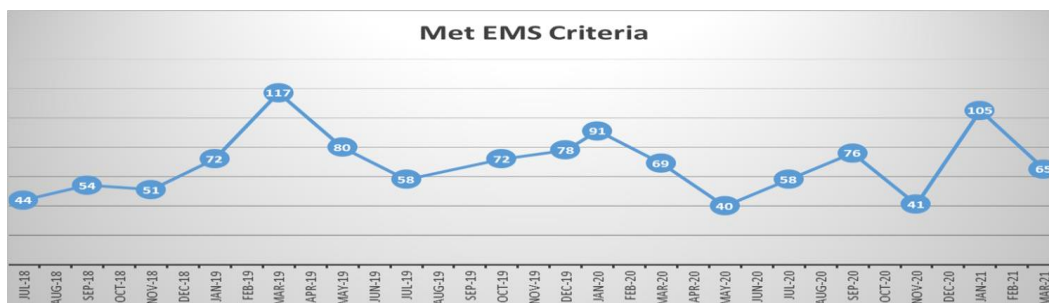
Based on the global initiatives above, individual programs were developed through their respective LQIG’s and initiated in all MVEMSA counties. The goal of the LQIG is to increase engagement and commitment by system providers to the quality improvement process, develop a Cardiac Arrest System of Care within each county and improve Out of Hospital Cardiac Arrest (OOHCA) survival in their communities. OOHCA survival is a key indicator of the region’s clinical performance and is tracked through the Cardiac Arrest Registry for Enhanced Survival (CARES) to which MVEMSA has been contributing since 2012.

In April 2016, the Agency implemented a prehospital Sepsis treatment protocol based on a 3-year pilot project in Amador County. In 2017, the Agency began a Quality Improvement initiative to increase the recognition, treatment, and prehospital alerting for sepsis patients. The Amador County pilot project identified shortcomings in prehospital recognition and with consistent education and feedback was able to raise the recognition, treatment, and Sepsis Alert rate. In 2020, All base hospitals within Stanislaus County played a key role in providing sepsis data to our LQIG group. Below is a representation of the status in recognizing, alerting and treatment of sepsis patients. Currently, of the patients that met pre-hospital sepsis criteria, approximately only 50% of the time field personnel are recognizing the septic patient and alerting the receiving facility. Our opportunities for growth and improvement are indicated by the data shown below. In 2021, using the data, training will continue in the recognition of sepsis patients by increasing the use of thermometers, evaluating a source of infection, and adopting nasal ETCO2. One metric that proved to be useful in 2019 showing the benefits of EMS alert of sepsis patients was time of arrival at the Emergency Department to administration of antibiotic time. The antibiotic data helped guide the importance of the “Pre-alert” to the receiving hospital. While we still have work to do, the statistical data below shows the importance.

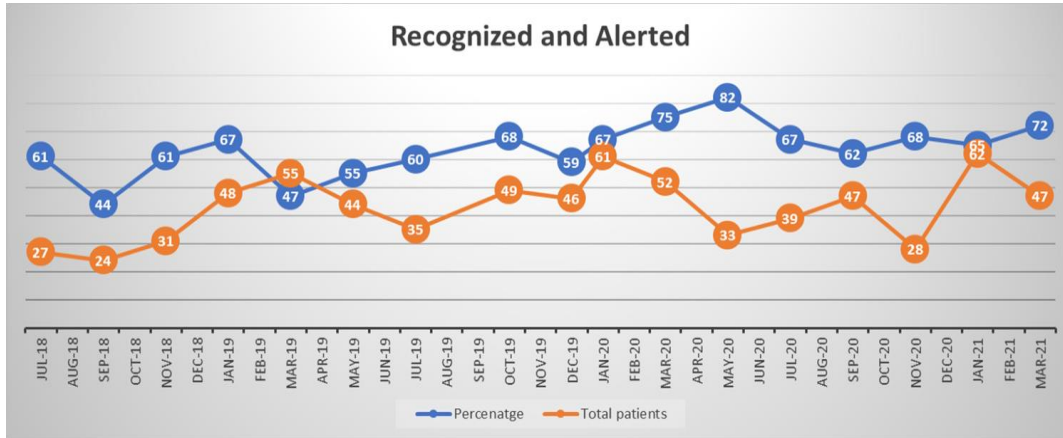
Graph 1: Total sepsis patients by EMS



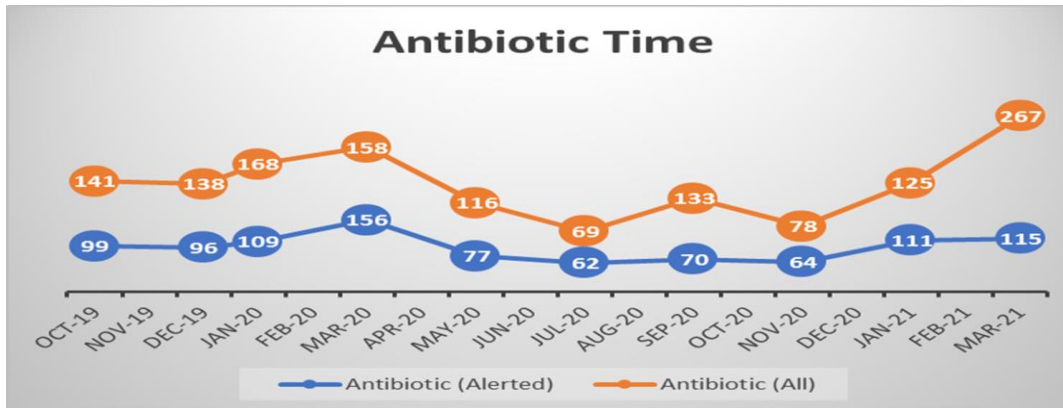
Graph 2: Patients that met Pre-Hospital Sepsis criteria



Graph 3: Sepsis patients recognized and alerted



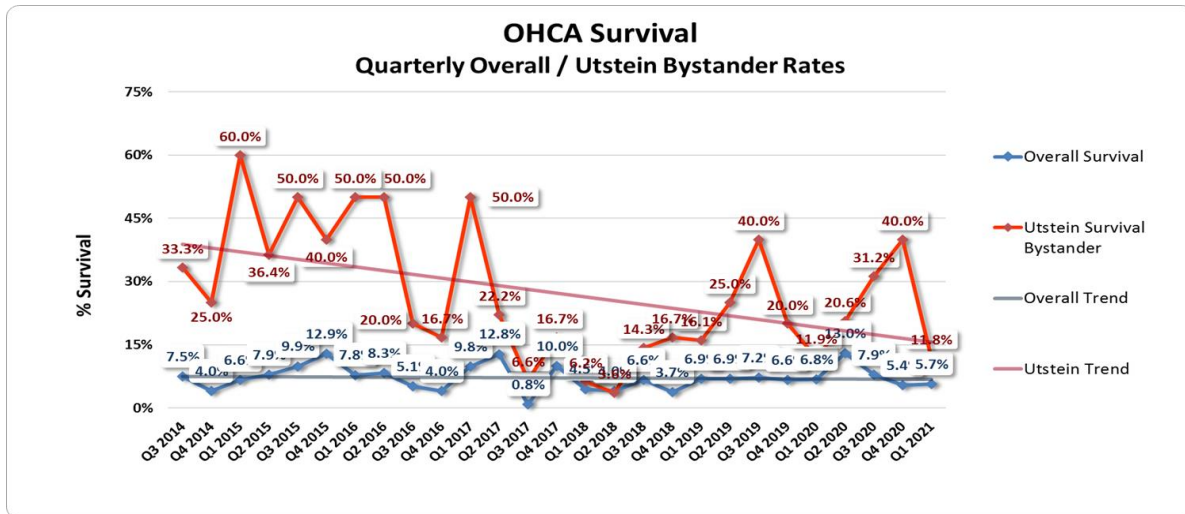
Graph 4: Door to antibiotic time



Stanislaus County Highlights

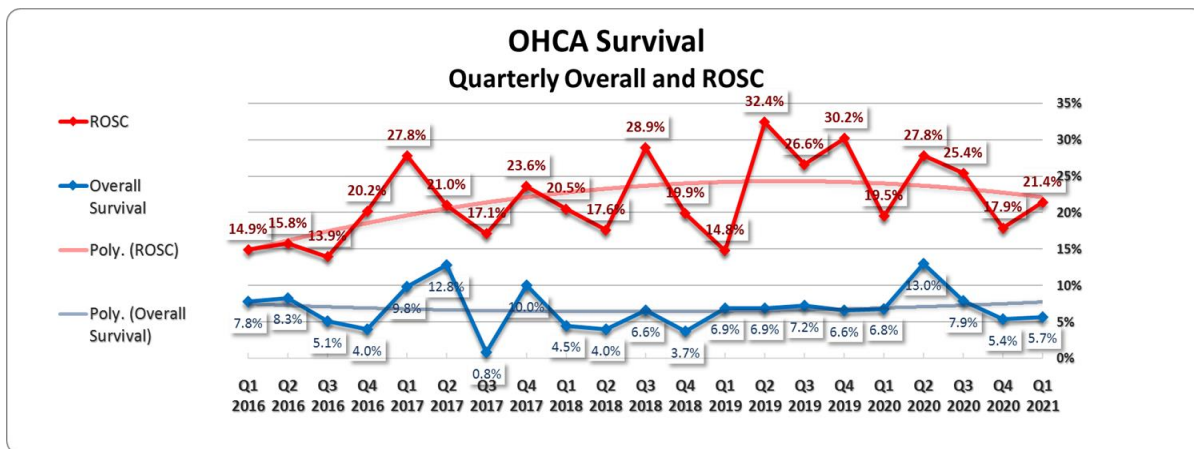
Prior to 2015, the EMS Medical Director and American Medical Response (AMR) CE Supervisor established an aggressive HP-CPR campaign, engaging all First Responder and ALS providers in the county. As of the end of 2014, 100% of the EMS providers had been trained and were using HP-CPR when treating an adult cardiac arrest victim. Based on initial training, the Utstein Survival rate for victims of OOHCA increased from a low of 25% (Q4, 2012) to a high of 50% (Q2, 2013); however, survival dropped to an average of 28% from Q3, 2013 through Q4, 2014. We believe this can be partially attributed to a lack of ongoing refresher training in HP-CPR. Through increased emphasis on training, metronome use and CodeStat feedback to field crews the county's OOHCA survival rate increased beginning Q1, 2015 through mid-2016. Beginning mid-2016, Stanislaus County saw a precipitous drop in survival which we believe is partially attributed to a gap in refresher training and field provider feedback due to the vacancy of key clinical education personnel. The Agency has worked through the Local Quality Improvement Group (LQIG) and AMR to increase refresher training and education. AMR hired and trained a new CES Manager as well as a new CES Supervisor in 2017 which provided more consistent feedback to crews via CodeStat. In addition, the new CES Supervisor put into place a more robust feedback loop to first responder fire agencies to provide feedback directly to crews in a timelier manner. 2018 proved to be challenging with changes in clinical leadership at the provider level. Improvements are being made with achieving a Twenty-Four-hour (24) turnaround time with CodeStat reports to the individual crews that were on scene. MVEMSA continues to review each case of cardiac arrest and provide input where needed. In 2019, an emphasis was placed on refocused High Performance CPR training incorporating the LUCAS device with all providers both fire and ambulance. The training paid off, represented below with increase in field ROSC and discharged from the hospital with a CPC score of 1-2. In 2020, training was cancelled due to COVID-19 restrictions, although we continued to look at the Out of Hospital Cardiac Arrest data via remote meetings established bi-monthly. Once restrictions are lifted, training will resume.

Graph 5: AMR Stanislaus CARES



For much of 2020 we saw small decreases in survival. The Stanislaus LQIG group believe this is related to the inability to have in person training. This will continually be tracked and monitored. Training will resume once we have permission and is safe to do so.

Graph 6: AMR Prehospital ROSC



The below System of Care initiatives were implemented in Stanislaus County with the goal of increasing out of hospital cardiac arrest survival.

Public CPR Education

The Stanislaus Heart Outcome Consortium (SHOC) was founded in September of 2012 with the mission to increase cardiac arrest survival through Public CPR Education, HP-CPR and advanced resuscitation science within Stanislaus County. The group is comprised of representatives from Stanislaus County hospital, pre-hospital and dispatch providers. Prior to 2015 SHOC had trained 4,504 lay-people compression only CPR. While falling short of the goal of 5000, the group trained 1884 people compression only CPR in 2015. In 2016, through meetings with the Stanislaus County Schools Superintendent and the MVEMSA Medical Director, we were able to gain approval to teach compression-only CPR in all middle schools in the county. This is a coordinated effort between MVEMSA and all ALS providers serving Stanislaus County. Due in part to middle school participation, this group trained 7514 citizens compression only CPR in 2016. Middle and High Schools in this program alternate years for CPR education; therefore, the number of citizens trained in 2017 fell to 2506. Of note, this is a 30% increase over the last “off” year in 2015. In 2018 we again fell short of our goal and trained 1891 citizens in hands only CPR. Again, with changes in clinical leadership at the provider level; this was not the number one priority in 2018. Through our LQIG, and meeting with stakeholders this will be a priority in 2019. In 2019, American Medical Response, our largest ambulance provider dedicated an EMT to provide community member with hands only CPR training. In total for 2019, 4,688 community members were trained, this will continue to be a focus in the years to come. Although this remains a focus for MVEMSA and Stanislaus County providers no training was conducted for 2020 due to COVID-19 restrictions.

Dispatch/VRECC

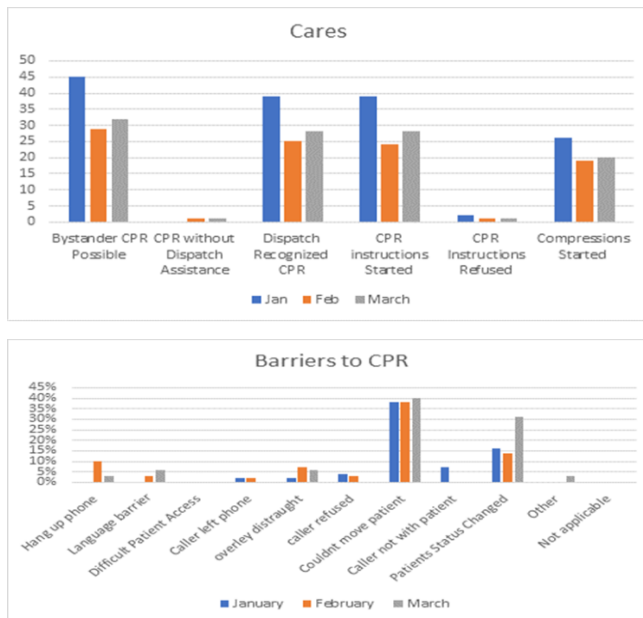
2020 saw continued data collection and Quality Improvement initiatives at Valley Regional Emergency Communications Center (VRECC), the primary EMS dispatch center for Stanislaus County. In 2015, the VRECC QI Committee adopted the benchmarks used by the Seattle Medic One Foundation and as presented at the Resuscitation Academy as a starting point for data collection.

Baseline Data Collection

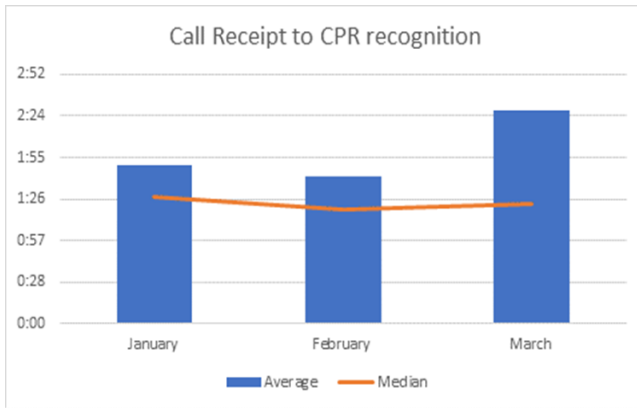
- ❖ Recognition of cardiac arrest in 95% of cases in which the dispatcher could assess consciousness and breathing
- ❖ Recognition of cardiac arrest within one minute of address verification
- ❖ Delivery of DA-CPR chest compressions in 75% of cases where the dispatcher could assess consciousness and breathing, and bystander CPR is not already in progress
- ❖ Delivery of the first DA-CPR chest compression within two minutes of address verification

In 2017, VRECC hired a new Dispatch Center Supervisor who has been active in the evaluating the center’s QI initiatives and seeks to improve their data tracking and education as it relates to OOHCA. In 2019, MVEMSA Local Quality Improvement Group saw a trend in the opposite direction which correlates to an additional QI employee for VRECC. Currently, the QI team for VRECC is working backwards to identify the root cause in the change of data collection from June 2019 to present. In 2020, VRECC worked hard to implement a more streamlined data collection and review process which is CARES. VRECC now enters all dispatch data related to cardiac arrest into CARES data registry.

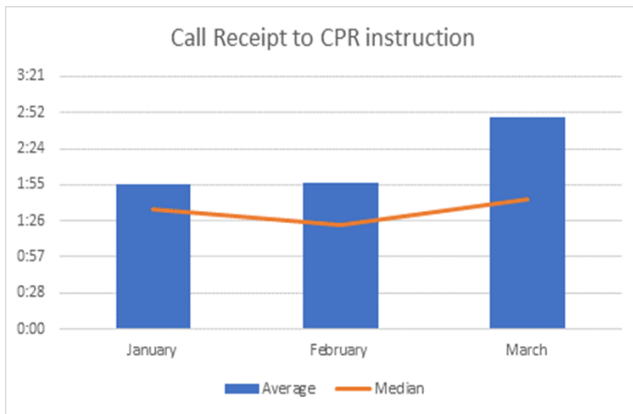
Graph 7: VRECC CARES Data



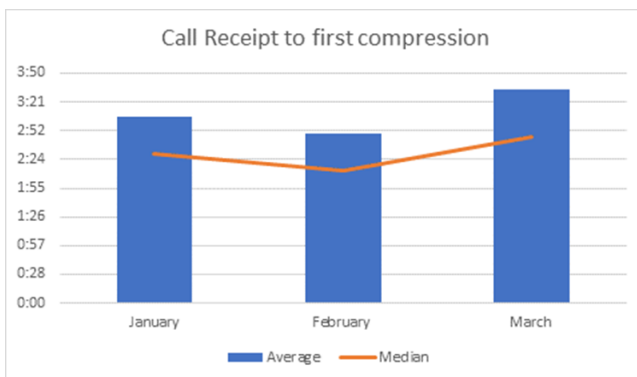
Graph 8: Time to Recognition



Graph 9: Call to CPR Instruction



Graph 10: Time to First Compression



First Responder Fire

2019 saw increased focus on HP-CPR training with the rural fire agencies, many of which are heavily volunteer-based. This makes uniform and regular CPR training challenging due to varied training schedules and the realities of a volunteer workforce. CodeStat report distribution saw an increase in 2019 with an emphasis placed on the 24-hour report time to all crews involved in the cardiac arrest event. Fire crews continue to utilize metronomes on all cardiac arrest calls. In 2018, a trial study was conducted on the Automatic Compression Device (Lucas). This trial study led to the purchase of fifty (50) devices which have been placed on every single first out fire engine and the hospital district ambulance providers in Stanislaus County. In 2020, Codestat reports continued to be distributed in a timely manner, however training was placed on hold due to COVID-19 restrictions.

ALS Fire and Ambulance Providers

As with first responder fire, the focus in 2019 for ALS fire and ambulance providers was on continued HP-CPR refresher training and CodeStat report distribution and review. As with first responder fire agencies the new CES Supervisor along with the new EMS Coordinator at Modesto Fire were able to establish a process for timely distribution of CodeStat reporting to ALS fire crews. Within Stanislaus County, LifePack 15 monitors are used by all ALS providers in the county, thus allowing for reliable CodeStat data transmission as well as enhanced cardiac arrest analytics on-scene. Implementation of the monitors occurred in Q1, 2017. The Agency approved one additional ALS first response fire department in 2017.

All the ALS ambulance providers in the county are currently utilizing the Physio Control Lifepack 15 cardiac monitor (including Modesto Fire, Patterson Fire & Stanislaus Consolidated ALS first responders). All ALS providers within the county are transmitting cardiac arrest data for analysis. The Physio Control monitor allows data to be downloaded to the Physio Control CodeStat analytic software (<http://www.physio-control.com>) enabling objective and timely feedback to all personnel involved in a cardiac arrest resuscitation. Additionally, this allows significant data collection for analysis and benchmarking cardiac

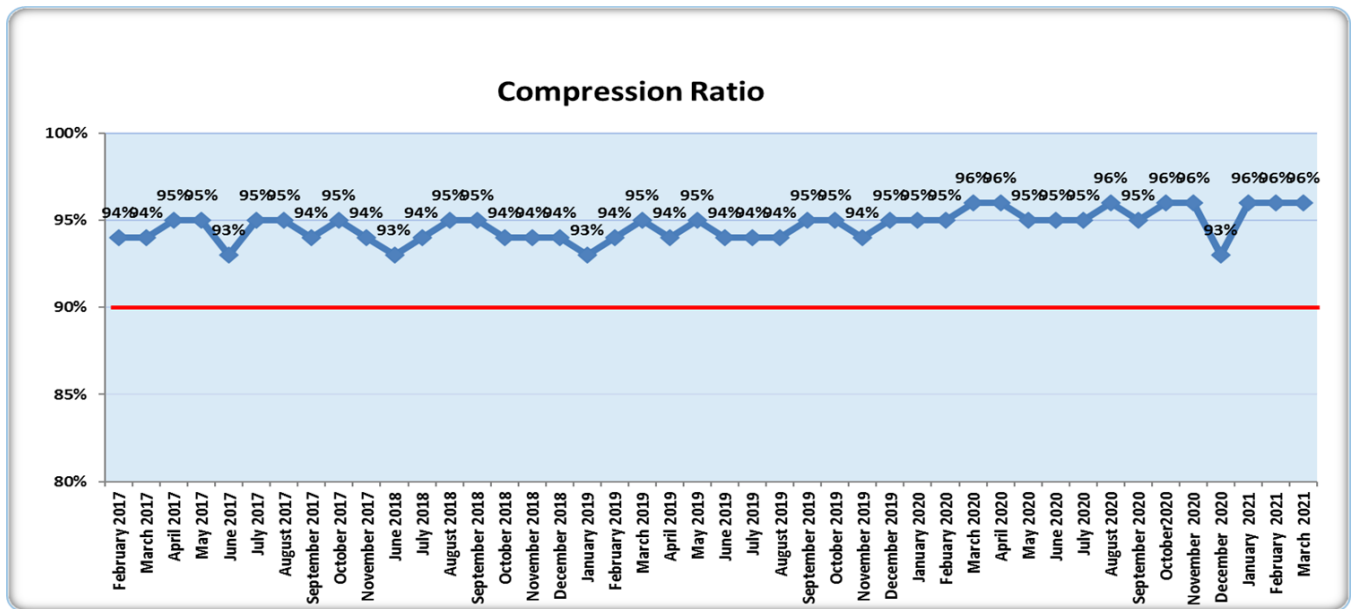
arrest performance throughout the system. Currently, all the ALS providers in the county provide cardiac arrest data for CodeStat review and subsequent review with their crews.

In addition to facilitating cardiac arrest feedback, the Life Pack monitors allow 12-Lead transmittal for all STEMI patients to the destination STEMI receiving facility. As above, all the ALS providers are transmit-capable. As of 2016 and currently, all three STEMI receiving centers can receive field transmitted EKGs.

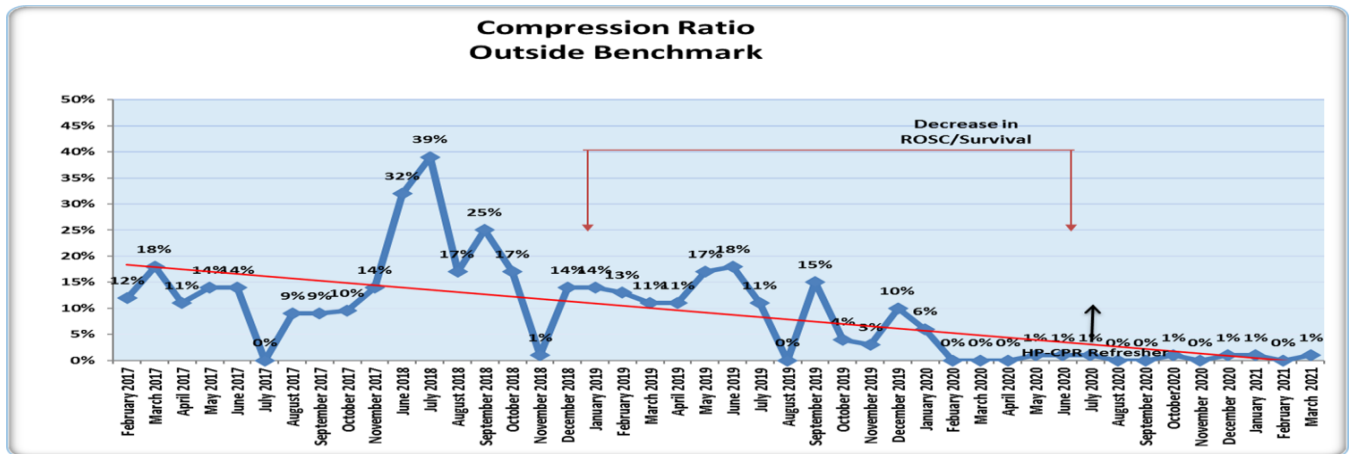
Cardiac Arrest Benchmarks for Field Providers

- ❖ Compression Ratio >90%
- ❖ Compression Rate 100-120
- ❖ Compressions/Minute 100-120
- ❖ Pre-charge monitors prior to Defibrillation
- ❖ 12-Lead post-ROSC
- ❖ Pre-, Post- & Total Pause during Defibrillation

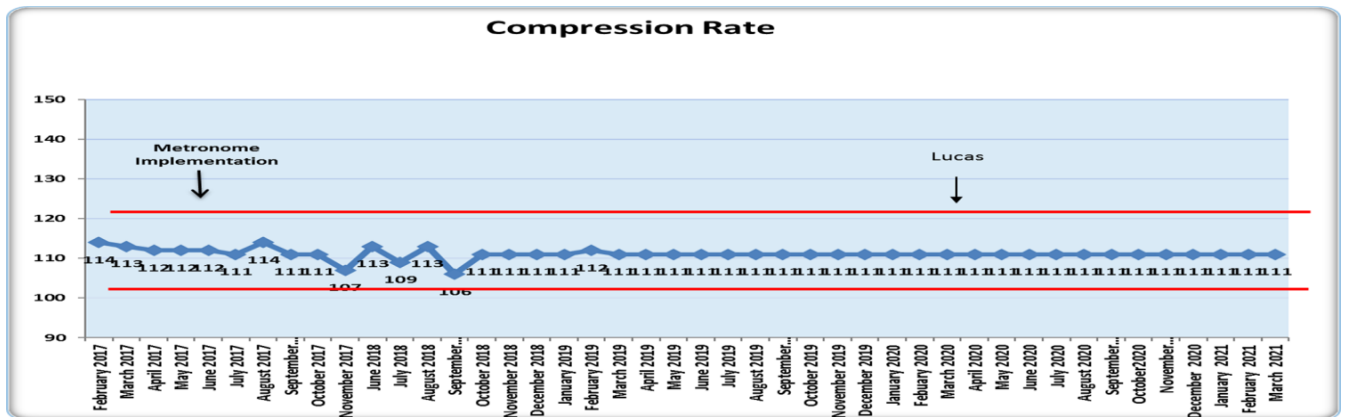
Graph 11: Median Compression Ratio



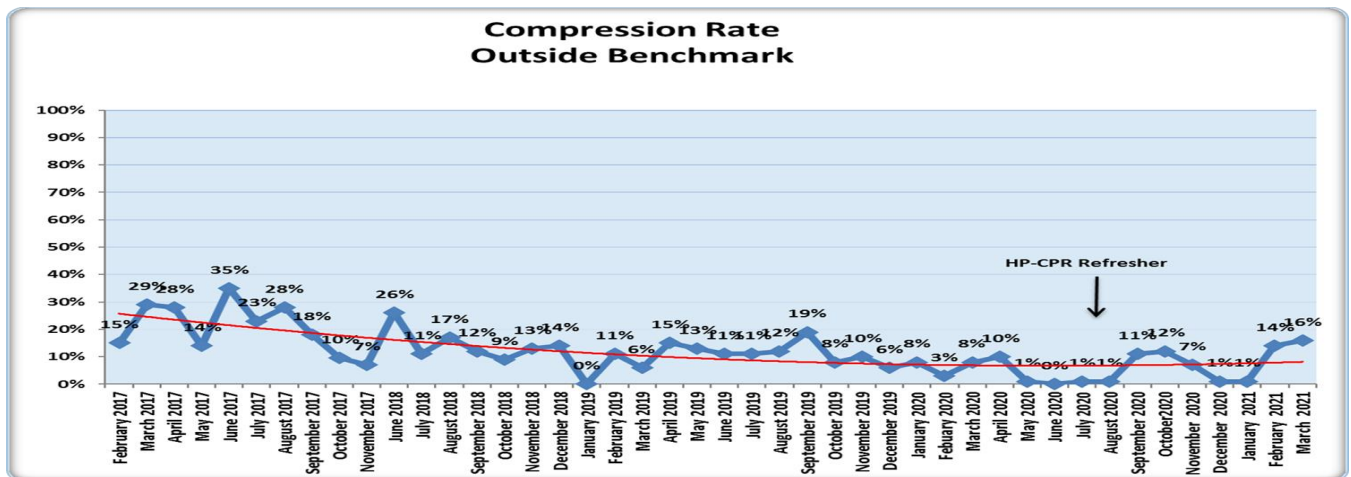
Graph 12: Percentage of incidents with Compression Ratio not meeting benchmark



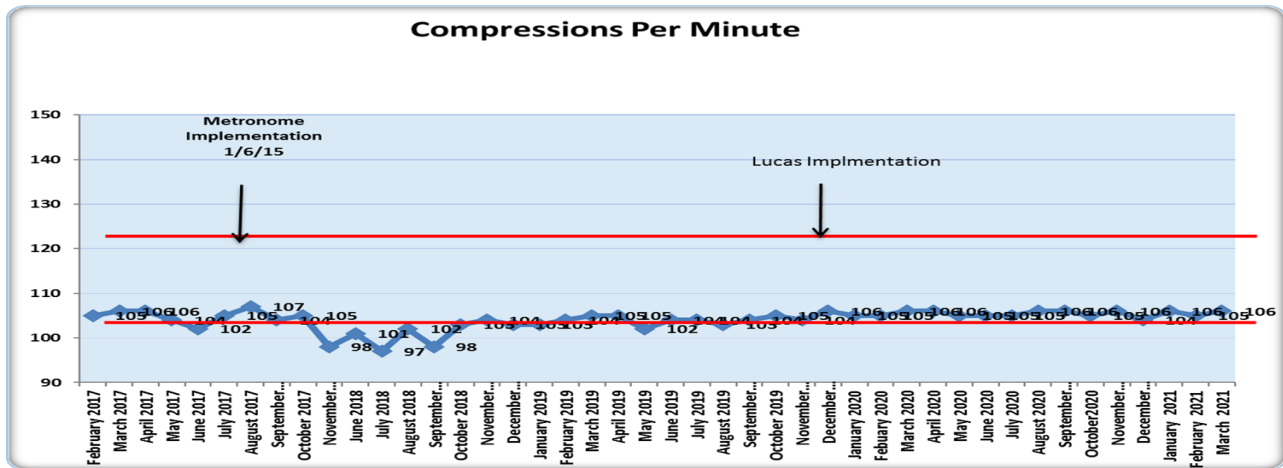
Graph 13: Median Compression Rate



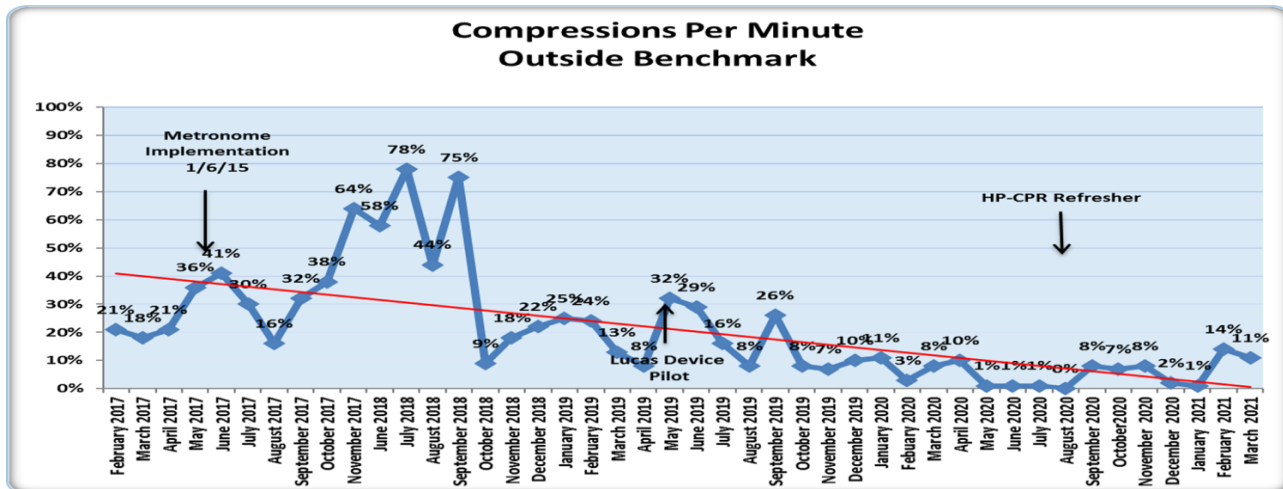
Graph 14: Percentage of incidents with Compression Rate outside of benchmark (100-120 per minute)



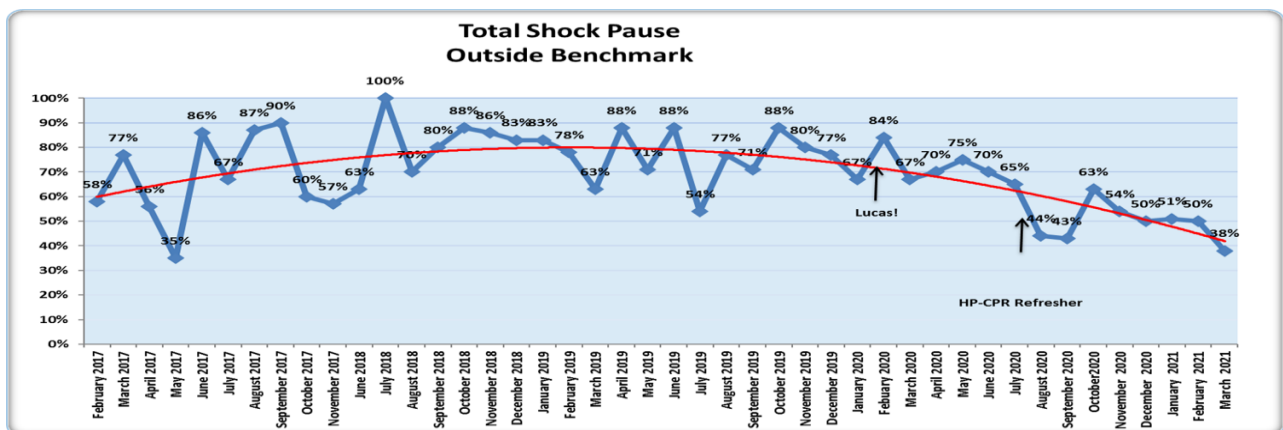
Graph 15: Median Compressions per Minute



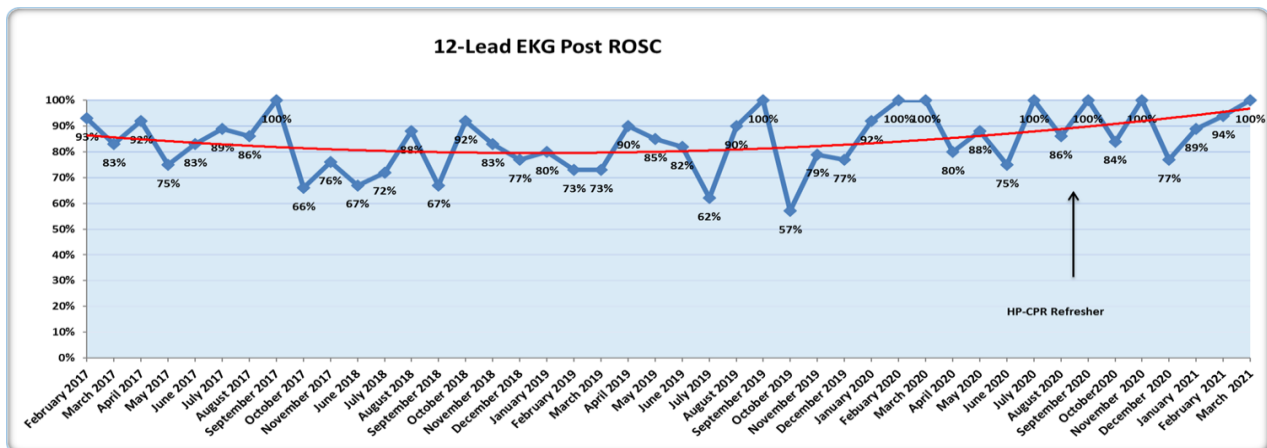
Graph 16: Percentage of incidents with Compressions Per Minute outside of benchmark (100-120 per minute)



Graph 17: Percentage of total shock pauses outside of 6-second benchmark



Graph 18: 12-Lead EKG Post ROSC



2015 and the first half of 2016 marked significant progress towards meeting our benchmarks for the selected indicators. The introduction of metronomes to all AEDs and cardiac monitors in the county made a significant improvement in both Compression Rate and Compressions per Minute. The second half of 2016 saw a precipitous decline in patient survival with a corresponding increase of incidents of compression rate and compressions per minute outside of benchmark. 2017 saw an aggressive training initiative with ALS and first responder providers and a subsequent increase in out of hospital ROSC. As discussed earlier, this increase has not translated to survival and the Agency and regional providers are continuing to explore root causes for the decline of our of hospital survival. In 2018 we completed the Lucas Automatic Compression device study and placed all devices on fire engines. In Q4 of 2018 will be the first full quarter that these have fully been implemented across Stanislaus County. In 2019, MVEMSA will keep a close watch on “time off chest”, pauses for defibrillation and pulse checks. 2019 saw improvement across all metrics which has led to an increase in Out of Hospital Cardiac arrest survival. As mentioned, 2020 saw many challenges with training opportunities due to COVID-19 restrictions.

Receiving Hospitals

Stanislaus County receiving hospitals have been incorporating Therapeutic Hypothermia for the treatment of post-ROSC cardiac arrest since April 2013. A 2015 comparison of local vs. national use of TH showed our local usage to be slightly lower than national averages (38.8% vs 45.8%) which prompted a 2016 hospital QI initiative to review all cases where therapeutic hypothermia was not applied to post-ROSC cardiac arrest patients. Most of the receiving

hospitals in the county have a formal resuscitation committee which monitors the use of therapeutic hypothermia. Hospitals continue to monitor therapeutic hypothermia use for ROSC patients.

Calaveras & Amador County Highlights

Both Calaveras and Amador Counties have similar demographics, geography, health care systems and EMS provider profiles and for this reason, the Agency conducts a joint LQIG and has joint Quality Improvement initiatives. For 2018, quality improvement initiatives continued to focus on out of hospital cardiac arrest survival. A history of the initiative follows: In 2012, the Ebbetts Pass Fire Department acted as the pilot site for the introduction of HP-CPR into the region and from this the seeds of our cardiac arrest System of Care were planted. Due to the rural nature, low call volume and reliance on primarily volunteer fire departments the Calaveras and Amador Counties, the Out of Hospital Cardiac Arrest System of Care has developed at a slower pace than neighboring Stanislaus County. The goal for 2015 was to build on the base of HP-CPR education in the field and expand QI efforts into dispatch centers, fire agencies, and hospitals. Based on the trend of decreased survival in Stanislaus County, the Agency focused on increased training, education, and crew feedback in 2017. While the number of cardiac arrests in Amador and Calaveras Counties make it difficult to draw statistical conclusions, we hope to avoid a decrease in survival through increased training. American Legion Ambulance (ALA) utilizes the Zoll Z-series monitor which allows real-time feedback to crews regarding compression rate and depth as well as Code Review cardiac arrest reporting to field crews. ALA utilizes Code Review to provide cardiac arrest treatment performance feedback to its crews. In addition, both Amador and Calaveras county hospitals continue to track prehospital sepsis treatment; however, due to consistent high-performance levels for the past 2 years this data is no longer reported to LQIG. In 2019, we began to collect and look at all trauma and STEMI patients that originated in Amador or Calaveras county that were diverted or had subsequent transfer. Now with the involvement of our new Medical Director, Dr. Greg Kann, these cases are now being reviewed individually within each hospital to reduce the over triage rate and keep available ambulance within the county limits.

Public CPR Education

To increase bystander CPR for cardiac arrest victims, the Calaveras & Amador providers established the Calaveras Amador Start A Heart Coalition (CASH-C). The coalition members include ambulance providers, fire departments, air ambulance providers and Base Hospitals. The mission of the coalition is to increase bystander CPR through conducting compression-only CPR education to groups, schools and at public events.

Dispatch

Emergency Medical Dispatch in Amador County is provided by the Amador County Sheriff (ACSO) and in Calaveras County by the Calaveras County Sheriff (CCSO). Efforts to engage the dispatch centers in QI efforts in 2020 have resulted in limited success, primarily due to continued staffing shortages at both dispatch centers. Engaging both dispatch centers in Quality Improvement initiatives and our Cardiac Arrest System of Care continued to be a priority for 2021. The Agency is working with the Calaveras County dispatch center for First Watch system monitoring implementation. Initially, monitoring consists of response time compliance monitoring; however, may incorporate clinical monitoring in the future. First Watch will also be implemented in Amador County subsequent to the Calaveras County implementation.

First Responder Fire

First responder fire Quality Improvement efforts continue to focus on both initial and refresher HP-CPR training. Due to the low call volume and high percentage of volunteer personnel in both counties, an ongoing, regular training effort is warranted to retain skills. With few exceptions, HP-CPR and metronomes are being utilized on all cardiac arrests within the two counties. In addition, the Agency assisted both Amador and Calaveras County's behavioral health in the implementation of a Narcan for first responder program. The Agency provides training and clinical oversight to the program. In 2019, all fire agencies in Amador and Calaveras Counties were trained in the EMT expanded scope including; Glucometer, Epi by autoinjector, Naloxone, and I-Gel placement. Coordinating training in 2020 proved to be a challenge with COVID-19 restrictions.



ALS Fire and Ambulance Providers

The two ALS transporting ambulance providers (American Legion Ambulance (ALA) and Ebbetts Pass Fire (EPFD)) as well as the one ALS first responding fire department (Copperopolis Fire Department (CFD)) have been effectively employing HP-CPR well before this year. All ALS providers have dedicated QI personnel responsible for continued education and conduct regular HP-CPR training. As above, HP-CPR and metronomes are utilized by all ALS providers in the region. In addition, the purchase of Zoll X-Series cardiac monitors by American Legion Ambulance enables timely cardiac arrest/CPR reporting to its crews and fire personnel involved in patient resuscitation. In 2019 we approved an additional ALS first responder fire agency, Cal-Fire whose primary response location is the Buena Vista Rancheria. In 2020, Copperopolis Fire received a grant to purchase a LUCAS Automatic Compression device. Statistical data is unavailable currently due to low utilization of the device.

Receiving Hospitals

The two Base Hospitals in Amador and Calaveras Counties provide basic emergency services. In general, high acuity post-arrest patients are transferred to a higher level of care for definitive treatment. Quality Improvement efforts at both hospitals were focused on areas other than the cardiac arrest patients. In 2019 and 2020, Sutter Amador Hospital (SAH) continued to monitor their sepsis QI initiative which resulted in the Agency developing a regional prehospital sepsis treatment policy. Sutter Amador also tracks all EMS patients that were diverted for higher level of care, these cases are reviewed internally.

Lastly, in 2019 additional QI efforts for both SAH and MTH focused on expediting the transfer of critical patients through the Emergency Department and to definitive care. Cases were reviewed at the regional Trauma Advisory Committee which was attended by hospital leadership. Mark Twain Hospital hosted a Rural Trauma Team Development Course (RTTDC) to this end which was very successful. Lastly, the Agency has been in discussion with SAH regarding Trauma Center Designation. After exploring options, SAH has elected to pursue Level IV trauma center designation which is expected to continue in 2021.

Cardiac Arrest Survivors Group

Due to the dispersed population base and low frequency of cardiac arrest victims in Amador and Calaveras Counties, we believe establishing a Survivors Group is premature currently. The Agency actively supports and encourages EMS caregiver recognition and victim/caregiver unification events when appropriate.

Mariposa County Highlights

Public CPR Education

The Mariposa County Fire Department and Mariposa Public Health have partnered to offer community, compression-only CPR classes to the community. Training on this was put on hold for 2020 due to COVID-19 restrictions.

Dispatch

Emergency Medical Dispatch in Mariposa County is provided by the Cal Fire Madera Mariposa Merced Unit (MMU) dispatch center. This is a modern dispatch center that has historically been involved in the regional QI program; however, the Dispatch Supervisor position turned over again in 2020. The Agency expects to be involved in the dispatch center education in 2021. Discussions are ongoing regarding implementation of the surveillance platform “FirstWatch”. MVEMSA anticipates that the clinical QI platform Firstpass will be live within the 3rd quarter of 2021.

First Responder Fire

First responder fire in Mariposa County is provided by two fire departments, CalFire and Mariposa County Fire (MCF) with MCF being primarily a volunteer department. 2019 saw continued training efforts to support the use of HP-CPR by fire personnel. Numerous refresher training classes were conducted and the rate of HP-CPR on cardiac arrests is very high. Metronomes were implemented for use on all cardiac arrests in early 2016. The Agency is working with the Mariposa County Health Officer regarding first responder fire education and will be conducting 3-4 trainings in 2020 Mariposa County fire personnel were trained on the use of the thrombolytic checklist, the idea was that crews could begin filling out this form to decrease time on scene for those patients identified as a “STEMI”. In 2019, Mariposa County Fire conducted training on the EMT Expanded scope items that included I-Gel airway, Glucometer, Epi by Autoinjector, and Naloxone administration. Training in 2020 was put on hold due to COVID-19 restrictions.

ALS Fire and Ambulance Providers

Mercy Ambulance provides 100% of the ALS response in the County and is the contracted transport ambulance provider. Due to the relatively small size of the organization, the QI

Coordinator is a part-time position held by a current Paramedic Supervisor/field provider. In 2020, Mercy Ambulance continued to support HP-CPR training to both its employees as well as county fire agencies. In addition, metronomes have been implemented on all cardiac arrests. Additionally, in 2019, the QI group began to look and track all sepsis patients transported by EMS, but due to the low volume this will be an ongoing project for several years to improve recognition and treatment of those patients identified as septic. The sepsis project was put on hold due to COVID-19 restrictions in 2020. The QI hopes to continue to build this program in 2021.

Receiving Hospital

John C Fremont (JCF) operates a basic services Emergency Department serving Mariposa County. The vast majority of post-ROSC/critical patients are stabilized and transferred to a higher level of care. In 2019, the QI focus with JCF was early recognition and transfer of critical patients. In 2019, JCF significantly reduced its Door-In to Door-Out time for critical STEMI and trauma patients. In 2019, John C Fremont saw changes in the ED manager position. The goal for 2020 is to establish a QI initiative through our Mariposa LQIG that encompasses the entire county including the hospital, fire agencies and ambulance provider. No changes to date.

Cardiac Arrest Survivors Group

Due to the dispersed population base and low frequency of cardiac arrest victims in Mariposa County, we believe establishing a Survivors Group is premature at this time. The Agency actively supports and encourages EMS caregiver recognition and victim/caregiver unification events when appropriate.

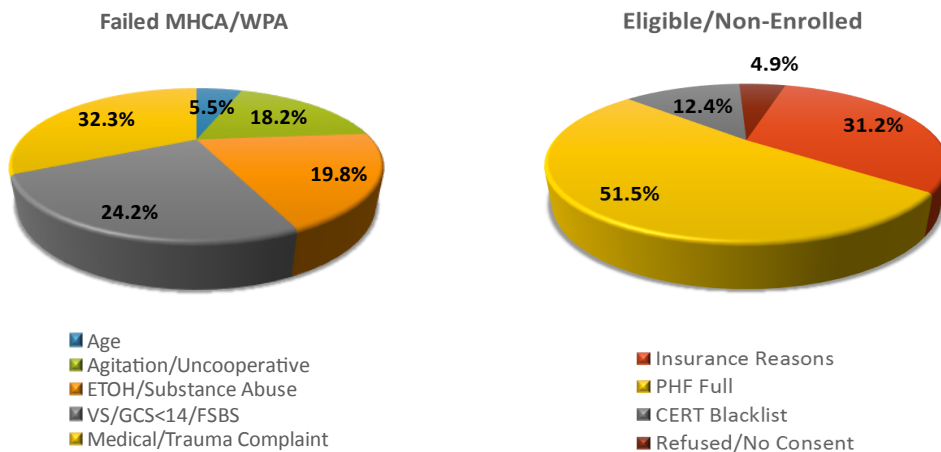
Additional Regional QI Initiatives in 2019

- ❖ **Sepsis:** The Agency implemented a pre-hospital sepsis treatment protocol in April of 2016. The LQIG actively monitors pre-hospital recognition, treatment and Sepsis Alerting to receiving hospitals. All five (5) hospitals in Stanislaus County are consistently contributing prehospital sepsis alert and treatment data to LQIG and feedback to county providers.
- ❖ **EMS Educators:** In 2019, all ALS providers in Stanislaus County formalized an educator's group, with the sole intent to standardize training for all responders. The first project that was completed in Q4 of 2019 was airway training. All paramedics were mandated to attend an airway training day which included; Suction station, use of Bougie, Intubation with the LUCAS device running and good BLS airway techniques. In 2020, we will continue to look at all intubations both successful and unsuccessful to see if the training improved skills. No formal meetings were conducted in 2020 due to COVID-19 restrictions.
- ❖ **Community Paramedic Pilot Project (Stanislaus County):** MVEMSA is a site for the state Community Paramedic pilot project studying alternate destinations for behavioral health patients. Various articles have been published elsewhere detailing the pilot and aside from a general overview will not be presented here. Through December 2020, AMR community paramedics have evaluated over 1550 patients and transported 440 directly to an alternate destination (behavioral health). Due in part to vigorous quality assurance, a robust screening protocol and extensive training, there have been zero (0) incidents of patient harm documented in patients transported directly to behavioral health.
We will be continuing this pilot through November 2020. We look forward to adding to this program with an additional class to bring on more trained Community Paramedics.
See <http://www.chcf.org/publications/2016/09/community-paramedics-stanislaus> for an article developed by the California Healthcare Foundation reviewing our project (2016).
- ❖ **Air Provider:** The Agency adopted and implemented the "Flight Scope of Practice" that was formalized at the state level last year. We will begin to look at the required data submission in 2021. There was a delay in collecting the required data, as there is work still being done on the format of data collection at the state level.
- ❖ **Mobile Simulation Lab:** The Agency has developed and plans to implement a robust training program in 2021 via a Mobile Simulation Lab. This is the first type of training device used in the state and are working through policies and procedures. This resource will be available to all providers in 2021.

❖ **Tranexamic Acid:** In June of 2020, The Agency Medical Director adopted the use of Tranexamic Acid with our member counties for Pre-Hospital use. A standardized tracking sheet was developed along with immediate QI for all uses of the medication. Thus far, there have been minimal administrations of the medication preventing accurate data collection. This will continue to be a primary focus in 2021.

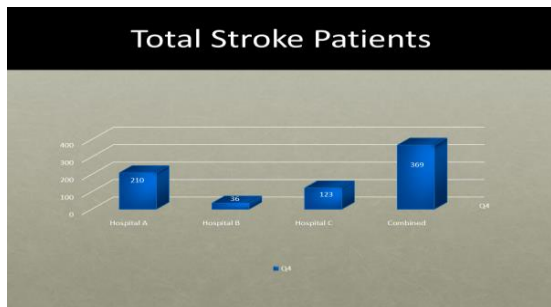
Graph 19: Community Paramedic Pilot Project Summary

Failed MHCA/WPA	668	Eligible/Non-Enrolled	601	Eligible Enrolled	513	MIHP Call Breakdown	1782
Age	36	Insurance Reasons	184	Transport to CERT	502	Failed MHCA/WPA	668
Agitation/Uncooperative	120	PHF Full	304	Transport to ED <6	11	Eligible Not-Enrolled	601
ETOH/Substance Abuse	131	CERT Blacklist	73			Eligible Enrolled	513
VS/GCS<14/FSBS	160	Refused/No Consent	29				
Medical/Trauma Complaint	213						

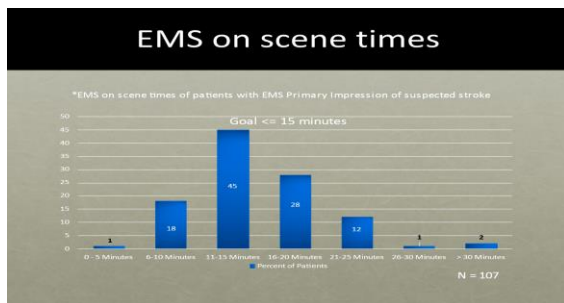


Stroke Destination: The Agency designated 3 Primary Stroke Centers in 2017 with the associated stroke destination policy. The Agency Specialty Center Coordinator has worked with the stroke centers to develop a Regional Stroke committee as well as stroke-related data collection. In 2018, the stroke committee agreed on multiple data collection definitions which two of our three Primary Stroke designated hospitals consistently submitted to the Agency for review at our regional stroke committee meetings. In 2019, The Agency worked with the primary Stroke Centers to obtain “Super User Status” through Get with The Guidelines. Access was completed in late 2019, the Agency will focus on using this tool for data collection in 2020. In 2020, through a collaborative process a Comprehensive Stroke Center was designated by the Agency. The Critical Care Coordinator continues to build this program with QI measures in place to ensure policy and procedures are being followed.

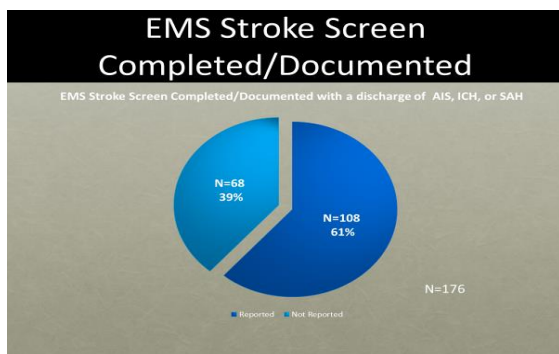
Graph 20: Total Stroke Patients:



Graph 21: Stroke Data Collection/EMS on scene times:



Graph 22: EMS Stroke Screen Completed/Documented:



Summary

2020 was a year dedicated to support all of member counties in the response of COVID-19. This included all staff members including the QI/Trauma Coordinator. Once it is safe to do so, the Agency will take a proactive approach to refocusing our training efforts on HP CPR, Community education and re-evaluating data collection for our current programs which consists of: Sepsis, Air Ambulance, Stroke, STEMI and Trauma. Unfortunately, no one saw COVID-19 coming and there was without question challenging times in 2020. I look forward to getting back on track with QI initiatives in 2021 with all providers.

2021 Quality Improvement Initiatives

- ❖ Continued support the regional of hospital cardiac arrest survival initiative by conducting refresher HP-CPR training to all fire agencies and ALS ambulance providers specifically focusing on compression rate, compressions per minute and pre/post shock pauses and the use and training of the Lucas devices.
- ❖ Stroke center data collection and system quality improvement.
- ❖ Continue to monitor sepsis patient care through existing LQIG reporting
- ❖ Review all MCIs occurring within the region and present findings at LQIG
- ❖ Develop quarterly interactive Triage/MCI training for all field personnel and MICNs
- ❖ Continue MCI drills with regional Disaster Control Facilities
- ❖ Implement the use of the Mobile Simulation Training Manikin
- ❖ Develop new metrics through our Regional STEMI stakeholders to align with the National Cardiac Data registry
- ❖ Look to enhance the use of our clinical oversight tool “FirstPass”
- ❖ Look for a QI project regarding our Trauma Systems of care

Figure 1: Rural Provider Cardiac Arrest Survival 2013-2017

Rural Provider OOHCA Overall and Utstein Survival													
Provider	County	2013 Overall*	2014 Overall*	2015 Overall*	2015 Overall*	2013 Utstein*	2014 Utstein*	2015 Utstein*	2016 Utstein*	2017 Utstein*	2018 Utstein*	2019 Utstein*	2020 Utstein*
Patterson Ambulance	Stanislaus	11.1% (18)	10% (10)	0% (10)	7.7% (13)	100% (2)	100% (1)	0% (0)	0% (1)	0% (0)	0% (1)	50%(2)	50%(4)
Westside Ambulance	Stanislaus	0% (12)	0% (7)	28.6% (7)	25% (8)	NA	NA	0% (1)	67% (3)	100% (1)	100%(1)	0%(1)	50%(2)
ProTransport	Stanislaus	0% (1)	57.1% (7)	12.5% (8)	100% (1)	NA	100% (1)	100% (1)	N/A	0% (0)	N/A	N/A	N/A
Oak Valley Ambulance	Stanislaus	3.7% (27)	8.3% (12)	18.9% (37)	10.8% (37)	0% (3)	0% (1)	40% (10)	40% (5)	80% (5)	20%(5)	0%(1)	17%(6)
American Legion Ambulance	Calaveras/Amador	7% (71)	11.7% (60)	9.4% (64)	9% (67)	50% (4)	60% (5)	25% (8)	18% (11)	17% (6)	33%(3)	11%(9)	46%(11)
Ebbetts Pass Fire	Calaveras/Amador	100% (2)	60% (5)	0% (6)	0% (5)	NA	100% (2)	0% (0)	0% (2)	0% (2)	0%(0)	100%(1)	0%(0)
Mercy Ambulance	Mariposa	7.7% (13)	0% (5)	9.1% (11)	7.7% (13)	50% (2)	0% (1)	100% (1)	0% (0)	0% (1)	0%(1)	0%(0)	0%(0)

**DEPARTMENT OF FORESTRY AND FIRE PROTECTION**

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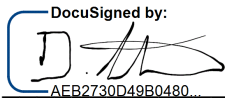
February 9, 2023

MVEMSA JPA Board
3505 Spangler Lane, Ste 405
Copperopolis, CA 95228

Subject: Request Termination of Buena Vista Rancheria Fire Department FRALS Contract

On October 4, 2019, the Department of Forestry and Fire Protection (CAL FIRE) signed a Cooperative Fire Protection Agreement with the Buena Vista Rancheria of Me-Wuk Indians Tribe and Amador County to provide an Advanced Life Support (ALS) equipped fire engine and personnel to response areas throughout Amador and El-Dorado Counties. This, in turn, initiated CAL FIRE to sign an agreement with Mountain Valley EMSA for ALS services. The Buena Vista Rancheria of Me-Wuk Indians Tribe has decided to terminate the Cooperative Fire Protection Agreement with CAL FIRE.

On February 28, 2023 at 0800, the CAL FIRE Buena Vista Rancheria Fire Department will no longer provide ALS services. On March 1, 2023 at 0800 the CAL FIRE Buena Vista Rancheria Fire Department will no longer provide any fire and/or emergency protection, as the contract will be null and void at that said time and date.

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Dusty Martin
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