

EMERGENCY MEDICAL SERVICES AUTHORITY

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



June 19, 2024

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

Dear Donna Stone,

This letter is in response to Northern California Emergency Medical Service (EMS) Agency's 2023 EMS, Trauma, and Quality Improvement (QI) plan, submissions to EMSA on April 16, 2024.

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

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Northern California 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 June 19, 2025. Concurrently with the EMS plan, please submit an annual Trauma and QI plan.

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

Sincerely,

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

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

Enclosure:
AW: rd

The Seal of the State of California is a circular emblem. It features a central figure of a Native American holding a bow and arrow, with a grizzly bear in the background. The words "EUREKA" and "CALIFORNIA" are inscribed at the top and bottom, respectively, within the circular border. The outer ring contains the text "THE GREAT SEAL OF THE STATE OF CALIFORNIA".

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Northern California EMS, Inc.

2023 EMS Plans
(FY2022-2023)

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

Submitted to: Angela Wise
Date: April 16, 2024

EXECUTIVE SUMMARY

Reporting Year 2023

(FY 2022-2023)

A nine director Board of Directors guides the agency. The Board is comprised of one representative from each of the five contract counties, a hospital representative, an Ambulance representative and two Directors At Large.

Agency staff maintain active participation with EMCCs and Fire Chiefs organizations. Clinical staff participate regularly in state and region disaster related drills, planning and other activities. The Medical Director is an active participant in the Emergency Medical Directors Association of California. The Nor-Cal EMS CEO is a representative for the Emergency Medical Services Administrators Association of California, the State Trauma Advisory Group, the Emergency Medical Services for Children group, the Electronic Data Advisory Group, and the Preventive Healthy & Health Services Block Grant committee.

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

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

Transport agencies and non-transport agencies providing AED, Air Ambulance, BLS and ALS services maintain Provider Agreements with the agency. There are 14 transport agencies, 3 air providers and 46 non-transport provider agencies with agreements. Additionally the agency has base hospital, alternative base station or receiving hospital agreements with each of the seven acute care facility in the region and three out of area Base Hospital agreements. Contract renewals are tracked by means of a data base providing information of those contracts due for renewal. Currently, there are no stroke, stemi or EMSC facilities in the Region.

The agency conducted its annual Northstate Prehospital Conference in April 2023. This was after two years of cancelling the conference due to COVID challenges. The April conference was a success with a guarantee to the venue of 125 participants. Nor-Cal EMS is hoping that the second year of back in-person conference will result in even more attendees.

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

Although not a LEMSA requirement, the agency is active in program and class offerings. As referenced above, the agency has, for the past 17 years offered a Northstate Prehospital Conference each Spring. The 2023 conference offered seven continuing education units then after completing the testing requirement for the seven units, the registrant was able to obtain seven additional units over a period of two years. The conference has a modest registration fee and is a beneficial investment for providers.

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

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

There are currently 608 certified or accredited personnel in the Nor-Cal EMS region.

There are two EOAs in the Nor-Cal EMS region. One of the areas has been grandfathered with the other having been initially bid in 2005 and rebid in 2015.

The successful bidder of the competitively bid EOA began their contractual obligations on July 1, 2015. The contract calls for an initial five year period with an option for an additional five year period. 3. With the competitive

bid EOA contract end date of June 30, 2025, the Agency is currently in the EOA RFP development stages. A consultant firm has been hired and is finalizing an assessment of the EOA county. The next phase will be the development of an RFP with the end result being a new contract with either the current EOA provider or a new provider.

The current competitive bid EOA provider has worked with Nor-Cal EMS to present a modification of agreement to EMSA. While the modification contains additional penalties and monitoring requirements, the main content relates to reducing the system from four ambulances to three. Reducing the contract to three ambulances actually returns the contract to the original requirement of three ambulances. The fourth ambulance had been added during the five-year EOA extension. It has been determined that with reduction of population, payer mix, and insurance challenges, the fourth ambulance is not economically retainable.

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

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

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

Within the Nor-Cal EMS region there are two providers utilizing EMDs. Plumas county utilizes a Public Service Answering Point (PSAP) that transfers calls to the Regional Emergency Medical Services Authority (REMSA) located in Washoe County, Nevada. Lassen county utilizes Susanville Interagency Fire Center (SIFC) that transfers calls to Riggs Ambulance Service in Merced, California. In-person site visits will be scheduled within the next fiscal year.

Nor-Cal EMS policies can be accessed two ways; 1) on our website at norcalems.org or 2) by installing the Nor-Cal EMS Protocol App from the App Store.

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

HSC 1797.223, 1798.8,

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

Title 22 Ch. 5 Section 100306 Article 5

The Nor-Cal EMS Specialist Mark Thomas and Jessica Thompson jointly fulfill the duties of the MHOAC designee and is the point of contact during disaster for the coordination of medical resources. The MHOAC in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services, shall be responsible for ensuring the development of a medical and health disaster plan for the operational area following SEMS and NIMS. This plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan and have procedures that include the 17 MHOAC functions. In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the agency operational area coordinator in the coordination of medical and health disaster resources within the operational area and be the point of contact in that operational area, for coordination with the RDMHC, the agency, the regional office of the agency, the State Department of Public Health, and the authority.

TABLE 1

MINIMUM STANDARDS/RECOMMENDED GUIDELINES
(No CHANGES)

SYSTEM ASSESSMENT FORMS
(No CHANGES)

REPORTING YEAR 2023
(FY2022-2023)

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2023 EMS PLAN (FY 2022-2023)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2

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

Reporting Year 2023
(FY 2022-2023)

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year 2023 (FY 2022-2023)

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

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

County: Lassen

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

County: Modoc

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

County: Plumas

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

County: Sierra

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

County: Trinity

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

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

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 588,878.59
Contract Services (e.g. medical director)	60,000.00
Operations (e.g. copying, postage, facilities)	83,501.98
Travel	10,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	23,872.50
Dispatch center operations (non-staff)	N/A
Training program operations	Include in numbers above
Other: Misc. Contractual	22,221.36
Other: Legal	6,000.00
Other: Contingency	52,673.33
TOTAL EXPENSES	\$ 847,147.76

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	609,198.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	135,430.40
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	18,063.52

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	31,983.35
Contributions	N/A
EMS Fund (SB 12/612)	26,009.56
Other grants: _____	N/A
Other fees: Interest/Misc. Inc.	4,600.00
Other (specify): Conference, Advertising, Continuing Education	2,000.00
TOTAL REVENUE	\$ 849,284.83

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

Both Revenue and Expenses equal \$823,275.27 for the 2022-2023 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2022-2023 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass-through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2022-2023. This is why the Revenue and Expenses show slightly different numbers in this report only.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

☒ Our fee structure is:

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

TABLE 3

STAFFING AND TRAINING

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 3: STAFFING/TRAINING

Reporting Year: Reporting Year 2023 (FY 2023)

NOTE: Table 3 is to be reported by agency.

	EMTs	AEMTs	Paramedics	MICN
Total Certified	235	12		2
Number newly certified this year	37	4		0
Number recertified this year	188	8		2
Total number of accredited personnel on July 1 of the reporting year			64	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

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

444
333

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 4

COMMUNICATIONS

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2023
County: Lassen

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2023
County: Modoc

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2023
County: Plumas

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2023
County: Sierra

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2023
County: Trinity

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

TABLE 5

RESPONSE – TRANSPORTATION

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2023 (FY 2022-2023)

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

Notes: N/A - Not Applicable

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

TABLE 6

FACILITIES – CRITICAL CARE

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 6: FACILITIES/CRITICAL CARE

REPORTING YEAR 2023 (FY 2022-2023)

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

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

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

Emergency Departments

Total number of emergency departments	7
1. Number of referral emergency services	7
2. Number of standby emergency services	7
3. Number of basic emergency services	7
4. Number of comprehensive emergency services	7

Receiving Hospitals

1. Number of receiving hospitals with written agreements	7
2. Number of base hospitals with written agreements	2

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

TABLE 7

DISASTER – MEDICAL

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 7: DISASTER MEDICAL

Reporting Year: 2023 (FY 2023)

County: Lassen

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

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

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

2. CISD

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

3. Medical Response Team

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

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

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

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

4. Hazardous Materials

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

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

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

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

OPERATIONS

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

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

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

a. real event? ☐ Yes ☒ No

b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2023 (FY 2023)

County: Modoc

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2023 (FY 2023)

County: Plumas

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2023 (FY 2023)

County: Sierra

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2023 (FY 2023)

County: Trinity

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

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

TABLE 8

RESPONSE – TRANSPORTATION – PROVIDERS

REPORTING YEAR 2023
(FY 2022-2023)

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Lassen

Address: 475-750 Rice Canyon Rd
Susanville, CA 96127
530-257-2181

Phone Number:

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

Number of Ambulance Vehicles in Fleet:

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

Response Zone: Inside Zone 1

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

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: **Plumas**

Address: Nervino Airport, 96129

Provider: Care Flight - Beckwourth

Response Zone: See Aircraft Map

Phone Number: 530-832-9915

Number of Ambulance Vehicles in Fleet:

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

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

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

Air Ambulance Services

560	Total number of responses	411	Total number of transports
428	Number of emergency responses (SCENE)	279	Number of emergency transports (SCENE)
132	Number of non-emergency responses (IFT)	132	Number of non-emergency transports (IFT)

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Plumas Provider: Chester Fire (S64-50284) Response Zone: P1

Address: P O Box 177 Number of Ambulance Vehicles in Fleet: 1

Chester, CA 96020

Phone Number: 530-258-3456 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

<u>235</u>	Total number of responses	<u>202</u>	Total number of transports
<u>156</u>	Number of emergency responses	<u>140</u>	Number of emergency transports
<u>79</u>	Number of non-emergency responses	<u>62</u>	Number of non-emergency transports

Air Ambulance Services

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

**** Chest FD is now a BLS non transport provider****

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Trinity

Address: P O Box 346
Trinity Center, CA 96091

Phone Number: 530-286-2270

Provider: Coffee Creek (S64-50303)

Response Zone: T2

Number of Ambulance Vehicles in Fleet: 1

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

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

36	Total number of responses	2	Total number of transports
36	Number of emergency responses	2	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

****Coffee Creek has joined with Trinity Center F.D.****

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: **Sierra**

Address: **P O Box 25**

Downieville, CA 95936

Phone Number: **530-289-3201**

Provider: **Downieville Fire (S64-50346)**

Response Zone: **S1**

Number of Ambulance Vehicles in Fleet: **4**

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

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

Transporting Agencies

183	Total number of responses	101	Total number of transports
179	Number of emergency responses	99	Number of emergency transports
4	Number of non-emergency responses	1	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: **Plumas**

Address: 500 First Avenue
Portola, CA 96122

Phone Number: 530-832-4277

Provider: Eastern Plumas District Hospital
(S64-50360)

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 2

Response Zone: P5 (Sierra Zone 2 &
Sierra Zone 3)

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

1230	Total number of responses	857	Total number of transports
952	Number of emergency responses	580	Number of emergency transports
321	Number of non-emergency responses	277	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Modoc

Address: 228 W. McDowell St
Auburn, CA 96101

Phone Number: 530-233-5131

Provider: Modoc Medical Center/Last
Frontier Health District
(S64-50632)

Number of Ambulance Vehicles in Fleet: 4

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

Response Zone: M1

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

995	Total number of responses	831	Total number of transports
949	Number of emergency responses	793	Number of emergency transports
46	Number of non-emergency responses	38	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Plumas Provider: Peninsula Fire S64-50724 Response Zone: P2

Address: 801 Golf Club Road Number of Ambulance Vehicles in Fleet: 2

Lake Almanor, CA 96137

Phone Number: 530-259-2309 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

181	Total number of responses	103	Total number of transports
171	Number of emergency responses	99	Number of emergency transports
10	Number of non-emergency responses	4	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Plumas

Address: 1065 Bucks Lake Road
Quincy, CA 95971

Phone Number: 530-283-2127

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

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 3

Response Zone: P4

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

Transporting Agencies

1322	Total number of responses	1159	Total number of transports
991	Number of emergency responses	869	Number of emergency transports
331	Number of non-emergency responses	290	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Lassen

Address: 1545 Paul Bunyon, Suite 3
Susanville, CA 96130

Phone Number: 775-691-4720

Provider: SEMSA Ground Susanville
Lassen Ambulance/Adin/Fall
River Mills (S64-50873)

Response Zone: S1

Number of Ambulance Vehicles in Fleet: 6

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

2832	Total number of responses
2292	Number of emergency responses
540	Number of non-emergency responses

2110	Total number of transports
1635	Number of emergency transports
475	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Lassen

Address: 74 Currant St – Box 5000
Herlong, CA 961413

Phone Number: 530-827-2111

Provider: Sierra Army Depot (S64-51804)

Response Zone: Inside Zone 1

Number of Ambulance Vehicles in Fleet: _____

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

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

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: **Modoc**

Address: 205 Ash Valley Road
Adin, Ca 96006

Phone Number: 530-299-3110

Provider: Southern Cascades

Response Zone: M3

Number of Ambulance Vehicles in Fleet: 2

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

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

Transporting Agencies

114	Total number of responses	28	Total number of transports
105	Number of emergency responses	23	Number of emergency transports
9	Number of non-emergency responses	5	Number of non-emergency transports

Air Ambulance Services

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

Southern Cascades has ceased their current transport services.

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Trinity

Address: P O Box 4
Mad River, CA 95552

Phone Number: 707-574-6613

Provider: Southern Trinity Area Rescue
(S64-50898)

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

Response Zone: 3

Number of Ambulance Vehicles in Fleet: 2

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

97	Total number of responses	64	Total number of transports
97	Number of emergency responses	55	Number of emergency transports
0	Number of non-emergency responses	9	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: **Modoc** **Provider:** Surprise Valley Hospital **Response Zone:** 2
 Address: P O Box 246 Ambulance S64-50915
 Cedarville, CA 96104 **Number of Ambulance Vehicles in Fleet:** 2
Phone Number: 530-279-6111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

97	Total number of responses	66	Total number of transports
82	Number of emergency responses	51	Number of emergency transports
15	Number of non-emergency responses	15	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Trinity Provider: Trinity Center F.D.(S64-50937) Response Zone: 2

Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1

Trinity Center, CA 96091

Phone Number: 530-286-2270 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

Air Ambulance Services

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

****Trinity Center F.D has joined with Coffee Creek (S64-50303)****

Table 8: Resource Directory

REPORTING YEAR 2023 (FY 2023)

Response/Transportation/Providers

County: Trinity

Address: P O Box 2907

Phone Number: 530-623-2500

Provider: Trinity County Life Support (S64-50938)

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Response Zone: 1

Number of Ambulance Vehicles in Fleet: 4

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: CSD _____	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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Transporting Agencies

1217	Total number of responses	802	Total number of transports
1027	Number of emergency responses	662	Number of emergency transports
190	Number of non-emergency responses	140	Number of non-emergency transports

Air Ambulance Services

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

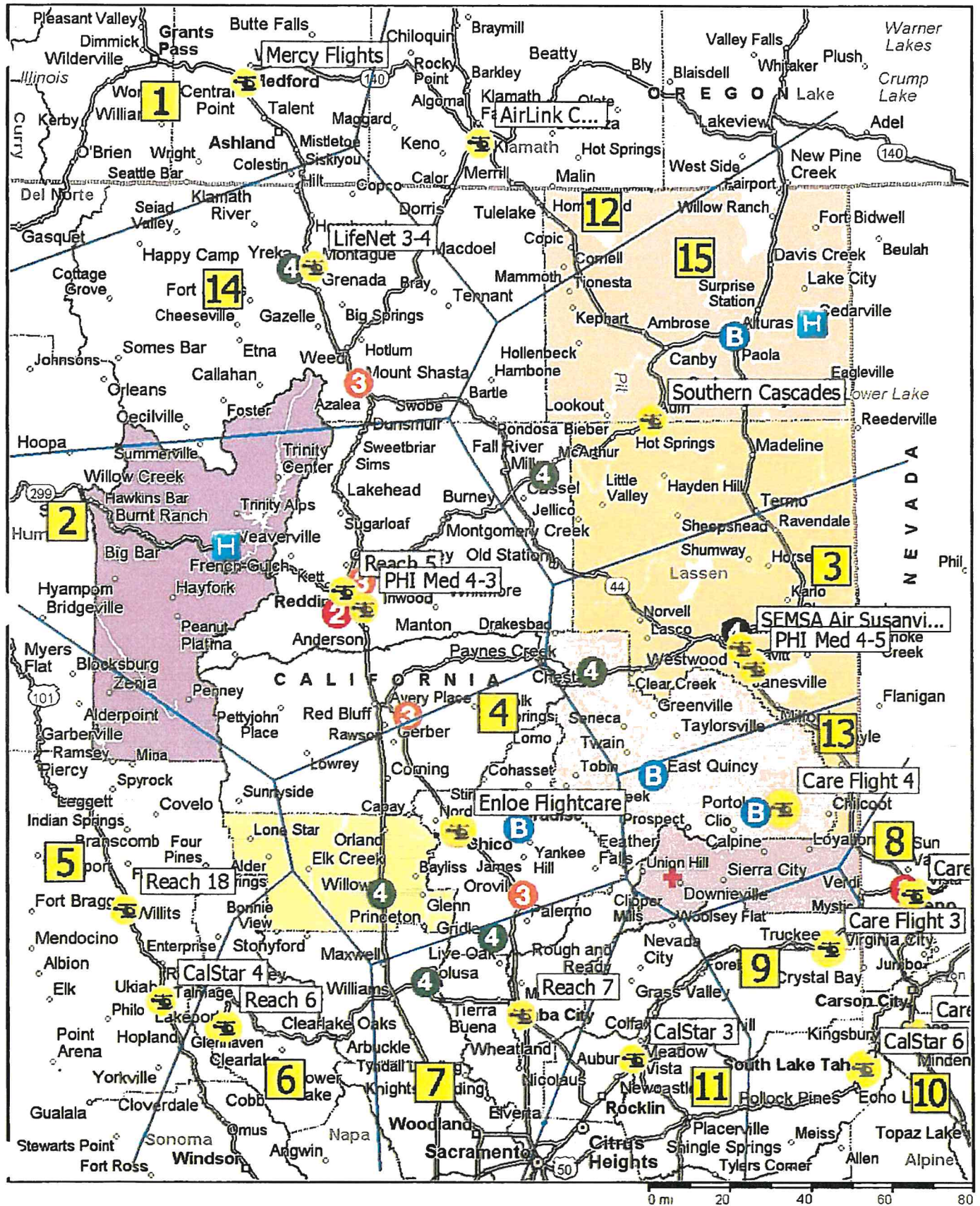


TABLE 9

FACILITIES

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Lassen

Facility: Banner-Lassen Medical Center

Address: 1800 Spring Ridge Drive

Susanville, CA 96130

Telephone Number: 530-252-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pediatric Critical Care Center¹ EDAP² PICU³				<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Notes: Banner-Lassen Medical Center rescinded their Level 4 Trauma designation as of 11/1/2022

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Modoc

Facility:

Address:

Modoc Medical Center
1111 N. Nagle St – PO Box 190
Alturas, CA 96101

Telephone Number:

530-708-8800

<div><div><div><div><div>Written Contract:</div><div><div><input checked="" type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div></div><div><div><div>Referral Emergency</div><div>Basic Emergency</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div></div><div><div><div>Service:</div><div><div><div>Referral Emergency</div><div>Basic Emergency</div></div><div><div><input checked="" type="checkbox"/></div><div><input type="checkbox"/></div></div></div><div><div><div>Standby Emergency</div><div>Comprehensive Emergency</div></div><div><div><input checked="" type="checkbox"/></div><div><input type="checkbox"/></div></div></div></div></div><div><div><div>Base Hospital:</div><div><div><input checked="" type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div><div><div><div>Burn Center:</div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div></div></div></div></div></div>
<div><div><div><div><div>Pediatric Critical Care Center¹</div><div>EDAP²</div><div>PICU³</div></div><div><div><div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div></div><div><div><div>Trauma Center:</div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div></div><div><div><div>If Trauma Center what level:</div><div><div><div><input type="checkbox"/> Level I</div><div><input type="checkbox"/> Level II</div><div><input type="checkbox"/> Level III</div><div><input type="checkbox"/> Level IV</div></div></div></div></div></div></div></div></div></div></div>
<div><div><div><div><div>STEMI Center:</div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div></div><div><div><div>Stroke Center:</div><div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div></div></div></div></div></div>

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Modoc

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

Address: 741 North Main St

Cedarville, CA 96104

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Alternative	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Plumas

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center ¹ EDAP ² PICU ³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Plumas

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Plumas

Facility: Seneca District Hospital
Address: 130 Brentwood Drive
Chester, CA 96020
Telephone Number: 530-258-2648

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Notes: Seneca District Hospital rescinded their Level 4 Trauma designation as of 11/1/2022

TABLE 9: FACILITIES

REPORTING YEAR 2023 (FY 2023)

County: Trinity

Facility: Mountain Community Healthcare District
Address: 60 Easter Avenue
Weaverville, CA 96093
Telephone Number: 530-623-5541

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

TABLE 10

APPROVED TRAINING PROGRAMS

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Lassen

Training Institution: Address:	Lassen Community College P O Box 3000 Susanville, CA 96130		Telephone Number:	530-257-6181 X8994
* Student Eligibility:	Open Current CPR, FR Course or Current FR Certification	** Program Level	EMT-1	
	Cost of Program:	Basic: \$350 Refresher: \$100	Number of students completing training per year: Initial training:	20
			Refresher:	10
			Continuing Education:	
			Expiration Date:	11-1-2026
			Number of courses:	2
			Initial training:	1
			Refresher:	1
			Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Lassen

Training Institution:		Lassen Community College		Telephone Number:		530-257-6181
Address:		P O Box 3000				X8994
		Susanville, CA 96130				
* Student Eligibility:	Open Current CPR	** Program Level	EMR			
	Cost of Program:					
	Basic: \$100					
	Refresher: \$50					
	Number of students completing training per year:					
	Initial training:	20				
	Refresher:	10				
	Continuing Education:	4/19/2025				
	Expiration Date:	1				
	Number of courses: 2	1				
	Initial training:					
	Refresher:					
	Continuing Education:					

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Lassen

Training Institution:	McNally EMR Training Program	Telephone Number:	(530) 260-7553
Address:	705-145 Hwy 395 East / PO Box 270781 Susanville, CA 96127		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:		
	Basic:	Number of students completing training per year:	
	Refresher:	Initial training:	20
		Refresher:	10
		Continuing Education:	
		Expiration Date:	7/25/2026
		Number of courses:	1
		Initial training:	1
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Lassen

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Lassen

Training Institution:		Janesville Fire Protection District		Telephone Number:	530-310-1154
Address:		463-390 Main St			
		Janesville, CA 96114			
* Student Eligibility:	Restricted	** Program Level	EMR		
Cost of Program:					
Basic:					
Refresher:					
Number of students completing training per year:					
Initial training:					
Refresher:					
Continuing Education:					
Expiration Date:		10/5/2025			
Number of courses:		1			
Initial training:		1			
Refresher:					
Continuing Education:					

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

Training Institution: Address:	Southern Cascades CSD 205 Ash Valley Road Adin, CA 96006	Telephone Number:	(530)299-3110
* Student Eligibility:	Open	** Program Level	EMT-1
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	7/8/2024
		Number of courses:	1
		Initial training:	1
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

Training Institution:		Modoc Medical Center		Telephone Number:	Rena Sweet 530-233-1272
Address:		228 West McDowell Alturas, CA 96101			
* Student Eligibility:	Restricted	** Program Level	EMR		
		Cost of Program:	\$100 + Book		
		Basic:	✓	Number of students completing training per year:	
		Refresher:		Initial training: 10	
		Refresher:			
		Continuing Education:			
		Expiration Date:		3/19/2025	
		Number of courses:		1	
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

Training Institution: Address:	California Pines Fire Department 345 Co Rd 230 Alturas CA 96101		Telephone Number:	530-233-2766
* Student Eligibility:	Open	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:	20		
	Refresher:			
	Continuing Education:			
	Expiration Date:	10/10/2027		
	Number of courses:	2		
	Initial training:			
	Refresher:			
	Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Modoc

Training Institution:		Cedarville Fire Protection District		Telephone Number:	209-767-4737
Address:		460 Main St			
		Cedarville CA 96104			
* Student Eligibility:	Open	** Program Level	EMT-1		
		Cost of Program:			
		Basic:	100		
		Refresher:			
		Number of students completing training per year:		00	
		Initial training:			
		Refresher:		0	
		Continuing Education:			
		Expiration Date:		10/10/2027	
		Number of courses:		0	
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:	Graeagle Fire and Rescue		Telephone Number:	530-836-1340
Address:	7620 Hwy 70			
	Graeagle, CA 96103			
* Student Eligibility:	Restricted	** Program Level	EMR	
		Cost of Program:		
		Basic:		
		Refresher:		
		Number of students completing training per year:		20
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	3/21/2025	
		Number of courses:	1	
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:		West Shore FD (Prev West Almanor CSD)		Telephone Number:	530-259-2500
Address:		947 Long Iron Drive			
		Chester, CA 96020			
* Student Eligibility:	Restricted	** Program Level	EMR		
		Cost of Program:			
		Basic:			
		Refresher:			
		Number of students completing training per year:		1	
		Initial training:			
		Refresher:			
		Continuing Education:			
		Expiration Date:		5/22/2025	
		Number of courses:		1	
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:		REMSA		Telephone Number:		(530)604-6850
Address:		2306 Chandler Road				
		Quincy, CA 95971				
* Student Eligibility:	Open	** Program Level	EMT-P			
Cost of Program:						
Basic:						
Refresher:						
Number of students completing training per year:						
Initial training:						
Refresher:						
Continuing Education:						
Expiration Date:		05/08/2026				
Number of courses:		1				
Initial training:						
Refresher:						
Continuing Education:						

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:	Bucks Lake Fire Department EMR training		Telephone Number:	530-283-9070
Address:	16891 Bucks Lake Road			
	Bucks Lake, CA 95956			
* Student Eligibility:	Open	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:			
		Refresher:		
		Continuing Education:		
		Expiration Date:	05/26/2026	
		Number of courses:		
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:	Beckwourth Fire District	Telephone Number:	530-832-1008
Address:	180 Main St Beckwourth Ca 96129		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	07/01/2025
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:	Meadow Valley Fire Protection District	Telephone Number:	530-283-2620
Address:	6913 Bucks Lake Rd.		
	Meadow Valley, CA 95956		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:	Number of students completing training per year:	
	Basic:	Initial training:	
	Refresher:		
		Refresher:	
		Continuing Education:	
		Expiration Date:	08/04/2026
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:	Eastern Plumas Rural Fire	Telephone Number:	530-283-2620
Address:	280 W. Plumas Avenue		
	Delleker, CA 96122		
* Student Eligibility:	Open	** Program Level	EMR
	Cost of Program:		
	Basic:	Number of students completing training per year:	
	Refresher:	Initial training:	
		Refresher:	
		Continuing Education:	
		Expiration Date:	03/31/2024
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Plumas

Training Institution:		Peninsula Fire Protection District		Telephone Number:	530-259-2306
Address:		801 Golf Club Rd Lake Almanor, CA 96137			
* Student Eligibility:	Open	Cost of Program:	** Program Level	EMR	
		Basic:	Number of students completing training per year:		
		Refresher:	Initial training:		
			Refresher:		
			Continuing Education:		
			Expiration Date:	03/9/2027	
			Number of courses:		
			Initial training:		
			Refresher:		
			Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Sierra

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Sierra

Training Institution: Address:	Sierra County Schools for Adults 605 Schools Ste Loyalton CA 96118		Telephone Number:	(530)993-4953
* Student Eligibility:	Open	** Program Level	EMR	
		Cost of Program:		
		Basic:		
		Refresher:		
		Number of students completing training per year:		10
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:		2/20/2026
		Number of courses:		1
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Sierra

Training Institution:		Downieville Fire Protection District		Telephone Number:	530-307-0576
Address:		PO Box 25			
		Downieville, CA 95936			
* Student Eligibility:	Open	** Program Level	EMT-1		
		Cost of Program:			
		Basic:			
		Refresher:			
		Number of students completing training per year:		0	
		Initial training:			
		Refresher:			
		Continuing Education:			
		Expiration Date:		10/2/2024	
		Number of courses:		0	
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Sierra

Training Institution: Address:	Sierra County Schools for Adults 605 Schools Ste Loyalton CA 96118		Telephone Number:	(530)993-4953
* Student Eligibility:	Open	** Program Level EMT-1		
		Cost of Program:		
		Basic: \$350		
		Refresher: \$100		
		Number of students completing training per year:	10	
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	2/20/2026	
		Number of courses:	1	
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Sierra

Training Institution:		Sierra County Schools for Adults		Telephone Number:	(530)993-4953
Address:		605 Schools Ste Loyalton CA 96118			
* Student Eligibility:	Open	** Program Level		AEMT	
		Cost of Program:			
		Basic:	\$350	Number of students completing training per year:	
		Refresher:	\$100	Initial training:	
				10	
		Refresher:			
		Continuing Education:			
		Expiration Date:		10/03/2026	
		Number of courses:		1	
		Initial training:			
		Refresher:			
		Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Sierra

Training Institution:	Downieville Fire Protection District		Telephone Number:	530-307-0576
Address:	PO Box 25			
	Downieville, CA 95936			
* Student Eligibility:	Restricted	** Program Level	AEMT	
		Cost of Program:		
		Basic:	\$500	
		Refresher:	\$200	
		Number of students completing training per year:		
		Initial training:		
		Refresher:		
		Continuing Education:		
		Expiration Date:	10/17/2023	
		Number of courses:	0	
		Initial training:		
		Refresher:		
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Trinity

Training Institution: Address:	Southern Trinity Area Rescue P O Box 4		Telephone Number:	Brooke Johnston 707-574-6616
* Student Eligibility:	Open	** Program Level	EMT-1	
	Cost of Program:	EMT \$60	Number of students completing training per year:	
	Basic:	None	Initial training:	
	Refresher:		12-20	
	Refresher:			
	Continuing Education:			
	Expiration Date:		11/19/2025	
	Number of courses:	EMT-1	1	
	Initial training:		1	
	Refresher:			
	Continuing Education:			

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Trinity

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc
Reporting Year: 2023 (FY 2023)
County: Trinity

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

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Trinity

Training Institution:		Trinity Center Volunteer Fire Department		Telephone Number:	530-515-6734
Address:		111 Trinity Vista St			
		Trinity Center, CA 96091			
* Student Eligibility:	Open Current CPR	** Program Level	EMR		
	Cost of Program:				
	Basic: \$350				
	Refresher: \$100				
	Number of students completing training per year:	20			
	Initial training:				
	Refresher:	10			
	Continuing Education:				
	Expiration Date:	5/17/2026			
	Number of courses:	2			
	Initial training:	1			
	Refresher:	1			
	Continuing Education:				

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc
Reporting Year: 2023 (FY 2023)
County: Trinity

Training Institution: Address:	Douglas City Fire Department 100 Steiner Flat Rd Douglas City, CA 96024		Telephone Number:	415-291-6023
* Student Eligibility:	Open Current CPR	** Program Level	EMR	
	Cost of Program:	Number of students completing training per year:		
	Basic:	Initial training:		
	Refresher:	20		
		Refresher:	10	
		Continuing Education:		
		Expiration Date:	7/21/2025	
		Number of courses:	2	
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

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

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

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2023 (FY 2023)

County: Trinity

Training Institution:		Weaverville Fire Department		Telephone Number:	415-291-6023
Address:		125 Bremer St Weaverville CA 96093			
* Student Eligibility:	Open Current CPR	Cost of Program:	** Program Level	EMR	
		Basic:	Number of students completing training per year:		
		Refresher:	Initial training:		
			20		
		Refresher:	10		
		Continuing Education:			
		Expiration Date:	7/12/2025		
		Number of courses:	2		
		Initial training:	1		
		Refresher:	1		
		Continuing Education:			

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

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

TABLE 11

DISPATCH AGENCY

REPORTING YEAR 2023
(FY 2022-2023)

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Lassen

Reporting Year: 2023 (FY 2023)

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

Name, address & telephone: PRIMARY: Susanville Interagency Fire Center 1491 5 th St. Susanville, CA 96130		Primary Contact: James Allen, Battalion Chief 530-257-8509 (james.allen@fire.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal Number of Ambulances: 4

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Modoc

Reporting Year: 2023 (FY 2023)

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: William Dowdy, Sheriff 530-233-4416 (wdowdy@modocsheriff.us)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 4 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>E.M.S.</u>	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		
		Number of Ambulances: 3 Fire Department: 14 PSAP for County			

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year: 2023 (FY 2023)

Name, address & telephone:		PRIMARY: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971		Primary Contact: Becky Grant 530-283-6375 (beckygrant@pc50.net)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>EMS</u>	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 5		

Name, address & telephone:		PRIMARY: Susanville Interagency Fire Center 1491 5 th St. Susanville, CA 96130		Primary Contact: James Allen, Battalion Chief 530-257-8509 (james.allen@fire.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: <u>EMS</u>	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal Number of Ambulances: 2		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Sierra Reporting Year: 2023 (FY 2023)

Name, address & telephone:		Sierra County Sheriff's Office PO Box 66 100 Courthouse Square Downieville, CA 95936		Primary Contact: Michael Fisher, Sheriff-Coroner 530-289-3700 (mikefisher@sierracounty.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 5 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		
		Number of Ambulances: 1			

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc. County: Trinity Reporting Year: 2023 (FY 2023)

Name, address & telephone:		Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville, CA 96093		Primary Contact: Bruce Haney, Sheriff 530-623-2611 (bhaney@trinitycounty.org)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: _____ EMS _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 3		

EMS PLAN
AMBULANCE ZONE SUMMARY FORMS
AND
ZONE MAPS
REPORTING YEAR 2023 (FY 2023)

EMS PLAN AMBULANCE ZONE SUMMARY FORM

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone L1 (Central, West and East County Areas)</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Sierra Emergency Medical Services Agency (SEMSA)</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Refer to map</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <ol style="list-style-type: none"> 1. Emergency ambulance services, ground including: <ul style="list-style-type: none"> • all 9-1-1-/PSAP requests for ground service; • all seven-digit telephone number requests for ground ambulance services. 2. Inter-facility ambulance transports from a general acute care hospital in Lassen County to any other general acute care hospital, excluding those that involve ground transportation by an air-ambulance operator to an airport for additional transfer by a fixed-wing air ambulance, critical care transports, hospital based neonatal transport services, and physician-staffed ambulance transports. 3. BLS non-emergency services; and 4. Standby service with transportation authorization
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">Competitively determined by RFP process</p>

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title: Zone L2 (North County Area)
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Southern Cascade (Adin) Mayer's Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east central) since the 1940s Surprise Valley Hospital Ambulance (eastern extreme)
Area or Subarea (Zone) Geographic Description: (SEE MAP) North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

North area covered by Modoc units



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone M1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Last Frontier Health Care District (Modoc Medical Center)
Area or subarea (Zone) Geographic Description: North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone M2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone M3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Southern Cascade (Adin)
Area or subarea (Zone) Geographic Description: SR 299E at Big Valley Summit east through Big Valley and over Adin Pass to Modoc MP 21 on 299E. Nearest landmark is the Cal Trans Canby Bridge Sand House. West from Modoc Co Rd 84 and National Forest System Roads off Modoc County Rd 84 ending at Modoc Co Rd 91. East of Adin on Ash Valley Road at Holbrook Reservoir and East of SR 139 on Grasshopper Rd to the town of Thermo on US Hwy 395. South of Adin on SR 139 to Lassen MP 33.5. Nearest landmark is Cleghorn Rd intersection of Grasshopper Fire Station. West – follows the peak of the Big Valley Mountain Range from the Summit of Big Valley Mountain to the ridgeline of Whitehorse Mountain Range then to the corner of Modoc, Shasta, Siskiyou Counties through Modoc County into Siskiyou County and the Northern Pacific Power Intertie. Line then travels north and east of the Burnt Lava Flow over Border Mountain to the Southeast Corner of the Glass Mountain Geologic Area - then east to the intersection of Modoc Co Rd and Hwy 139.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

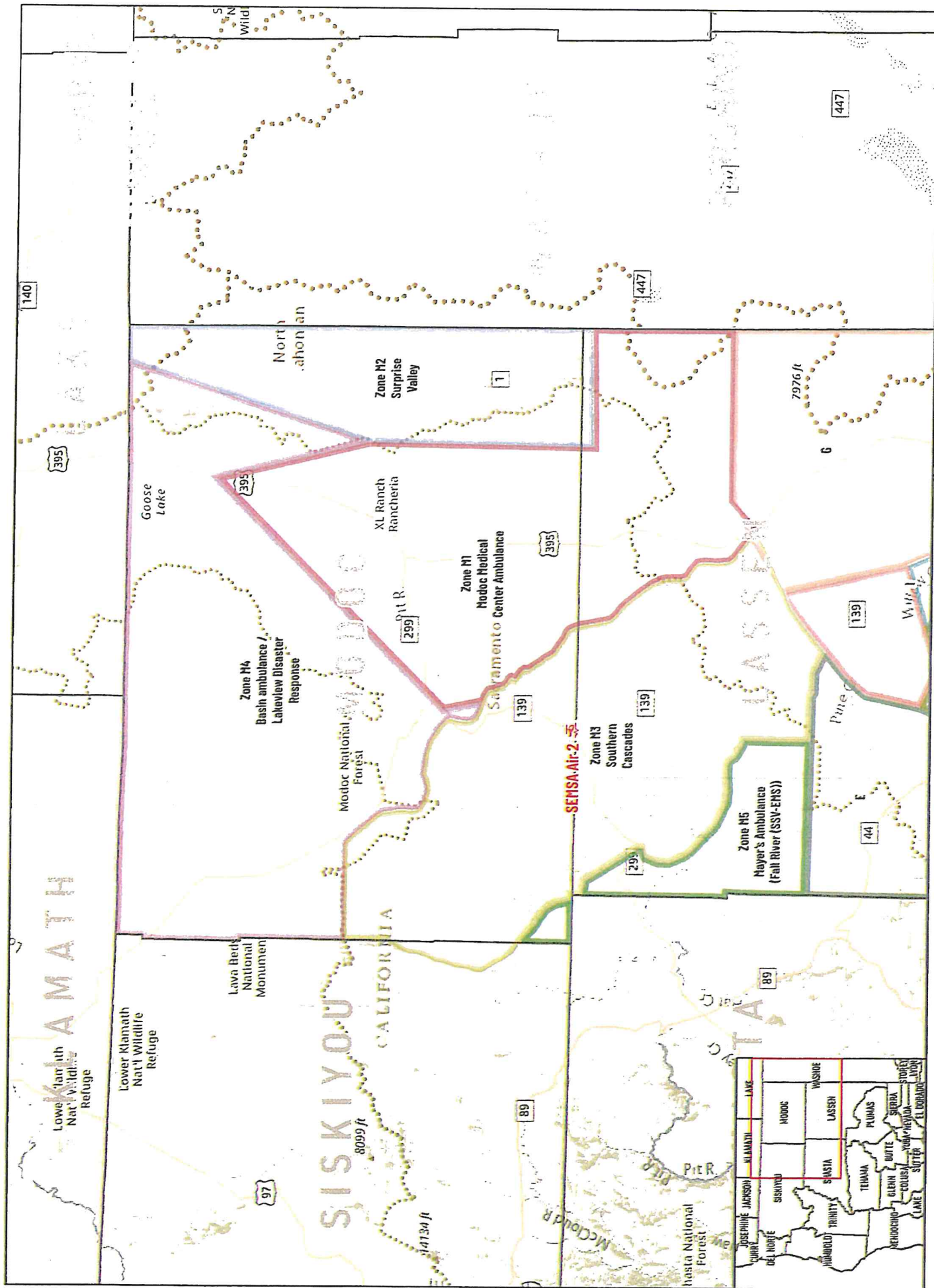
EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone M4
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Basin Ambulance and Lakeview Disaster Response (Oregon)
Area or subarea (Zone) Geographic Description: Northwest Modoc County – See map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone M5
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Mayers Memorial Hospital
Area or subarea (Zone) Geographic Description: S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road - West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

Modoc



EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or Subarea (Zone) Name or Title: Zone P1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Chester Fire Protection District
Area or Subarea (Zone) Geographic Description: (SEE MAP) <p>North: Lassen Volcanic National Park including Highway 89 to Summit Lake. The County line, including coverage of the Juniper Lake area, to the Plumas/Tehama line southward to approximate (40° 23.783'N, 121° 29.052'W, where transitions to West border-36/89 intersection)</p> <p>East: SR 36 to the top of Johnson's Grade including the rest area at the top of Johnson's Grade</p> <p>South: SR 89 up to the and including the Lake Almanor Dam Canyon Dam Boat launch 40° 10.683'N, 121° 5.990'W</p> <p>Southwest: SR 32 Southwest to the Tehama/Butte County line Windy Point (40° 9.695'N, 121° 34.676'W), following county line near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W</p> <p>West: SR 36 to the SR 89 (North) intersection at the top of Morgan Summit include the community of Mill Creek on Hwy 147 (40° 19.286'N, 121° 31.872'W)</p> <p>Southeast: To Butt Lake/Seneca road 40° 6.814'N, 121° 8.259'W westwardly in a straight line to a point near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W</p> <p>And wilderness areas most accessible by ground from those corridors; some maybe better accessed by Butte or Indian Valley Units.</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc. / Plumas County</p>
Area or subarea (Zone) Name or Title: <p style="text-align: center;">Zone P2</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">Peninsula Fire Protection District</p>
Area or subarea (Zone) Geographic Description: (SEE MAP) <div style="margin-left: 40px;"> North: Lassen County line – wilderness area. Northeast: Highway 147 to the Lassen County line East: SR 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade – East of the rest area 40° 18.088'N, 121° 9.334'W South: Highway 147 to 1.5 miles North of Hwy 89 – the area of Old Haun Road 40° 11.934'N, 121° 4.289'W Directly westward to the county line 40° 13.243'N, 120° 56.772'W. </div>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Non-exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">N/A</p>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <p style="text-align: center;">N/A</p>

EMS PLAN

AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or subarea (Zone) Name or Title: Zone P3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. CareFlight (Greenville/Indian Valley)
Area or subarea (Zone) Geographic Description: (SEE MAP) <p>Northwest: Hwy 89 up to the Lake Almanor Dam Canyon Dam Boat launch 40° 10.683'N, 121° 5.990'W, this is to include the community of Canyon Dam and the Community of Seneca. Following a line to the south of Butt Lake/Seneca road 40° 6.814'N, 121° 8.259'W in a straight line to a point near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W</p> <p>Northeast: Hwy 147 to the area of Old Haun Road, 1.5 miles North on Hwy 147 40° 11.934'N, 121° 4.289'W, Directly westward to the county line 40° 13.243'N, 120° 56.772'W, and following the county line westward. As best accessed, some maybe Lassen County units.</p> <p>South: Highway 89/70 junction at the Greenville Wye, 40° 2.322'N, 120° 59.038'W, continuing East to Mount Hough Summit 40° 1.573'N, 120° 51.698'W (including the Lookout/Crystal lake), Grizzly peak 40° 1.109'N, 120° 48.528'W and following Grizzly Ridgeline to Mount Ingalls 39° 59.647'N</p> <p>East: Continuing the county line south to Approximately McKessick peak, 40° 5.143'N, 120° 14.816'W- As best accessed maybe from Lassen County or EPHC units.</p> <p>SouthEast: From East point eastward to Babcock peak 40° 5.584'N, 120° 35.941'W then south to Mount Ingalls 39° 59.647'N, 120° 37.646'W</p> <p>West: County Line near PCT trail / Jonesville road, 40° 5.028'N, 121° 22.015'W south to 39° 54.044'N, 121° 24.687'W on county line</p> <p>SouthWest: 39° 54.044'N, 121° 24.687'W, then continuing east as best accessed forest areas along ridgeline to Caribou lake 40° 4.840'N, 121° 9.389'W. Continuing as best accessed forest areas to the Greenville Wye 40° 2.322'N, 120° 59.038'W</p> <p>And wilderness areas most accessible by ground from those corridors; some maybe better accessed by Butte, Chester or Quincy units.</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): <p>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A</p>

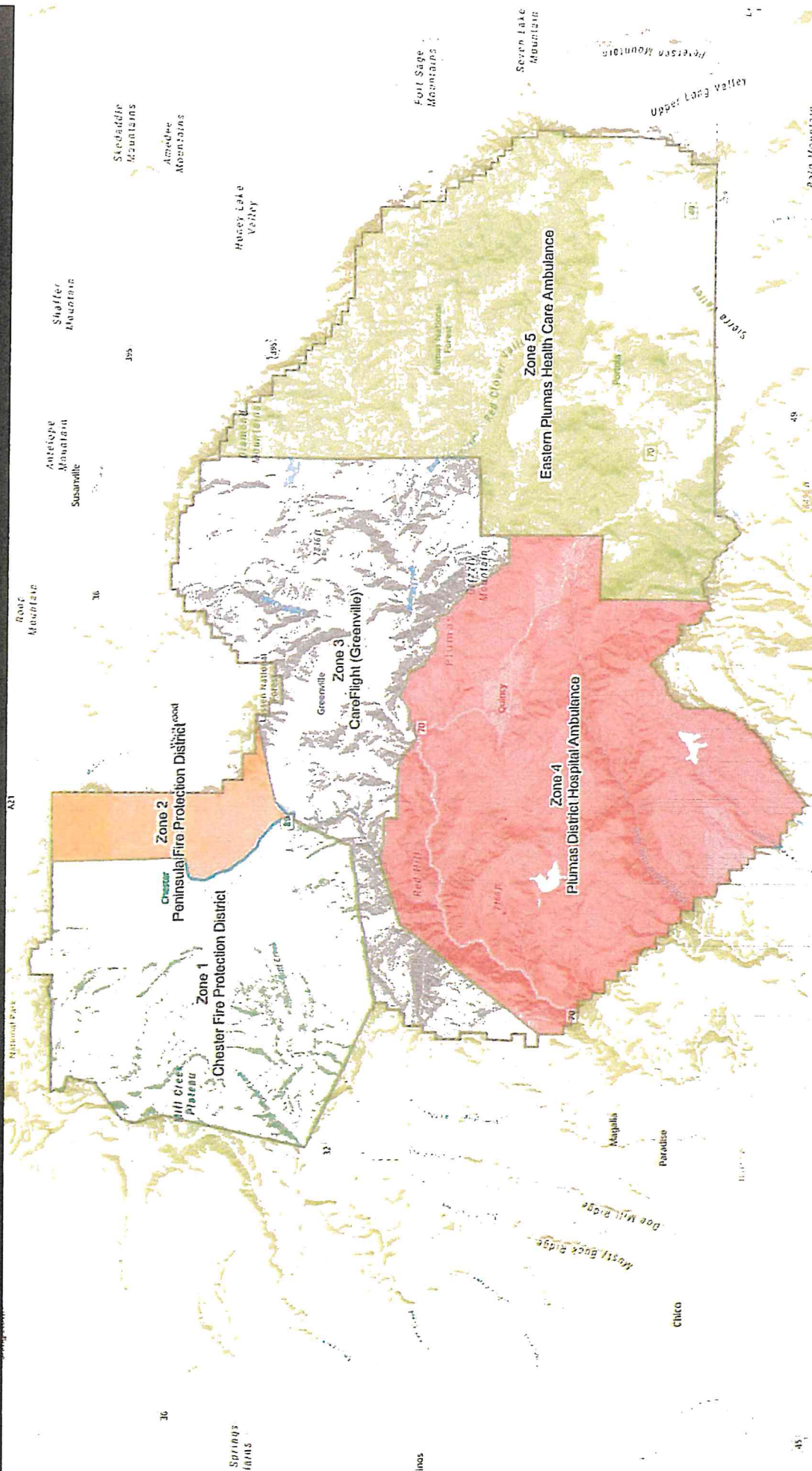
EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: <div style="text-align: center;">Northern California EMS, Inc. / Plumas County</div>
Area or subarea (Zone) Name or Title: <div style="text-align: center;">Zone P4</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <div style="text-align: center;">Plumas District Hospital Ambulance</div>
Area or subarea (Zone) Geographic Description: (SEE MAP) <p>North: Highway 89/70 junction at the Greenville Wye, continuing East to Mount Hough Summit 40° 1.573'N, 120° 51.698'W (including the Lookout/Crystal lake), Grizzly peak 40° 1.109'N, 120° 48.528'W and following Grizzly Ridgeline to Mount Ingalls 39° 59.647'N, 120° 37.646'W and areas accessed from the Mt. Tomba area.</p> <p>West Hwy 70: Highway 70 to the Butte County Line 39° 51.768'N, 121° 23.234'W</p> <p>Northwest: from West Hwy 70 point following the county line northwards to approximately 39° 54.044'N, 121° 24.687'W, then continuing east as best accessed forest areas along ridgeline to Caribou afterbay 40° 4.840'N, 121° 9.389'W. Continuing as best accessed forest areas to the Greenville Wye 40° 2.322'N, 120° 59.038'W</p> <p>Southwest: South from West Hwy 70 point following the county line to Quincy Oroville Highway 39° 47.358'N, 121° 17.906'W; continuing south down the county line to approximately Lumpkin ridge road 39° 38.910'N, 121° 8.189'W</p> <p>East: Highway 70/89 to Mt. Tomba on the east end of Cromberg</p> <p>West: Quincy Oroville Highway to the Butte County Line</p> <p>Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal) approximately the Sierra County line 39° 45.444'N, 120° 54.513'W</p> <p>Southeast: following the county line to approximately the point on johnsville mccrae road 39° 44.237'N 120° 48.873'W as best accessed. Then directly north to Mt. Tomba</p> <p>And wilderness areas most accessible by ground from those corridors; some maybe better accessed by EPHC, Indian Valley, Butte, Yuba, or Chester units</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <div style="text-align: center;">Exclusive</div>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <div style="text-align: center;"> Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response </div>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <div style="text-align: center;">Grandfathered</div>

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone P5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description: (SEE MAP) Northeast: The county line near Approximately Thompson peak, 40° 5.143'N, 120° 14.816'W- to Babcock peak 40° 5.584'N, 120° 35.941'W then south to the west of Antelope Lake to near N 39 58.196, W 120 34.354 West: towards Mount Ingalls then south to Highway 70/89 to Mt. Tomba on the east end of Cromberg Southwest: From Mt Tomba Rd a straight line southward to approximately the point on johnsville mccrae road 39° 44.237'N120° 48.873'W. South: Following the County line Eastward East: Following the County line Northward
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Plumas EMS Local Ambulance Zones



EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone S1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description: North: To the Plumas County Line East: SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone S2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of French Men Lake East: To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Sierra County
Area or Subarea (Zone) Name or Title: Zone S3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Truckee Fire Protection District
Area or Subarea (Zone) Geographic Description: North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860 East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection) South: Nevada/Sierra County line West: Nevada/Sierra County line up to the USFS 07 Road And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

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EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc. / Trinity County
Area or Subarea (Zone) Name or Title: Zone T1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Trinity County Life Support
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone T2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Coffee Creek VFD Trinity Center VFD
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

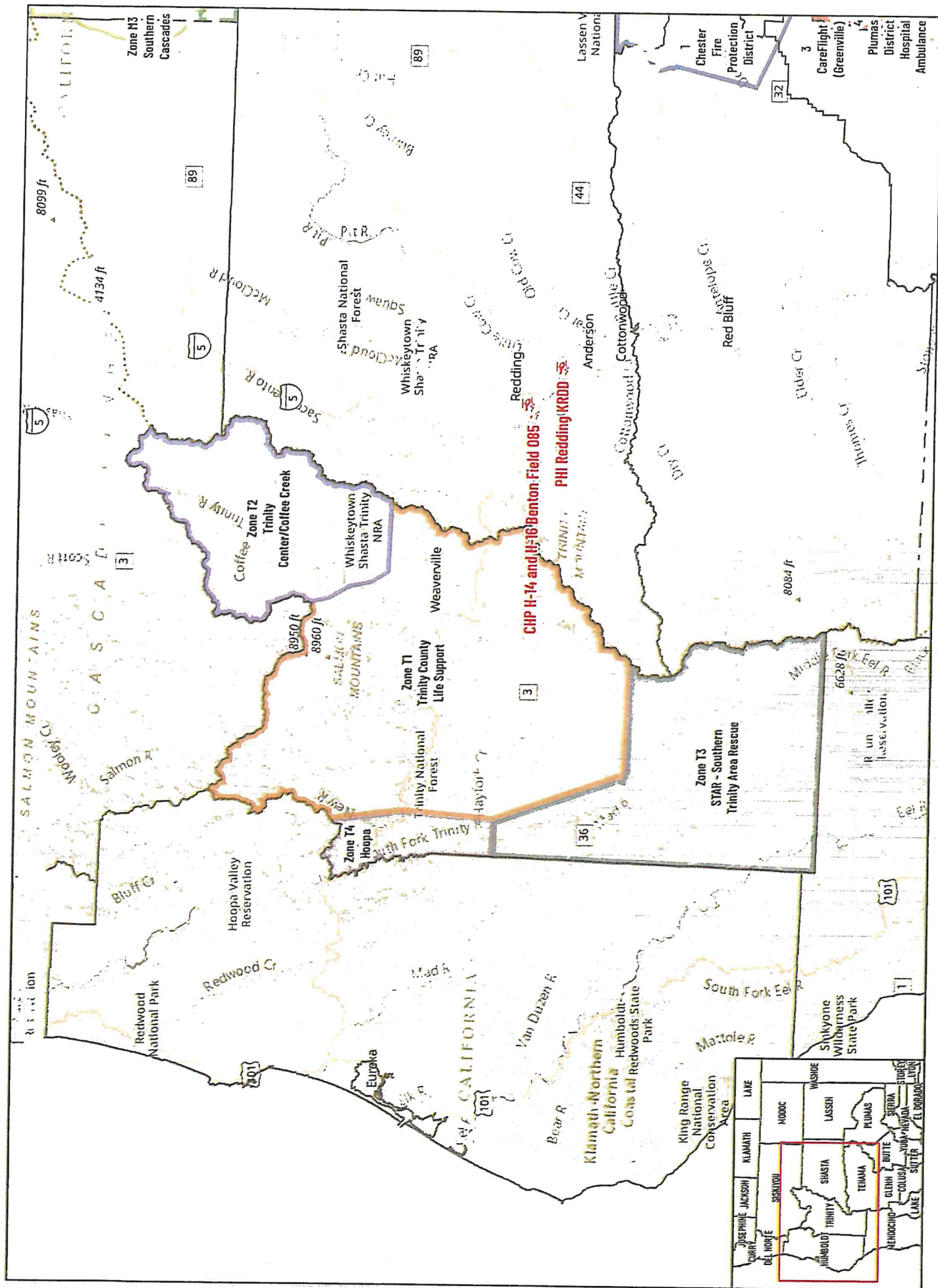
EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone T3 – STAR (Southern Trinity Area Rescue)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Southern Trinity Area Rescue
Area or Subarea (Zone) Geographic Description: See attached map and specific response locations Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone T4 - Hoopa
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Hoopa Ambulance
Area or Subarea (Zone) Geographic Description: Extreme Western Trinity County. Western 14 miles of Highway 299
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

Trinity





Trauma Care System Plan

2023

(FY 2023)

Donna Stone, Chief Executive Officer
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Submitted to: Angela Wise
Date: April 16, 2024

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SUMMARY OF THE PLAN

The Northern California EMS (Nor-Cal EMS) Trauma Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code. This plan continues the Trauma Care System Plan originally approved in 1988 and subsequently revised. This plan outlines the structure and operations of the trauma care system within the counties of Lassen, Modoc, Plumas, Sierra, and Trinity.

NEEDS ASSESSMENT:

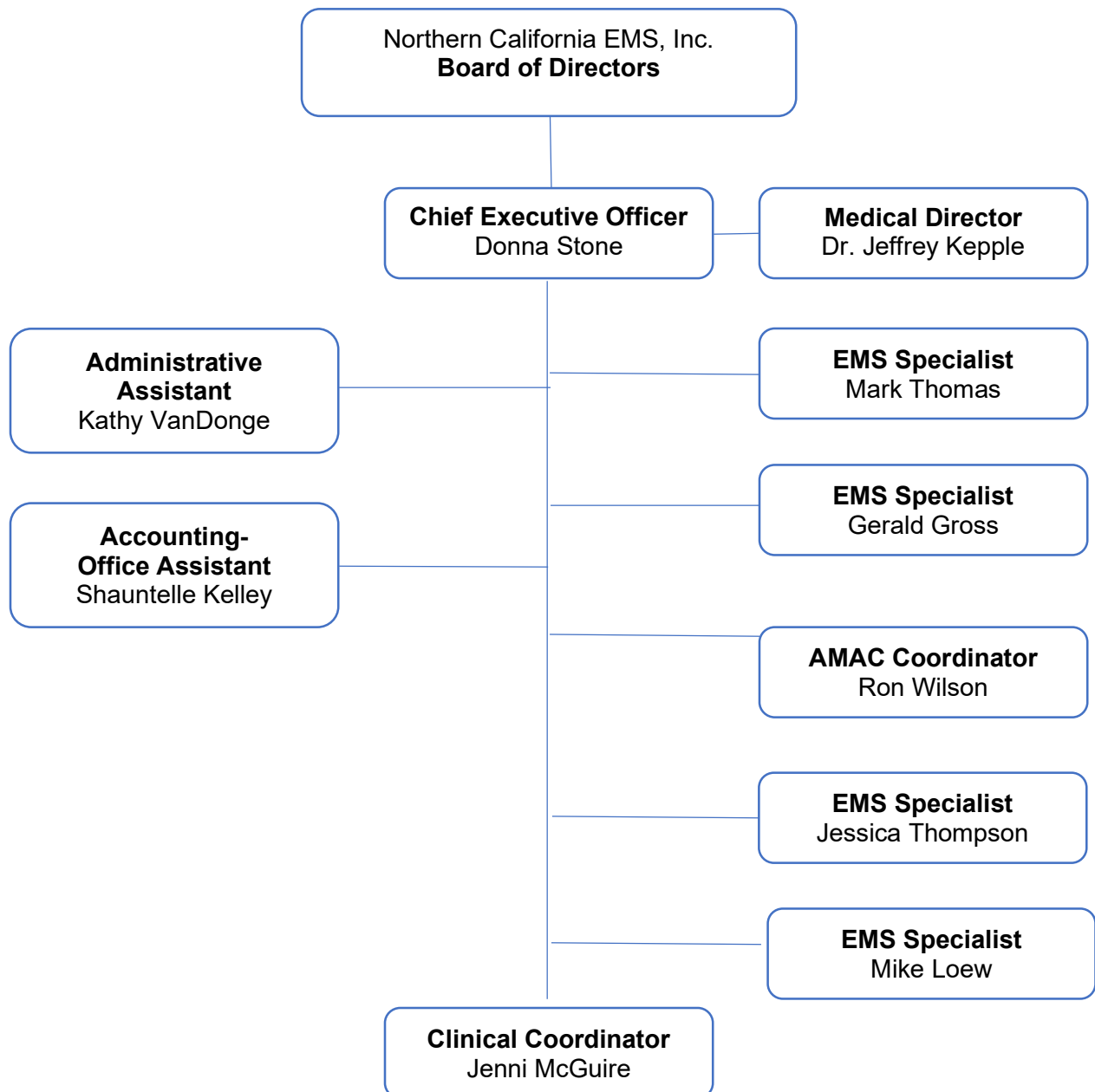
This plan reflects continual changes in the Nor-Cal EMS region. All hospitals in the region are Critical Access Hospitals. Two of these facilities were designated as Level IV trauma centers, however in late 2022, both decided to abandon the designation due to continued staffing issues and inability to keep staff adequately trained/report data.

With the extremely rural counties currently in the system, Level II and Level III designations are not a direct part of the Nor-Cal EMS system. We work closely with our allied Trauma Centers, and their LEMSA/Counties.

A critical need for acquisition of Level IV designated hospitals is noted, and discussions with our facilities have and will continue to occur.

Northern California EMS Organizational Chart

Nor-Cal EMS is guided by a nine (9)-member Board of Directors, including one (1) Supervisor representative from each contracting county, one (1) Ambulance Committee representative, one (1) hospital representative, and two (2) Members-At-Large. The Chief Executive Officer reports to the Board of Directors.



TRAUMA SYSTEM DESIGN

The area is served by a total of seven acute care (Critical Access) hospitals. While not a designated element of the trauma system, all hospitals presently utilize a hospital-based trauma data system that is CEMSIS compliant.

Critical trauma patients within (45) forty-five minutes of a designated Level II trauma center will be transported directly to that facility. Because of the location of Level IIs, this provision will be utilized by aircraft, weather and flight conditions permitting. More distant patients may be evaluated at a closer facility. Some patients who are beyond the twenty-minute zone may be transported directly to a Level I or Level II - trauma center by order of a base hospital physician.

All hospitals will maintain internal quality assurance programs meeting regional standards. In addition, problem cases will be reviewed by a Regional Trauma Audit Committee. This committee consists of representatives of Nor-Cal EMS, the trauma center, and non-trauma center receiving hospitals. Nor-Cal EMS is an active member of the Regional Trauma Care Committee.

Trauma system policies and procedures are periodically reviewed and updated with endorsement by the Medical Advisory Committee. This committee has continued to evaluate Trauma destination, treatment, and analgesia Treatment Guidelines. With training to reinforce these changes, some of which are: Tranexamic Acid, Hemostatic gauze, tourniquets, Spinal Motion Restriction, adding Ketamine, in combination with Opiates/benzodiazepines for analgesia.

The Nor-Cal EMS trauma care system included two level IV trauma centers until 2022. Now it only has seven non-designated critical access hospitals. Patients can be preferentially triaged to a Level II trauma center outside the region or transferred following evaluation and stabilization at a closer hospital. The regional quality management process was intended to cover all trauma patients, regardless of the location of their treatment. Currently all hospitals in the region participate in trauma data collection.

Level II trauma centers: Three Level II trauma centers are in proximity of the Nor-Cal EMS region. Referrals and transports to these centers have been established for many years.

- a) Enloe Medical Center- located in Chico in Butte County has been designated as a Level II since 1988.
- b) Mercy Medical Center- Redding, located in Redding, has been designated since 1990.
- c) Renown Medical Center in Reno, Nevada- is an integral part of the care system for the Southern portion of Lassen, as well as Eastern portions Plumas and Sierra Counties.

Level III trauma centers:

- a) Sierra Nevada Medical Center in Grass Valley- Servicing Western Sierra County
- b) Shasta Regional Medical Center in Redding- Geographically in same area as Mercy Medical Center, primarily serves as a surge resource.
- c) Saint Mary's Medical Center in Reno- Geographically in same area as Renown, primarily serves as a surge resource.
- d) Tahoe Forest Hospital Truckee- potentially serving Southern Plumas/Western Sierra depending on conditions.
- e) Sky Lakes Medical Center in Klamath Falls- Serving Northern Modoc County

Pediatrics: The designated adult trauma centers will serve both adult and pediatric trauma patients. Pediatric patients should be transferred to a designated pediatric trauma center (UC Davis being the geographically closest) as soon as possible and may be transported directly from the prehospital setting.

Patient flow: Major trauma patients within forty-five minutes of designated Level II trauma centers will be transported directly to that facility. Given time and distance factors and because the Level II trauma centers are in adjoining counties, this likely will occur by means of aircraft. More distant patients may be evaluated at a closer facility and, if appropriate, transferred to a Level II trauma center. Some patients who are beyond the twenty-minute zone will be transported directly to a Level II Trauma Center unless there is concurrence by a base hospital physician, due to unmitigated circumstances (i.e., weather, airway issues).

Quality management: The agency's Medical Director, Jeffrey Kepple M.D. is responsible for evaluating the trauma system's protocols, policies, and procedures for medical and surgical appropriateness, reviewing, analyzing, and evaluating trauma case reports for system effectiveness, serving on, and participating in the Medical Advisory Committee, as well as providing overall physician leadership related to trauma care.

THE RATIONLE FOR TRAUMA SYSTEM DESIGN:

Functioning as an inclusive system and without the population criteria or patient loading considerations for designating a limited number of either Level I or Level II trauma centers, the agency encourages all acute facilities to consider becoming designated as either Level III or Level IV trauma centers.

Geographic Area Size	
County	Area (Square miles)
Lassen	4,720
Modoc	4,203
Plumas	2,613
Sierra	962
Trinity	3,208
Nor-Cal EMS Region Total	15,706 Square miles

Estimated Trauma Patient load by county		
County	Population (a)	Estimated trauma load (b)
Lassen	32,730	368
Modoc	8,403	57
Plumas	19,724	278
Sierra	3,236	36
Trinity	16,811	105
Nor-Cal EMS Region Total	80,904	844

Note: Lassen/Modoc CalFire is attributed with patient care for 315 individuals transported by ground or air EMS providers in Lassen and Modoc counties.

Table 1

- a) Source: Census bureau estimated population for 2023.
- b) Based on historical data rate for the Nor-Cal EMS trauma care systems of 2.31 major trauma patients per 1,1000 population.

Transport times:

The Nor-Cal EMS Trauma Care System covers a fairly small population but one that is distributed over six counties and 16,000 square miles. (See table 1) As a result, much of the population is a significant distance from the urban areas where the higher levels of medical resources are located. Therefore, travel times to out of area trauma centers in Chico, Redding, and Reno can be excessive. (See Table 2-4) Especially given weather conditions. Besides the noted Level II centers, there are Level 3 Centers located in areas that play a vital role in stabilization during times of surge- Sierra Nevada Medical Center (Grass Valley-Sierra County preferred), Tahoe Forest in Truckee, Shasta Regional Medical Center in Redding, and St. Mary's Medical Center in Reno.

SERVICE AREAS:

Nor-Cal EMS has up to six primary destinations for trauma patients depending on the originating location. These destinations include from north to south- Klamath Falls- Oregon, Redding, Chico, Reno-Nevada, Roseville, and Sacramento.

TIME AND MILEAGE ESTIMATES:

The data below is best data available, with ground transport times/mileages estimated using Google maps, and airtimes estimated by air provider agencies:

Highlighted are primary trauma destinations. Non-highlighted are secondary destinations. Grayed areas are likely to never be utilized.

Renown Medical Center (Reno)				
Community	Ground Transport		Air transport	
	Miles	Time	Miles	Minutes
LASSEN				
Susanville	86	1hr 28min		
Herlong	56	56min		
Westwood	109	1hr 53min		
MODOC				
Alturas	171	2hr 47min		
Adin	153	2hr 36min		
Cedarville	194	3hr 13min		
Ft. Bidwell	220	3hr 42min		
PLUMAS				
Chester	121	2hr 6min		
Quincy	81	1hr 26min		
Portola	49	51 min		
SIERRA				
Downieville	91	1hr 44min		
Sierraville	56	59 min		
TRINITY				
Weaverville	242	4hr 18min		
Trinity Center	262	4hr 49min		
Mad River	281	5hr 22min		
Salyer	292	5hr 19min		

Table 2

Mercy Medical Center (Redding)				
Community	Ground Transport		Air transport	
	Miles	Time	Miles	Minutes
LASSEN				
Susanville	114	2hr 6min		
Herlong	151	2hr 42min		
Westwood	110	2hr 2 min		
MODOC				
Alturas	146	2hr 42min		
Adin	106	2hr 1min		
Cedarville	168	3hr 7min		
Ft. Bidwell	194	3hr 36min		
PLUMAS				
Chester	88	1hr 47min		
Quincy	130	2hr 38min		
Portola	162	3hr 14min		
SIERRA				
Downieville	162	3hr 5min		
Sierraville	205	3hr 40min		
TRINITY				
Weaverville	44	55 min		
Trinity Center	64	1hr 20min		
Mad River	83.7	2hr 10min		
Salyer	94	1hr 55min		

Table 3

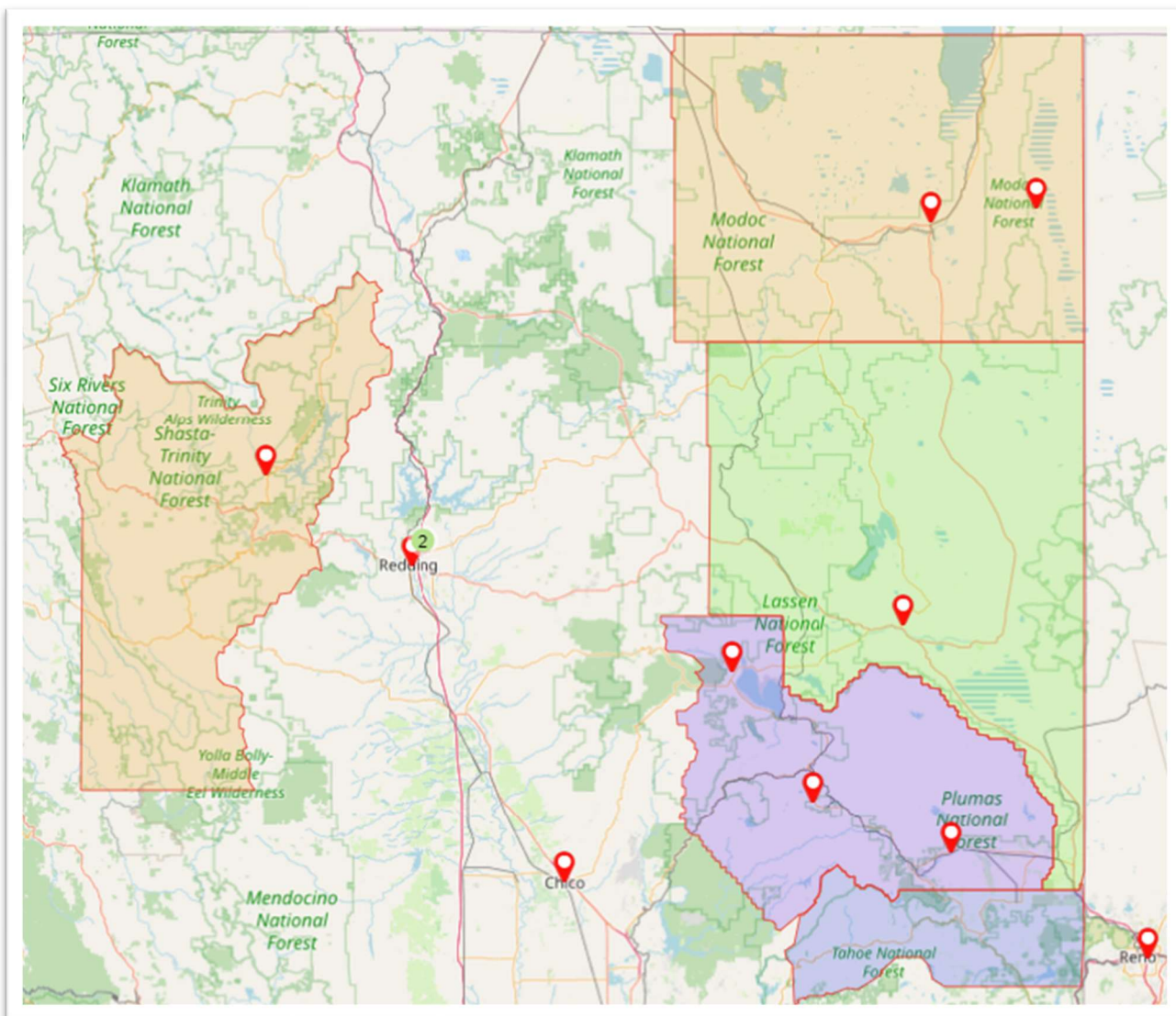
Enloe Medical Center (Chico)				
Community	Ground Transport		Air transport	
	Miles	Time	Miles	Minutes
LASSEN				
Susanville	102	2hr 7min		
Herlong	139	2hr 43min		
Westwood	80	1hr 41min		
MODOC				
Alturas	205	3hr 47min		
Adin	172	3hr 8min		
Cedarville	234	4hr 16min		
Ft. Bidwell	260	4hr 41min		
PLUMAS				
Chester	67	1hr 23min		
Quincy	84	1hr 50min		
Portola	117	2hr 27min		
SIERRA				
Downieville	90	1hr 52min		
Sierraville	130	2hr 43min		
TRINITY				
Weaverville	115	2hr 7min		
Trinity Center	135	2hr 39min		
Mad River	130	2hr 45min		
Salyer	165	3hr 11min		

Table 4

Other occasionally utilized transport methods and Trauma centers (Weather, Staffing etc.):

Rideout Medical Center in Yuba City- Sierra County- especially if BLS transport only, will do ALS intercept with Bi-county Ambulance and depending on location, patient may be transported to Rideout.

Sutter Roseville Medical Center, Roseville- Sierra County- especially if BLS transport only, will possibly request ALS intercept with Bi-county Ambulance and depending on location, patient may be transported to Rideout.



Lassen County:
Banner Lassen Hospital

Modoc County:
Modoc Medical Center – Alturas
Surprise Valley Hospital- Cedarville

Plumas County:
Eastern Plumas Hospital- Portola
Plumas District Hospital- Quincy
Seneca Hospital- Chester

Trinity County:
Mountain Community Hospital

Sierra County: NO FACILITIES.

Map also notates Level 2 centers- MMCR Redding, Enloe Medical Center- Chico, and Renown Medical Center- Reno

COORDINATION WITH NEIGHBORING TRAUMA SYSTEMS:

Most patients within the system will be closer to one of the Level II trauma centers located in Chico and Redding than to Level II centers elsewhere. However, there are exceptions. Patients located in southern Lassen, eastern Plumas and Sierra County may be closer to a trauma center located in Nevada and patients in Modoc County may be closer to a trauma center located in Oregon. Nor-Cal EMS' trauma destination policy will consider these, and Nor-Cal EMS will continue to work with appropriate authorities on transfer agreements, patient destination, data, and quality issues.

PREHOSPITAL PROVIDER TRAINING:

Nor-Cal EMS requires that all prehospital provider agencies ensure that their personnel are appropriately trained in all trauma system related policies, including trauma triage and destinations.

SYSTEM GOALS AND OBJECTIVES

Objectives

1. Collaborating with adjoining areas to follow trauma patients originating in the Nor-Cal EMS area but being transported and/or transferred to out of area trauma centers.
2. Continuous collaboration with our area hospitals to show the need and benefits of becoming Level IV trauma centers.
3. With the extremely rural counties currently in the system, Level II and Level III designations are not a direct part of the Nor-Cal EMS system. Collaboration with adjoining allied Trauma Centers, and their LEMSAs/County public health agencies.

OTHER ISSUES

As stated in the previous Trauma Plan Updates, there are significant challenges to maintaining trauma center compliance in our remote and rural areas. One of the most critical challenges is the tendency for physicians and nursing staff at these small institutions to occupy multiple roles with diverse responsibilities. This negative economy of scale often prohibits or at least hinders specialization. We continue to work with these facilities to foster and assist with education and to reinforce their clinical and operational responsibilities.



EMSQIP 2023 CQI Plan (2023 FY)

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Submitted to: Angela Wise
Date: April 16, 2024

Approved: _____
Date: _____

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INTRODUCTION

Northern California EMS, Inc., (Nor-Cal EMS) is a private, nonprofit public benefit corporation organized in 1982 to improve emergency medical care in Northeastern California. The agency provides services under contract to the five counties of Lassen, Modoc, Plumas, Sierra, and Trinity. This encompasses more than 15,000 square miles and a resident population of approximately 80,000.

SECTION I - STRUCTURE AND OPERATIONS

1. LEMSA Structure and Operations

Nor-Cal EMS is governed by a Board of Directors representing the five counties in the Nor-Cal EMS Region. The composition of the Board includes one Supervisor representative from each contracting county, one Ambulance representative, one hospital representative and two Members-At-Large.

Donna Stone, Chief Executive Officer, oversees day-to-day operations and interacts closely with the county and state representatives.

Jeffrey Kepple MD, Medical Director, provides the medical oversight and clinical quality assurance of the organization, works collaboratively with all staff.

EMS Specialists, Mark Thomas, Jessica Thompson, and Mike Loew provide clinical expertise to projects and operations of the agency as well as conducts investigations, leads the Medical Advisory Committee (MAC), works with regional counties regarding disaster preparedness and works with day-to-day clinical projects.

Gerald Gross, EMT-P, EMS Specialist provides clinical expertise to projects and operations of the agency as well as conducts investigations, works closely with individual provider agency to ensure compliance of Equipment and Supplies.

Ron Wilson , EMT-P, EMS Specialist, provides clinical expertise to projects and operations of the agency as well as leads the Air Medical Advisory Committee (AMAC) including air investigations.

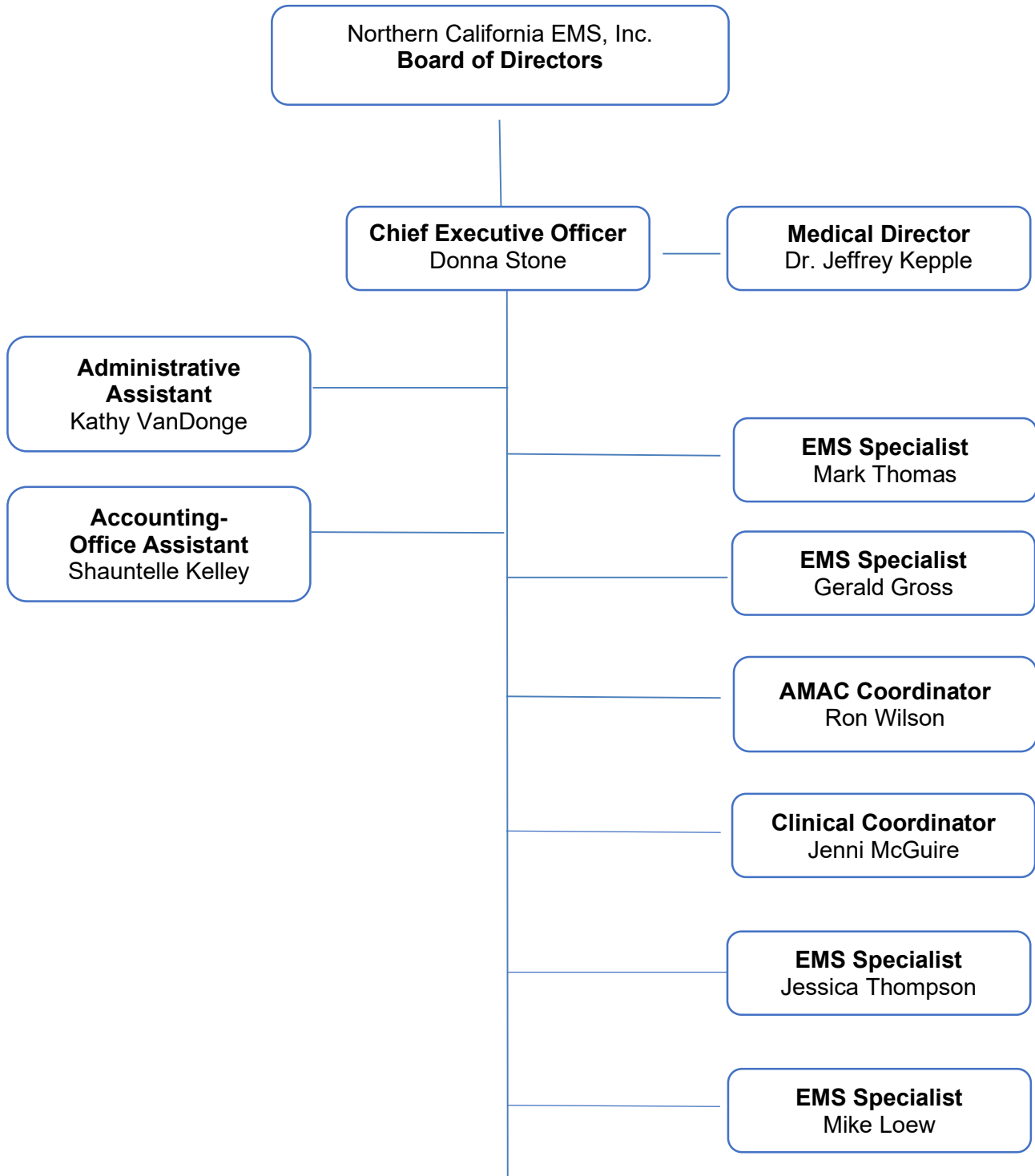
Jenni McGuire, EMT, Clinical Coordinator, compiles and reports requested information and evaluates and revises CQI plans and reports. Works with HPP program.

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

Shauntelle Kelley, Accounting/Office Specialist, provides accounting and administrative support.

2. Northern California EMS Organizational Chart

Nor-Cal EMS is a private, non-profit, public benefit corporation, which governed by a Board of Directors, including one (1) Supervisor representative from each contracting county, one (1) Ambulance Representative, one (1) hospital representative, and two (2) Members-At-Large. The Chief Executive Officer reports to the Board of Directors.



A. Overview of Organization

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

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

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

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

- 4. LEMSA CQI Team – This team provides oversight and coordination of EQIP program activities.** The EMS CQI Team includes, but is not limited to, the following representatives:
 - a. Nor-Cal EMS Medical Director
Our CQI Team is led by Jeffrey Kepple MD.
Dr. Kepple works collaboratively with the Clinical Department staff. Dr. Kepple shares his passion for CQI with the team and our Medical Advisory Committee (MAC). Dr. Kepple also provides feedback to our Nor-Cal EMS Board of Directors.

- b. **EMS Specialists**
EMS Specialists Gerald Gross, Mark Thomas, Jessica Thompson, and Mike Loew review run reports on high risk/low frequency skills and specific medications that have been identified for continuous review. As the information is reviewed, complex calls or deviation from standard protocols are identified and further reviewed by Dr. Kepple. Feedback is then given to the provider agencies or individual for further clarification.
- c. **Nor-Cal EMS Director of Information Technology**
Jenni McGuire, Clinical works with the providers individually when they have questions regarding the ePCR and data program and/or CQI data and provide the computer reports to provider agencies to run against their own collected data. She also reviews and approves training programs and the Nor-Cal EMS CE Program.
- d. **Members from our Medical Advisory Committee and Air Medical Advisory Committee**
Our MAC is formed by volunteer participation of training officers, clinical field providers, emergency department physicians and supervisors from throughout the area. The committee meets six times a year to discuss protocol development, current issues, and trends, and CQI. Because of the large geographic distance covered by our five-county region, Nor-Cal EMS uses an online seminar/conference call format for the MAC meetings to allow members to participate without having to drive long distances and eliminate unsafe travel during possible inclement mountain weather, saving time and promoting participation.

The AMAC is an advisory committee to the Nor-Cal EMS Medical Director that improves prehospital aeromedical care through the review of policies, procedures, and protocols. The AMAC Chair gathers and monitors response data for regional quality assurance. The AMAC meets quarterly, providing a forum for open and professional communication between emergency medical care providers and agencies.

5. LEMSA CQI Team-Training and experience:

- a. Our Medical Director, Dr. Jeffrey Kepple. Dr. Kepple received his M.D. degree from UC San Diego Medical School and completed his Family Medicine Residency through UC Davis Health. As CEO of Plumas District Hospital from 2014 through 2018, Dr Kepple led the arduous quality improvement process of the hospital becoming a UC Davis Rural Center of Excellence. As a board-certified family physician, he has enjoyed a broad- spectrum practice including obstetrics, dermatology, emergency medicine and wilderness medicine for over 20 years in Quincy.
- b. Gerald Gross, EMS Specialist, has many years of prehospital as well hospital medicine experience in the rural and urban settings of several states.
- c. Mark Thomas, our EMS specialist, has extensive prehospital experience, and has worked in various CQI roles for over 20 years. Including individual proctoring individual providers, training struggling providers, and establishing a full agency CQI program.
- d. Ron Wilson has multiple years of various EMS, Air Medical and law enforcement experience. He is tasked with trauma designation, assists with educational development, and chairs the Air Medical Advisory Committee (AMAC).

- e. Jenni McGuire, EMT, Clinical Coordinator, has over 25 years of prehospital experience.
- f. Jessica Thompson, Paramedic, EMS Specialist has 25 years of ground provider experience.
- g. Mike Loew, Paramedic, EMS Specialist has 36 years in Fire and ground and air experience.

6. EMS CQI Team Responsibilities:

- a. State EMSA EMSQIP participation (as time and resources allow):
 - 1. Cooperate with the State of California Emergency Medical Services Authority (EMSA) in fulfilling the responsibilities of the state EQIP Program.
 - 2. Participate with the EMSA in the development, approval, and implementation of state required and optional EMS system indicators and data collection processes to include Core Measure Workshops and Hospital Information Exchange Conferences.
- b. Regional EMSQIP Responsibilities:
 - 1. Oversee, coordinate, and maintain documentation of regional EQIP programs and activities.
 - 2. Maintain Central Repository of local EMS data system information as it relates to EQIP activities.
 - 3. Provide technical assistance to facilitating the EMS QI Programs (EQIP) for all approved providers in the Nor-Cal EMS Region.
 - 4. Provide reasonable availability of EMSQIP Program training and in-service education for EMS personnel under the statewide EMS QI Program.
 - 5. Review and approve EQIP plans for designated EMS ground and air providers.
 - 6. Review and approve EMSQIP plans for Base Hospitals and Receiving Facilities.
 - 7. Publish summary of activity and plan implementation for distribution.
 - 8. Seek and maintain relationships with EMS stakeholders, this can include the following entities, as appropriate for EMSQIP activity:
 - a. State EMSA
 - b. Local EMS Agencies (LEMSAs)
 - c. EMS Service Providers
 - d. Public Health Departments
 - e. Base Hospitals and Receiving Facilities
 - f. Specialty Care Centers
 - g. Law Enforcement Agencies
 - h. Public Safety Answering Points (PSAPs)
 - i. EMS Dispatch Center(s)

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

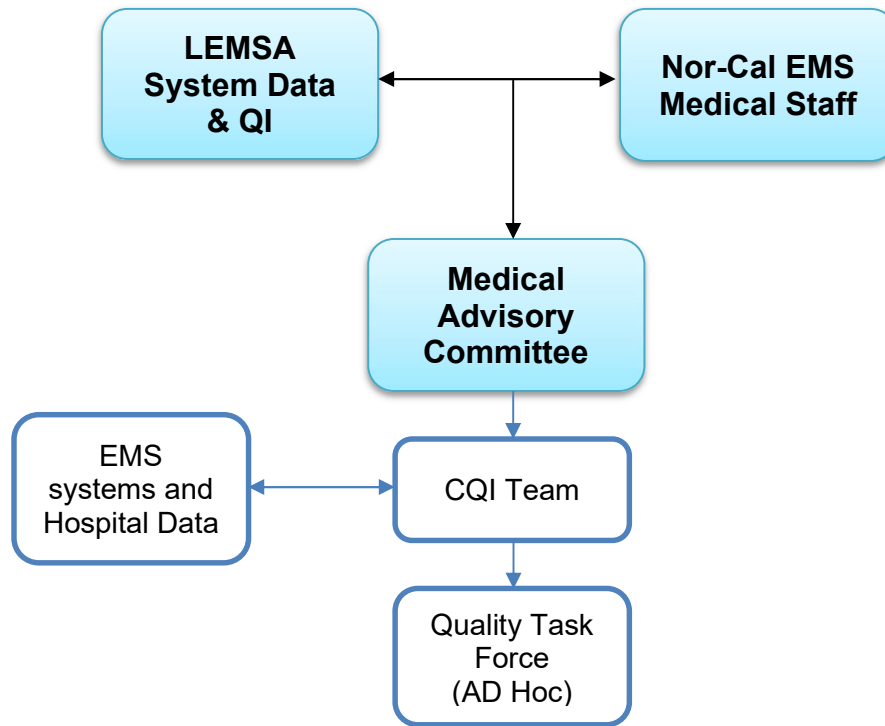
- a. This Task Force may be comprised of personnel from previously stated bodies or may include consultants or experts from other agencies as needed. Each Quality Task Force will be assigned one specific project and be disbanded upon completion of the project.
- b. Responsibilities of Quality Task Force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

8. External EMS Participants

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

- a. Base Hospital
- b. Medical Directors
- c. Public Health Agencies
- d. Law Enforcement Agencies
- e. Local and Regional Dispatch Agencies
- f. First Responder Agencies
- g. Public Safety Answering Points (PSAPs)
- h. Communication Centers
- i. County Coroner
- j. EMS Aircraft providers and/or their Medical Directors
- k. Skilled nursing facility representatives
- l. California State Department of Corrections
- m. Physician Specialists
- n. Community Groups
- o. Various other EMS participants or their Medical Directors

9.Nor-Cal EMS CQI Flow Chart



SECTION II – DATA COLLECTION AND REPORTING

- A. **Overview:** Data collection and reporting are two of the most essential elements in the EQIP process. The data collected must be valid, reliable, and standardized with all other system participants.

1. A yearly report form will be sent by Nor-Cal EMS to all agencies. Data sent back to Nor-Cal EMS will be collected, analyzed, and correlated by Nor-Cal EMS. Data may also be collected by Nor-Cal EMS through ePCR systems and other established forms.
2. Providers are required to submit reports and necessary documentation for selected indicators at the time of occurrence (see documentation policy).
3. Reports can be made available to our provider agencies and our Board of Directors on an annual basis. In these instances, we aggregate data for formal reports and for changing policy. Large numbers will ensure statistical significance.
4. All proceedings, documents, and discussions of the Medical Advisory Group and other related QI activities shall be confidential. This will include statements of confidentiality that participants from the various provider agencies will sign.
5. Patient confidentiality is maintained. PCR care records will be reviewed for quality purposes only and patient identifiers will be deleted from overview reports. We maintain HIPAA compliance.

- B. **Core Measures:** Nor-Cal EMS has complied with the EMSA's Core Measure data collection project analyzing, compiling, and submitting data. Nor-Cal EMS has maintained compliance in reporting this data.

C. **Yearly Overview Report Form:**

To be submitted by the provider agencies on a yearly basis to assist in tracking the number of responses and eight areas of oversight, and pre-determined criteria for area of focus.

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

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

D. **Unusual Occurrence Report Form:**

Generated by the provider agency to document an occurrence that needs further investigation and follow-up. The Unusual Occurrence reports help to identify sentinel events for further evaluation of root cause analysis.

E. Exemplary Performance Award:

The Exemplary Performance Awards are given by Nor-Cal EMS annually to recognize those who have made extraordinary contributions to high quality emergency medical response care. Since 1991, Exemplary Performance Awards have been presented.

F. Strategic Goals:

1. Identify broad categories to select one or two indicators for region-wide analysis. If the aggregate data demonstrates that the mean and/or median is not what we expect, then utilizing the rapid cycle improvement and the Plan Do Study and Act (PDSA) process, we can further analyze the data. We will choose the aggregate data to help ensure that we have an adequate volume and “n” to ensure statistical validity.
2. Develop and utilize a data system to improve the trending of data, based upon the ePCR template. The dashboard will be a crucial element in demonstrating quality and good patient outcomes.

SECTION III – EVALUATION OF INDICATORS

- a. Process of Evaluation: The Medical Director and EMS Specialists will review the data as follows:

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

SECTION IV – ACTION TO IMPROVE

- A. Process of Evaluation Performance improvement shall be:

1. Adaptable and applied to each situation as it is identified.
2. Systematic and based upon evidence.
3. Team oriented and be done in a way that does not overwhelm the process due to size and complexity.

- B. Implementation of FOCUS-PDSA. Once a need for improvement in performance has been identified the FOCUS- PDSA model will be implemented. FOCUS-PDSA involves the

following steps:

1. **Find** a process to improve, as identified by the AMAC, MAC or CQI Team.
2. **Organize** a team that knows the process – the CQI Team will form Task Force(s) as needed and review process documents.
3. **Clarify** current knowledge of the process – review indicator trends relevant to the process, collect other information.
4. **Understand** causes of process variation utilizing tools such as fishbone diagrams, Pareto analyses, etc.
5. **Select** process improvement to reduce or eliminate deviation and inappropriate care.
6. **Plan** – State objective of the test, make predictions, develop plan to carryout the test (who, what where, when & how).
7. **Do**–Test the hypothesis, document problems and unexpected observations, begin analysis of the data.
8. **Study** – Complete the analysis of the data, compare the test data to predictions and summarize what was learned.
9. **Act** – The Medical Director in collaboration with the AMAC and MAC will decide what changes need to be institutionalized and if policy changes need to occur.

Once an Action Plan has been implemented, the results of the improvement plan will be measured. Changes to the system will be standardized and/or integrated. A plan for monitoring future activities will be established.

Every effort shall be made to incorporate changes region wide.

The FOCUS-PDSA model will be implemented to conduct improvement planning and prepare recommendations or a report for review by the EMS CQI team. The EMS CQI team will modify or accept and implement recommendations of the Quality Task Force and prepare the report for distribution to the AMAC and MAC. The CQI team will also disband the Quality Task Force at the appropriate time.

SECTION V - TRAINING AND EDUCATION

A. Process of implementation of training and education

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

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

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

B. Policy Implementation and/or revisions:

When an Action Plan has been recommended, Nor-Cal EMS will take those recommendations and incorporate them as directed by the Nor-Cal EMS Medical Director. Any new or revised policy DRAFTS will be drafted and taken back to the MAC Meetings for discussion with the possibility of additional changes being made based on those discussions.

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

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

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

SECTION VI – PLAN UPDATE

The following report is an update from our initial submission of our Continuous Quality Improvement Plan in 2019. From 2019 our Strategic Goals were as follows:

- A. Update from CQI Plan 2019. Establish a system-wide integration of e-PCR data systems.
- Currently all our ALS transport providers are using an ePCR to document patient care. Nor-Cal EMS has purchased ImageTrend software. We have plans that include if a provider agency does not utilize the ImageTrend platform that at their cost, software will be developed that will ensure that their data will flow into the ImageTrend database repository.
 - Establish a system wide CQI process and develop individual CQI programs for providers to cultivate standardization of QI processes
 - Promote the timely and compassionate provision of high-quality emergency services to the Nor-Cal EMS region.
 - This evaluation is ongoing and accomplished through our CQI activities such as our Quarterly Overview Report Forms.
 - Continue to formulate CQI agreements with all emergency ambulance providers and receiving facilities.
 - All our providers have a CQI plan on file with Nor-Cal EMS as a contractual requirement.
 -
 - Develop and implement hospital receiving center content.
 - The collection of data from base and receiving facilities is an ongoing challenge, not only for our region but the state as well. Nor-Cal EMS supports the EMSA efforts to rectify this problem.

- Evaluate the level of patient care is consistent with policies and field treatment guidelines.
 - This is done through various methods of continuous quality improvement, including peer reviews and prospective, concurrent, and retrospective medical control.
- Evaluate and update local scope of practice using regional protocols.
 - Nor-Cal conducts bi-monthly meetings to discuss protocol revisions through our Medical Advisory Committee, (MAC). This committee was implemented in 2010 and all our providers are encouraged to attend. Participation is available through conference calls and simultaneous online seminars to reach out to our rural providers.
 - Sentinel cases will be discussed in an anonymous manner to illustrate potential pitfalls and establish best practice to prevent error or deviation from occurring to improve patient safety, a foundation of any healthcare organization.
- Evaluate and recommend updated patient care treatment equipment to reflect the established standard of care.
 - During our MAC meetings we discuss current trends and changes to the scope of practice. New products are evaluated by our Medical Director and recommendations are made. If new equipment or policy or protocols are developed, treatments are approved, education is provided via hands on skill training, webinars, and PowerPoint presentations. As new protocols, training PowerPoints, videos, and other media are developed they are readily available on the website with accompanying examinations.
- Evaluate system-wide performance and compliance of certification and recertification processes.
 - Through our accreditation and certification examinations. These examinations are reviewed and updated to reflect current clinical standards of care.
- Review the system to ensure that our partners are engaging with the community through offering educational opportunities.